AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

December 2, 2014

Martique Jones
Director, Regulations Development Group
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Centers for Medicare & Medicaid Services
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850
Submitted electronically via regulations.gov

RE: CMS–10538 Prior Authorization Form for Beneficiaries Enrolled in Hospice

Dear Ms. Jones,

On behalf of the nearly 5,000 members of the American Academy of Hospice and Palliative Medicine (AAHPM), thank you for the opportunity to comment on CMS's newly proposed form, *CMS-10538 – Prior Authorization Form for Beneficiaries Enrolled in Hospice*. AAHPM is the professional organization for physicians specializing in hospice and palliative medicine. Our membership also includes nurses and other health and spiritual care providers deeply committed to improving quality of life for patients facing life-threatening or serious conditions, as well as their families. As prescribers for beneficiaries enrolled in hospice, our members are expertly positioned to weigh in on the utility of this form and help ensure it not only facilitates coordination between them, hospices and Part D sponsors, but serves to support our shared goal of ensuring that the part D medication prior authorization (PA) process does not unintentionally restrict access to necessary medications for our hospice enrollees.

AAHPM members care for the sickest and most vulnerable patients, including those at the end of life, and a central element of providing high-quality palliative care is timely and effective management of pain and other distressing symptoms. Even short delays in accessing needed medications can be devastating. As such, we appreciate that CMS revised its guidance regarding Part D payment for drugs for beneficiaries receiving hospice care and suggested PA was encouraged only for cases where patients have been prescribed drugs in one of the four categories identified by the Department of Health & Human Services Office of the Inspector General.

In considering this draft PA form – which is intended, in part, to be a vehicle for the hospice provider, prescriber or sponsor to document that a drug prescribed for a Medicare hospice beneficiary is "unrelated" to that individual's terminal illness and related conditions – we would be remiss if we did not reiterate AAHPM's concerns regarding how CMS defines "relatedness" and the implications for medical care and practice.

It is important to remember that hospices frequently admit patients with pre-existing conditions that clearly have nothing to do with their terminal illness and for which medications and other medical interventions remain necessary right up to the last days of life. The hospice physician and the interdisciplinary care team (IDT) are best positioned to assess and address the complexity and multiplicity of chronic illnesses that are present in the vast majority of beneficiaries electing hospice and the extent and nature of suffering associated with these individuals' non-terminal morbidities. The expertise of the hospice physician and IDT must be what guides any determination as to whether a prescription drug is related or unrelated to a beneficiary's terminal prognosis. These decisions about "relatedness" must be made on a case-by-case basis and a patient's care plan developed accordingly.

With regard to the elements of the newly proposed form, for the most part AAHPM finds the content and format to be reasonable and expects its use will improve communication among the parties involved and enhance the efficiency of the PA process. However, AAHPM suggests CMS make a few modifications as follows:

- AAHPM urges CMS to remove Section II from the PA form.
  This optional section, intended to provide the plan of care information, is unnecessary since medications that would be listed here are not part of the PA process and are already being submitted to CMS as a result of Change Request (CR) 8358. Completing this part of the form would be cumbersome and redundant and thus a poor use of resources for the hospice or the part D provider.

- AAHPM recommends that CMS expand the space on the form for secondary and unrelated diagnoses.
  Again, a typical beneficiary enrolled in hospice will have multiple, complex conditions. For example, it would not be uncommon for an AAHPM member physician to be prescribing medications for a hospice patient with 20 diagnoses. The space allotted for listing the hospice patient's diagnoses is therefore insufficient and should be expanded.

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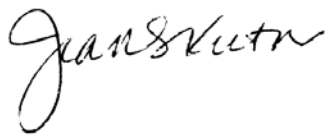
Thank you again for the opportunity to provide feedback on this form and for CMS's attention to improving the PA process so that it does not unduly burden prescribers, hospices, pharmacies or, most importantly, beneficiaries who elect hospice and their families. AAHPM's physician leaders remain available to collaborate with CMS to address any ongoing challenges to ensuring that Part D payments are only made under appropriate circumstances. Please address questions to Jacqueline M. Kocinski, MPP, AAHPM Director of Health Policy and Government Relations, at jkocinski@aahpm.org or 847-375-4841.

Sincerely,



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