



June 9, 2020

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1733-P
P.O. Box 8010
Baltimore, MD 21244-1850

<http://www.regulations.gov>

RE: CMS-1733-P, Medicare Program; FY 2021 Hospice Wage Index and Payment Rate Update

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit, American National Standards Institute (ANSI) accredited Standards Developer (ASD) consisting of more than 1,700 members who represent drug manufacturers, chain and independent pharmacies, drug wholesalers, insurers, mail order prescription drug companies, pharmaceutical claims processors, pharmacy benefit managers, physician services organizations, prescription drug providers, software vendors, telecommunication vendors, service organizations, government agencies, professional societies and other parties interested in electronic standardization within the pharmacy services sector of the healthcare industry. NCPDP provides a forum wherein our diverse membership can develop solutions, including ANSI-accredited standards, and guidance for promoting information exchanges related to medications, supplies and services within the healthcare system.

NCPDP's Hospice Task Group submits the following comments in response to CMS-1733-P, Medicare Program; FY 2021 Hospice Wage Index and Payment Rate Update.

III. Provisions of the Proposed Rule

C. Election Statement Content Modifications and Addendum To Provide Greater Coverage Transparency and Safeguard Patient Rights (20961)

"As noted in the FY 2020 Hospice final rule (84 FR 38509), the hospice Conditions of Participation (CoPs) at §418.52(a) require that during the initial assessment visit, in advance of furnishing care, the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands. Furthermore, hospices are to inform the beneficiary of the services covered under the Medicare hospice benefit, as well as the scope of such services. The intent of this standard was to ensure that patients were aware of their potential out-of-pocket costs for hospice care, such as co-payments, so that they would not be surprised by financial concerns at this stressful time (73 FR 32097). Therefore, hospices are already tasked with providing detailed information on hospice services and limitations to those services to the patient upon election of the benefit. We believe that the addendum further complements these requirements by ensuring that the hospice informs them of any items, services, or drugs which the terminally ill individual would have to seek outside of the benefit. As we also noted in the FY 2020 Hospice final rule, we stated that we would furnish a modified model election statement and election statement addendum to provide the industry as they move forward making the changes

to their own election statements and as they develop an addendum to communicate those items, services, and drugs they will not be covering because they have determined them to be unrelated to the terminal illness and related conditions. We have posted the modified model election statement and addendum on the Hospice Center web page, <https://www.cms.gov/Center/Provider-Type/Hospice-Center>, to give hospices an idea as to the requirements and how they can develop their own forms. Because we detailed the content requirements in the FY 2020 Hospice final rule, we believe that hospices have been provided with specific information in order to develop their own election statement addendum without any further proposals. We expect to issue an MLN Matters® article to accompany this proposed rule to further educate the hospice community as to the election statement and addendum content requirements effective for hospice elections beginning on and after October 1, 2020.”

NCPDP Comment:

- NCPDP recommends an electronic format for both the election statement and addendum for purposes of the patient or representative attesting to the addendum and for the interoperability of the data elements. The electronic transmission of information will
 - increase the transparency of financial responsibility for the patient’s drugs and services,
 - allow for more timely application of benefit policy as well as Medicare Part D point-of-service edits which will reduce retroactive coordination of benefits recoupment,
 - allow for standardization to promote interoperability across covered entities,
 - establish a pathway to future electronic elements and automation to hospice requirements, and
 - adhere to the Paperwork Reduction Act.

- NCPDP believes the data contained within the election statement and addendum are necessary for coordination of benefits activities. In addition, the Medicare Beneficiary Identifier (MBI), hospice contact name, NPI and phone number and the name and contact number for the individual who signs on behalf of the beneficiary are needed for effective benefit coordination.

“The hospice election statement has always required the signature of the electing individual (or their representative). This requirement has not changed with the modifications to the election statement and if the individual (or representative) requests the election statement addendum, the finalized requirements include the signature of the individual (or representative), as well as the date the addendum was signed. We would expect that the signature on the addendum would be similar to how each hospice obtains the individual’s signature on the election statement itself. That is, if the individual electronically signs the election statement, there is nothing prohibiting the hospice from having the addendum electronically signed. We note that it is at the contractor’s discretion as to how they address patient/representative electronic signatures in their review of medical records, so hospices should confirm with their respective Medicare contractors as to the use of electronic signatures for beneficiary (or representative) signatures. However, the addendum is required to be furnished to the individual in writing so that the individual (or representative) can understand the information provided, make treatment decisions based on that information, and share such information with non-hospice providers rendering items and services to the individual. Therefore, the format of the addendum must be usable for the patient; most often we would expect that this would be in a hard copy format that the individual can keep for his/her own records, similar to how hospices are required by the hospice CoPs at §418.52(a)(3) to provide the individual a copy of the notice of patient rights and responsibilities.”

NCPDP Comment:

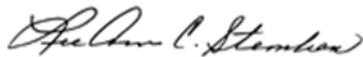
- NCPDP recommends CMS name a national standard for electronic signatures and issue guidance to the Medicare Administrative Contractors (MACs) on the use of the standard.

Due to the resources directed to COVID-19, NCPDP urges CMS to reconsider the effective date of October 1, 2020, which may not be attainable during this public health emergency.

Thank you for your consideration of our input. For direct inquiries or questions related to these comments, please contact:

Kitty Krempin
Standards Specialist, NCPDP
standards@ncdp.org
(480) 477-1000, ext. 134

Sincerely,



Lee Ann C. Stember President & CEO
National Council for Prescription Drug Programs (NCPDP)
9240 E. Raintree Drive
Scottsdale, AZ 85260
(480) 477-1000 ext. 108