Information Collection Tool for Beneficiaries Enrolled in Medicare Part D Plans

Home Health, Hospice & DME Open Door Forum

Shelly Winston
Medicare Drug Benefit Group

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Form Background and Timeline

- 2014- NCPDP's Hospice Task Group produced the initial form
- October 3, 2014 -CMS edited the form and issued for public review and comment
- January 23, 2015 -CMS edited based in comments received and re-issued for further public comment
- March 2, 2015 - The Office of Management and Budget approved the form with OMB Control Number 0938-1269
- March 24, 2015 -CMS posted the final form and strongly encouraged the industry to use the form as soon as possible

Overview of Changes

- We clarified language based on comments received
  - Added more specific field descriptions
  - Expanded the instructions and divided Section 1 into distinct subsections that are clearly identified in the instructions
- We revised the form to highlight its multiple uses
  - Renamed Section 1 to indicate it can be used to either override a hospice A3 reject **or Update Hospice Status**
  - Added a check box for users to indicate in Section A, that the form is being used to proactively communicate with Part D plan.
- We retained all fields in the original NCPDP-drafted form

Instructions for Hospice Providers

Four Primary Uses Identified

1. To prospectively provide “unrelated” drug information to the Part D plan thereby avoiding an A3 Reject
2. To provide information to override A3 Reject (Coverage Determination)
3. Update change in hospice status
4. Report Plan of Care information

Signature Requirements

- Section 1 of the form must be signed and dated by a hospice representative **or** the prescriber when the form is used to:
  - prospectively inform the Part D plan sponsor/PBM of drugs in the four categories that will likely be dispensed because they are both included in the plan of care and are unrelated to the terminal prognosis
  - document a change in hospice status; in these instances the appropriate signed (NOE or NOTR) must be attached
- All requests for a Hospice A3 Reject Override must be signed by the prescriber, the beneficiary or a hospice representative
- If Section II is completed, a hospice representative and the beneficiary/representative must sign that section

Common Questions Raised

- Feedback on:
  - Customization of the form
  - Unrelated drugs when the Part D plan has placed UM requirements on the drug
  - Use of Section II
  - Requirements for improved readability
  - Situations in which multiple physicians are involved

Resources

- The form and instructions are available at:
  - www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html
  - www.cms.gov/Center/Provider-Type/Hospice-Center.html

- Additional feedback or questions on the form can be sent to shelly.winston@cms.hhs.gov