

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



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Ms. Kittye Krempin
Advisor, Standards Development
NCPDP
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Scottsdale, AZ 85260-7518

Delivered via Email at kkrempin@ncpdp.org

Dear Ms. Krempin,

Thank you for your recent letter sent on behalf of the Hospice Task Group presenting opportunities for collaboration between the Centers for Medicare and Medicaid Services (CMS) and the National Council for Prescription Drug Program (NCPDP). We commend the task group for the obvious effort it took to develop the document, and offer the following comments in response.

Ability to communicate effectively

The task group found that communication barriers between Part D sponsors and hospice organizations interfere with coordination of medication coverage for Part D beneficiaries enrolled in hospice. To address this issue CMS will expand the HPMS contact list to include a hospice coordinator for each Part D plan. This information will be posted to the CMS web site at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/index.html> for use by hospices. We view this new contact type as playing a critical role in coordinating the Part D and hospice benefits. Hospices will now have a point of contact for their plan interactions; when contacted by the hospice the Part D sponsor contact will be able to obtain needed information about the hospice as well.

NCPDP's letter states that many patients do not carry their Medicare Part D cards. We believe that the patient's family will likely be able to locate a beneficiary's Medicare Part D card and provide the information to the hospice. If that option is unavailable, the hospice's pharmacy can check the beneficiary information through an eligibility inquiry (E-1). This would seem to be the most appropriate avenue for determining an enrollee's Part D coverage.

Educational needs related to the process/use of the “Hospice Information for Medicare Part D Plans” form

We concur that additional education to expand use of the “Hospice Information for Medicare Part D Plans” form is necessary. We are pleased that task group members are committed to conducting the education and concur with the proposed areas of focus. Please let us know if CMS can augment the task group’s efforts by encouraging Part D plan participation in the training or contributing to the development of training materials.

Timely access to accurate beneficiary status information

You also shared comments regarding electronic submission of the notice of election (NOE), timely access to accurate beneficiary information, and hospice sequential billing. We are currently working on a process to allow NOEs to be submitted via electronic data interchange beginning January 1, 2018, while simultaneously working on a redesign of hospice benefit period data in our systems. Allowing NOEs to be submitted via an electronic data interchange and the hospice benefit period data redesign should help with more timely beneficiary status updates in the Medicare systems.

With regards to sequential billing, your letter mentions a patient changing hospices. A patient transfer, which can occur once per hospice benefit period, would not require a Notice of Termination/Revocation. Again, the redesign of hospice benefit period data in our system should allow more timely status updates in Medicare systems when a patient changes hospices. We will continue to monitor trends in Part D utilization during a hospice election, while also investigating the means by which we can educate the provider community regarding the hospice benefit and appropriate billing practices.

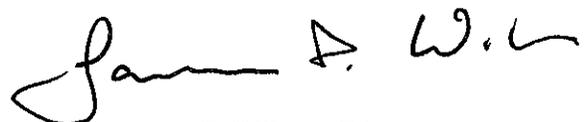
Development of a standard process for coordinating recoupments of payments when appropriate between Part D plans and providers would be extremely beneficial. We strongly encourage the task group to develop a standard process and notice for payment recoupment.

Thank you once again for presenting your ideas to us. We look forward to continued collaboration with you.

Sincerely,



Jennifer R. Shapiro, Acting Director
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