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(CMS–10538) Prior Authorization Form for Beneficiaries Enrolled in Hospice

Comment On: CMS-2014-0126-0002
Agency Information Collection Activities; Proposals, Submissions, and Approvals

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AL

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General Comment

Good afternoon, we are submitting the comments below in regards to the Agency Information Collection Activities; prior authorization form for beneficiaries enrolled in Hospice - Document Identifier: CMS-10538.

While we agree that this prior authorization form will help to achieve the desired outcome of ensuring Part D sponsors pay drugs that are unrelated to the members terminal condition and not pay drugs that are related, it does not go far enough in addressing how plans should use this information to reconcile the start and end dates to the TRR. If the authorization form shows the start and end dates of hospice election that conflicts with the start and end dates on the CMS membership reports, the plan should be able to use information on the prior authorization form as BAE to update their membership system. The lag in information the plan receives from CMS often results in claims being reprocessed or adjusted. Plans should be able to use the information on the prior authorization form as the source of truth if there is a conflict and not adjust their internal systems when the TRR shows a start of end date that differs from the prior authorization form. There should be a discussion on how conflicting information can be reconciled.
It is unfortunate the pharmacy still has such a minor role in the process since requiring getting prescriber or hospice offices to fill out and submit forms like this can take a significant amount of time. Particularly for a patient that was just discharged from a hospital (and has cancelled their hospice services) would struggle to get their meds in a very timely manner. If a pharmacy could submit information on behalf of the patient, it could get addressed quicker.

The form should also be faxed to the Part C section of the MAPD plan to coordinate with Part A & B services. As indicated in the proposal for comments, there is a lag between when a member selects and terminates hospice coverage and when the information from CMS is received by the plan. Often the delay is the forwarding of the subsequent hospice election period when the first hospice election period expires. The MAPD plan should be allowed to use the prior authorization form to coordinate Part C (Parts A & B) with Traditional Medicare contractors. CMS should solicit comments on how the prior authorization form may be used on the Part C side to coordinate medical services that are not related to the terminal condition.

Please let me know if you have any questions.