



## **National Association for Home Care & Hospice/Hospice Association of America**

### **Hospice and Part D Tips**

**7/24/2014**

Additional information and a summary of the Part D PA process can be found in the NAHC/HAA Hospice and Part D Explanation document.

Following are tips developed by NAHC/HAA to assist hospices in complying with the Part D PA process.

#### **Determine all patients' principal diagnosis and all related diagnoses/conditions per the ICD-9-CM coding guidelines**

- Working with the IDG and hospice physician, develop a process for making the determination of whether the medication is related and if it is reasonable and necessary
- Educate all applicable staff as well as non-hospice physicians about this process
- Remind staff of the following:
  - It is the hospice's responsibility to provide all medications reasonable and necessary for the palliation and management of the patient's principal diagnosis and related conditions
  - Medicare does not pay for items that are not reasonable and necessary so any medications falling into this category that are related to the patient's principal diagnosis and related conditions are the responsibility of the beneficiary should he/she insist on having them
  - Medicare Part D will pay for unrelated drugs only

**Complete the Hospice Information for Medicare Part D form and supply it to the pharmacy/sponsor as soon as possible after the patient's election of hospice care and as soon as possible after the patient's hospice benefit termination (revocation or discharge).**

**Consider providing patients with an identification card, similar to an insurance card, that identifies the patient as a hospice patient with your hospice and includes contact information for your hospice and a statement that services/treatment provided to the patient that are related to the patient's terminal illness and related conditions but have not been arranged by the hospice may be the beneficiary's liability. Instruct patients to present this identification card to all providers they may see for service/treatment, including pharmacies.**

**Verify that the hospice's information is up to date in the CMS database. Hospices may do this through the PECOS system.**

**Review and revise applicable policies and procedures, as necessary.**

**Develop an education plan for**

- **Hospice physicians**
- **Non-hospice physicians**
- **Staff**

**Consider developing and implementing a process of obtaining and maintaining a list of Part D plan sponsor information for those sponsors providing services in the hospice's geographic service area.**

CMS maintains a list of Part D Sponsors on the website. This is not the preferred method for obtaining sponsor information but is being provided in order to be inclusive of all options. The webpage for this information is: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/PDP-Plan-Directory-Items/CMS1203268-PDP-Plan-Directory.html?DLPage=1&DLSort=1&DLSortDir=descending>

### **For Current Patients**

- Determine if the patient is a Part D enrollee. This information can be obtained from the patient, the Medicare eligibility verification process (HIQA/HIQH and HETS), and the patient's pharmacy.
  - Ask current patients if they are Part D enrollees and obtain their Part D plan sponsor information. The patient should have an ID card with this information.
  - A patient's pharmacy will also have or be able to easily tell if a patient is a Part D enrollee and, if so, the Part D plan sponsor name and contact information.
  - Hospices can find eligibility and enrollment information via the Medicare eligibility verification process HIQA/HIQH or through HETS\*. An explanation of where to find this information in the system and how to read the returned response is available through the HETS Companion Guide at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information->

[Technology/HETSHelp/downloads/HETS270271CompanionGuide5010.pdf](#) . Providers will want to refer to Section 7.18 and also reference page 55 of the Guide.

- Review medication lists of current patients to ensure *all* of the medications are listed.
- Ensure documentation in the clinical record supports the hospice coverage decision for each medication. For those medications not covered by Hospice there should be clear documentation from the hospice physician as to why the medication is not related or is not reasonable and necessary.
  - If there are any drugs covered under Part D prior to the implementation of the Part D PA process for medications prescribed for hospice patients, the sponsor may reject the medications.
  - Proactively communicate with the patient's Part D Plan to provide the documentation that the drug is unrelated (or that it should be covered by hospice or the beneficiary)
  - If there are any drugs that the hospice should be covering that either the beneficiary or Part D *is* covering - make adjustments accordingly
  - If there are any drugs that the hospice is covering that either the beneficiary or Part D *should be* covering.
    - If Part D should be covering – coordinate with the patient's Part D Plan to provide the explanation that the drug is unrelated
    - If the beneficiary should be covering – coordinate with the patient's Part D plan to explain why the beneficiary should be paying for the drug

Develop a communication tool to be shared with patients explaining the PA process and regarding decisions that are made about the payment of their medications (see attached SAMPLE).

### **For New Patients**

#### **Add steps to the admission process**

- Add notice in the admission materials that explains how determinations are made regarding coverage of medications and notifies the patient that hospice needs to review *all* medications (see attached SAMPLE).
- Educate staff regarding the need to thoroughly explain this process to patients
- Request Part D enrollment and plan sponsor information for new patients
- Determine if any medications for the new patient will be submitted to Part D and proactively communicate this information to the plan sponsor
- Submit the NOE as soon as possible after admission. This will go a long way in avoiding disruptions and delays in patients receiving their medications.