



December 2, 2014

VIA the Internet: (www.regulations.gov)

Martique Jones
Director, Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development

Centers for Medicare & Medicaid Services
Attention: Document Identifier/OMB Control Number CMS-10538
Room C4-26-05
7500 Security Boulevard C1-13-07
Baltimore, Maryland 21244-1850

Dear Ms. Jones,

PerformRx is a pharmacy benefit manager (PBM) for Medicare Advantage Prescription Drug Plans (MAPDs) and Medicare-Medicaid Plans (MMPs) nationwide. We appreciate the opportunity to participate in the comment process for the proposed Prior Authorization Form for Beneficiaries Enrolled in Hospice CMS-10538.

PerformRx structured our comments in table format with line-item responses to the proposed form.

Please contact me with any questions.

Thank You,

Krista Fagan
Compliance Manager
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PerformRx Comments to the Proposed Hospice Prior Authorization (PA) Form			
Section I			
Subsection	Proposed Hospice PA Form Content	CMS Guidance Summary	PerformRx Comment
Title	SECTION I – INFORMATION TO OVERRIDE A3 REJECT	CMS intended Section I of the Proposed Hospice PA form to be used by a motley assortment of stakeholders for a variety of purposes. The two main purposes are to (1) document that a drug is unrelated to the beneficiary’s terminal illness and related conditions and (2) to communicate a beneficiary’s change in hospice status. The form can communicate the former (i.e., that a drug is unrelated to the beneficiary’s terminal illness and related conditions) in at least three scenarios: (1) prior to an A3 rejection; (2) after an A3 rejection; and (3) to support a request of coverage determination.	<p>The title of this Section indicates a narrower than intended purpose, which has a misleading effect. CMS intends the form to serve a variety of purposes.</p> <p>The title is confusing and may subvert the intended flexibility of the form. Individuals may forgo filling out the form because they erroneously believe the purpose for which they need it does not fall within the scope of the form.</p>
Purpose of the form	Purpose of the form (please check all appropriate boxes): Enrollment <input type="checkbox"/> Termination <input type="checkbox"/> A3 Reject Override <input type="checkbox"/>	CMS expects hospice providers or prescribers to use this form for a variety of purposes. CMS intended hospice providers and prescribers to use the form proactively (i.e., prior to a rejection at the point-of-sale (POS)) to override the beneficiary-level hospice PA.	<p>PerformRx recommends adding additional boxes to capture the full litany of potential uses for the form.</p> <p>There is not an appropriate box to choose if the form is submitted for other valid reasons such as proactively, i.e., prior to an A3 rejection. PerformRx fears this may cause confusion on the part of those completing the form and on the part of those receiving the form. PerformRx will need to determine the intent of the</p>

PerformRx Comments to the Proposed Hospice Prior Authorization (PA) Form			
			individual completing the form based on circumstantial clues.
		In the event that a coverage determination is requested prior to the sponsor's receipt of the documentation from the hospice provider or prescriber, CMS expects the sponsor to contact the hospice provider or prescriber to complete and submit the form.	<p>PerformRx recommends adding additional boxes to capture the full litany of potential uses for the form.</p> <p>There is not an appropriate box to choose if this form is submitted as a supporting statement after a coverage determination is requested. PerformRx fears this may cause unnecessary confusion.</p>
To & From Subsection	To: Medicare Part D Plan Information From: Hospice Provider Information	Hospice providers or prescribers can use this section to fill out plan and hospice provider information.	<p>PerformRx is unclear on how it should process forms that are incomplete, incorrect, or include conflicting information.</p> <ol style="list-style-type: none"> 1. What is the de minimus amount of information that must be completed in this section in order for sponsors to appropriately process this form? 2. What if there is no hospice provider information and no prescriber information, but the form is signed? 3. Similarly, what should sponsors do when the signature lines do not match the information given? For instance, the prescriber information is completed, there is no information completed in the hospice provider section, and the "Representative" line is signed.

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Patient Information Subsection	Admission or Discharge Update Check Here <input type="checkbox"/>	Hospice providers can use this box to indicate whether the form is being utilized to update the member's status as a patient in the hospice facility.	<ol style="list-style-type: none"> 1. Is this box for hospice provider use only? If so, CMS should consider moving this information to Section II. 2. If the individual who filled out the form has checked this box, but the request is received by the plan sponsor through its dedicated coverage determination fax line, must the sponsor treat the form as a coverage determination? 3. If this box is checked, can the plan sponsor assume it is <u>not</u> a coverage determination request? What if the request is received through the sponsor's dedicated coverage determination fax line?
Prior Authorization Process	Enter a separate line for each Analgesic, Antinauseant (antiemetic), Laxative, and Antianxiety drug (anxiolytic) Medication that is Unrelated to Terminal Illness and/or Related conditions	CMS intends the individual completing the form to use this section to report only those medications that are unrelated to the member's terminal illness and/or related conditions.	<ol style="list-style-type: none"> 1. PerformRx is concerned with instances where the individual completing the form does not follow directions. For example, what if the individual places related drugs in this section and those drugs have utilization management requirements? Should PerformRx treat such requests as coverage determinations? Does it make a difference whether the form was received on the sponsor's dedicated coverage determination fax line?

PerformRx Comments to the Proposed Hospice Prior Authorization (PA) Form			
			<p>2. If the hospice form does not list any medications, is it correct to assume the form should not be treated as a coverage determination request if the form was received on the sponsor's dedicated coverage determination fax line?</p>
Signature of Hospice Representative or Prescriber Required		<p>CMS requires a signature from the hospice provider or the prescriber for a completed form. CMS has previously released guidance instructing sponsors to treat all requests received through those fax lines as coverage determinations. Hospice providers may not submit coverage determination requests.</p>	<p>1. How should sponsors process forms signed only by a hospice provider but received via the sponsor's dedicated coverage determination fax line? Should sponsors perform outreach to turn the case into a coverage determination request?</p> <p>2. If the form is not signed, must sponsors perform outreach to obtain a written signature? Alternatively, can sponsors accept verbal statements upon such outreach? If the latter, how verbal assent to a written form be indicated on the form?</p> <p>3. What if only the form is signed and no other identifying information for the individual completing the form is included?</p> <p>4. When the form comes through on a fax line, it is not always clear <i>who</i> is sending it. Plan sponsors</p>

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			<p>would need to know who sent the form because it affects the way the form must be processed. Is there a way the form can distinguish signers from senders?</p> <p>5. Can the beneficiary use the form to indicate termination or election of the hospice benefit? If so, where should the beneficiary sign?</p>
		CMS intends pharmacy helpdesk associates to complete this form to record verbal statements of unrelatedness.	<p>1. Should associates attempt to get a signature or sign the forms themselves? Is there a more uniform manner in which verbal statements or statements completed by sponsor staff or contractors can be recorded?</p>
Section II			
Subsection	Proposed Hospice PA Form Content	CMS Guidance Summary	PerformRx Comment
Section II – Plan of Care (Optional)		CMS intends Section II be used only to develop a plan of care between the hospice provider and the member. This section should only include drugs that are related to the terminal illness or related conditions.	<p>1. PerformRx recommends CMS add a disclaimer to this Section to indicate that this form is <i>not</i> a coverage determination request form.</p> <p>2. PerformRx is concerned about individuals using this form incorrectly. For instance, what if drugs are listed here in a way that indicates they are unrelated to the terminal illness or related conditions? Should sponsors then treat the form</p>

PerformRx Comments to the Proposed Hospice Prior Authorization (PA) Form		
		as a coverage determination request if the request is received through the dedicated coverage determination fax line?

PerformRx is particularly concerned about how process the form when it is received via sponsors’ dedicated coverage determination fax lines. The chart below outlines various scenarios and PerformRx’s interpretation based on the guidance. PerformRx would like to confirmation and/or clarification on whether its interpretations are correct and in line with CMS’s intent.

PerformRx Comments to the Proposed Hospice PA Form—Dedicated Fax Line							
Scenario Number	Does the form contain medications?	Is it evident the form is submitted by a hospice provider?	Is it evident the form is submitted by the prescriber?	Is prescriber information provided?	Has an A3 Rejection occurred?	Would the medication(s) reject for a reason other than A3?	PerformRx Interpretation
1	No	N/A	N/A	N/A	N/A	N/A	The form should not be treated as a coverage determination request.
2	Yes	Yes	N/A	No	No	N/A	The request should not be treated as a coverage determination request.
3	Yes	Yes	N/A	Yes	Maybe	Yes	The form should be treated as a coverage determination request. Is prescriber outreach necessary?

PerformRx Comments to the Proposed Hospice PA Form—Dedicated Fax Line							
4	Yes	N/A	Yes	Yes	No	No	The form should not be treated as a coverage determination request.
5	Yes	N/A	Yes	Yes	Maybe	Yes	<p>The form should be treated as a coverage determination request.</p> <p>Is prescriber outreach necessary?</p>