



May 18, 2017

Mr. Laurence Wilson, Director, Chronic Care Policy Group
Ms. Amy Larrick Chavez-Valdez, Director, Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Wilson and Ms. Chavez-Valdez:

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit American National Standards Institute (ANSI)-accredited Standards Development Organization (SDO) consisting of nearly 1600 members who represent drug manufacturers, chain and independent pharmacies, drug wholesalers, insurers, mail order prescription drug companies, claims processors, pharmacy benefit managers, physician services organizations, prescription drug providers, software vendors, telecommunication vendors, industry professional societies, service organizations, government agencies, and other parties interested in electronic standardization within the pharmacy services sector of the healthcare industry.

In August 2013, NCPDP's Government Programs Work Group formed the Hospice Task Group with the scope of identifying and proposing solutions to issues associated with the recognition and verification of Medicare Part A Hospice eligibility and Part D processing of possible Medicare Part A Hospice claims both at point-of-sale and retrospectively. The task group ultimately developed the form "Hospice Information for Medicare Part D Plans" which is now in use. NCPDP appreciates CMS' support of our efforts in this regard.

The Hospice Task Group reconvened in July 2016 to look at opportunities for process improvement. Input received from the task group participants led to the development of a survey for Part D plans, hospice providers and pharmacy providers to assess how the policy and procedures are working. The survey conducted in December 2016 indicated the issues contributing to potential improper billing of medications to Part D are multifaceted and hospices, pharmacies and Part D plan sponsors all have an important role in addressing the problem.

Following is a list of items identified through the survey as challenges for stakeholders, as well as some potential means for improving current circumstances. Hospice Task Group member organizations are committed to working to address these issues, where possible. There are other areas, however, where CMS assistance may be needed, particularly in working to help improve the coordination and communication processes between hospice providers, Part D plans, and pharmacies. The task group requests CMS give such involvement serious consideration.

Ability to communicate effectively

- Hospices encounter barriers to obtaining the information needed to effectively coordinate medication coverage decisions with Part D plan sponsors.

- Many patients do not carry their Medicare Part D cards and the hospice must contact the pharmacy to obtain the Part D plan information.
- Although lists of Part D contacts are available, the lists have no specific designation of a hospice contact that is able to advise the hospice as to what information is required for the hospice to communicate medication coverage information to the specific Part D plan. In the absence of a knowledgeable contact, the hospice has a very difficult time contacting the correct person at the Plan who has knowledge of the hospice process. As a result, the hospice may fail in its effort to convey beneficiary status or medication coverage responsibility information effectively. Establishment and maintenance of such a list would significantly improve the hospice-Part D plan interface.
- Similarly, Part D plans need accurate information about hospice programs. Information such as hospice name, address, phone contact, and contact name of the hospice should be reliable and updated on a regular basis. The Provider of Services (POS) file supplies the contact information of the hospice, but it usually does not contain the name of a current contact person. A file with an accurate contact person for the hospice may not be possible, but should be explored.
- Hospice staff needs to be educated in the Part D plan policy requirements, e.g., medications not covered, other prior authorization requirements, etc. in order to better respond to plan inquiries.

Educational needs related to the process/use of the form

It is our experience that CMS, organizations involved in the task group, and others have made a considerable effort to educate stakeholders on the processes that have been developed to allow for timely sharing of information and to streamline the prior authorization process. For many hospice providers, survey results show the use of the prior authorization process was abandoned after multiple failed attempts to communicate hospice election information to Part D plans. Additional education is necessary, but only once the issue addressed above with the communication processes have been addressed. Findings from the survey also indicate additional education is necessary to expand use of the “Hospice Information for Medicare Part D Plans” form and ensure a clearer understanding of this process.

Task group members are committed to conducting such education, with particular focus on the following areas:

- Hospice – Provide instructions on how to find the Part D plan and primary hospice contact and match to information provided by the beneficiary. Provide education on when to use the “Hospice Information for Medicare Part D Plans” form proactively.
- Part D plan – Identify the process for securing the name of the hospice and contact information. Provide education on the use of the “Hospice Information for Medicare Part D Plans” form, etc.
- Pharmacy – Provide education on the overall process. This will assist the pharmacy in making better billing decisions as well as improving communication with patients and families at point of sale.

Timely access to accurate beneficiary status information

Accurate and timely beneficiary status information is the key to ensuring that appropriate responsibility for coverage of medications for hospice beneficiaries is achieved.

- **Notice of Election Processing**

- CMS initiated the timely filing requirement for the Notice of Election (NOE) to ensure Part D plans would receive hospice election information more quickly and reduce the “spend” by Part D plans for patients for whom they should not be responsible.
 - Timely filing requires the hospice to provide hospice enrollment information to the Common Working File (CWF) via Direct Data Entry (DDE) within five calendar days of the beneficiary’s hospice election or risk loss of payment for services.
 - Timely submission of a NOE does not guarantee that CMS systems will record beneficiary status information timely. Delays in posting of beneficiary status to the CWF and (subsequently) to the MARx system still occur due to systems limitations and the frequency of human error when using DDE.
- **Sequential billing (hospice to hospice)**
 - A hospice is required to submit claims sequentially. When a patient changes hospice providers, CMS systems must process the final claim or Notice of Termination/ Revocation from the initial office before the systems can record information related to the new hospice that is serving the patient.
 - This “sequential billing” requirement may cause delays which can range from a few days to several weeks before the CWF is updated with the current provider of hospice services. These delays create challenges for Part D plans and pharmacies in their attempt to establish appropriate responsibility for prescribed medications.
- **Electronic submission of the NOE**

The NCPDP Hospice Task Group is familiar with work the CMS Provider Billing Group is conducting to support transmission of hospice NOEs and related transactions via Electronic Data Interchange (EDI).

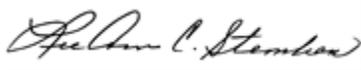
 - EDI transmission of NOEs should significantly reduce problems with NOEs resulting from errors during the Direct Data Entry process. The information would not need to be entered twice, reducing keying errors. This process should reduce the length of time it currently takes for NOEs to process and for beneficiary hospice status to be recorded in the Common Working File.
 - It is our understanding hospice use of EDI for submission of NOEs could be permissible as early as later this year (2017). We strongly urge CMS to place a high priority on efforts to achieve this goal in as short a time frame as is possible.
- **Delay in beneficiary hospice election information for Part D MARx**
 - The timely filing requirement was established by CMS with the notification of hospice election to Part D plans as a high priority goal. With this in mind, the task group also strongly supports any additional systems changes that could reduce the amount of time it takes for beneficiary hospice status information to be communicated from the CWF to the MARx system.
 - Reducing the length of time it takes for accurate information to populate the systems accessed by Part D plans and pharmacies is essential to ensuring timely updates to hospice election information and to minimizing inappropriate spending under Part D for hospice-related medications.
- **Recoupment/Repayment**
 - Recoupment and repayment is a challenge for both the hospice provider and the Part D plan sponsor. Although CMS guidance states sponsors and hospice providers are to coordinate

- benefits, there is no standard for either entity to follow; therefore multiple processes from multiple entities have caused more confusion than coordination.
- The Hospice Task Group is recommending CMS develop model notice letter(s) to clarify the request for recoupment and repayment to either entity. The task group has begun development of a recoupment form. We would like to offer assistance in the development of the model notice letter should CMS choose to accept the recommendation.
 - In addition, the task group requests the model notice include clarification on the following:
 - Retrospective period to be evaluated in the hospice drug reviews
 - Response (reimbursement or appeal of the request for reimbursement) time for recoupment requests
 - Recoverable amounts from either entity and responsibility for member co-pay

Thank you for your consideration of our request to assist in this mutually beneficial effort. For direct inquiries or questions related to this letter, please contact:

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Sincerely,



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cc: Kelly Vontran, CMS
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