NAHC Part D Current Patient Letter SAMPLE

Date

Salutation,

We are writing to inform you of a new process the Centers for Medicare and Medicaid (CMS) have instructed hospices and Medicare Part D plans to follow. Beginning no later than May 1, 2014, when you arrange for pick up or delivery of medications from your pharmacy, the Part D plan will not allow the pharmacy to provide the medication until it receives more information so that payment determination can be made. This is the new prior authorization (PA) process required by Medicare. As part of this process, __________ Hospice will review all your medications to determine if they should be covered by _______ Hospice under your Medicare hospice benefit, by a Medicare Part D plan, or by you, the beneficiary. As explained during the admission process, ______ Hospice is responsible for providing and paying for all medications that are related to your principal hospice diagnosis and any related conditions and that are reasonable and necessary for treating this diagnosis and any related conditions. Any medications that are unrelated to this diagnosis and related conditions are paid for under Medicare Part D if you are a Medicare Part D enrollee. If there are medications that are related to the principal hospice diagnosis or any related conditions but are not reasonable and necessary for treating this diagnosis or any related conditions, CMS requires that you, the beneficiary, pay for the medication. You may use non-Medicare insurance to cover the drug if you have this type of coverage.

The hospice physician, with input from your attending physician (if any), and the hospice team determines if a medication is related to the principal diagnosis and related conditions as well as if the medication is reasonable and necessary in your hospice plan of care. If the hospice physician determines that the medication is related and reasonable and necessary, __________ Hospice will provide and pay for this medication in reasonable fill amounts.
Should you choose to continue or begin taking a medication that is determined to be related to the principal diagnosis and related conditions but not reasonable and necessary in your hospice plan of care, Medicare prohibits _____ Hospice and your Medicare Part D plan from paying for this medication. In these cases, Medicare requires you, the beneficiary, to pay for the medication. This is also the case if there is a medication you would like to take that is not part of the _______ Hospice formulary. For an off-formulary medication to be covered by ______ Hospice under your Medicare hospice benefit, there must be a clinical reason why you cannot take the equivalent medication that is on the _____ Hospice formulary. If there is no such clinical reason, you will need to pay for the medication out-of-pocket.

The PA process determines payment responsibility for the medication so we encourage you to initiate this process if the pharmacy notifies you that it has not/is not planning to get the information necessary to determine payment responsibility from the person who prescribed the medication (the prescriber) or __________ Hospice. You will not be able to receive the medication, unless you pay for it out-of-pocket, until this PA process is completed. You can initiate this process by telling your pharmacy that you are requesting a PA for the medication. We ask that you also contact _______ Hospice at __________ to notify us you have initiated the PA. We can help speed up the decision by providing the Part D plan with information, but also suggest that you tell the pharmacy that you are requesting an expedited review. With an expedited review, a payment decision is usually made within 24 hours. If you feel that Medicare Part D should be paying for a medication that it is not covering, you have the right to appeal this decision to Medicare. Information on how to make an appeal can be provided by your pharmacy and/or Part D plan.

If you are a Part D plan enrollee, please let us know which Plan you are enrolled in and the contact information for that Plan. _______ Hospice will be working with your Plan to smoothly transition to this PA process so that there is little to no disruption to you.

Thank you for the privilege of serving you and please contact us with any questions you have about the PA process or any other aspect of your hospice care.

Sincerely,