

PUBLIC SUBMISSION

As of: 12/5/14 11:23 AM
Received: December 01, 2014
Status: Draft
Tracking No. 1jy-8ft9-xg9f
Comments Due: December 02, 2014
Submission Type: Web

Docket: CMS-2014-0126

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

Comment On: CMS-2014-0126-0002

Agency Information Collection Activities; Proposals, Submissions, and Approvals

Document: CMS-2014-0126-DRAFT-0013

MN

Submitter Information

Name: Alison Hanson

Address:

Bloomington, MN, 55425

Email: alison.t.hanson@healthpartners.com

Organization: HealthPartners

General Comment

Thank you for the opportunity to comment on CMS10538 Prior Authorization Form for Beneficiaries Enrolled in Hospice and work with CMS and the industry to develop a form that works for all parties.

The addition of the check boxes for enrollment, termination, and A3 Reject Override are very helpful and provide an easy way to identify the reason for the form.

Section I, provides fields to note the prescribers name and information. The form only accommodates one prescriber when there could be multiple prescribers. We recommend that in addition to providing the rationale the drug is unrelated, additional prescriber information also be provided if different from what is entered above in the form.

Secondly in Section I, documenting the rationale to support the unrelatedness of the drug to the terminal illness is optional. We recommend providing the rationale be required to help support the payment of the drug under Part D.

Section II of the form is titled, Plan of Care, and is noted that this is optional. We recommend the optional be removed and this section always be filled out. Having a record of the drugs that are covered under the Hospice benefit will greatly assist our retrospective review of claims paid under Part D and ensure drugs related to the terminal illness are not paid under Part D.