

Hospice Status and Plan of Care for Medicare Part D A3 Reject Override Instructions for Use

This form is designed for use by the Hospice provider and/or the prescriber to communicate with a Medicare Part D plan.

Users of the form and recommendations for use:

Hospice Provider

- Identify the beneficiary's Medicare Part D plan information from the beneficiary's Medicare Part D card or by contacting the pharmacy provider.
- Call the beneficiary's Medicare Part D plan to obtain the appropriate fax number or contact information to which the completed form should be directed to.
- Complete Sections I and II as appropriate, including the "Purpose of the form". Inaccurate forms may result in patient access to care delays.
- Section II is optional; however completion of this form will assist in the coordination of care for the beneficiary.
- Fax the completed form to the beneficiary's Medicare Part D plan.

Unaffiliated Prescriber

- Contact the Hospice provider
- Either the Hospice provider or the prescriber should complete Sections I and II as appropriate, Complete Sections I and II as appropriate, including the "Purpose of the form", and check the box on page 1 under the prescriber's signature. Inaccurate forms may result in patient access to care delays.
- Section II is optional; however completion of this form will assist in the coordination of care for the beneficiary.
- Prescriber should fax completed form to the Hospice provider and the beneficiary's Medicare Part D plan.

Medicare Part D Plan Sponsor/PBM

- Evaluate the "Purpose of the form" section to expedite to the appropriate action.
- When applicable use the hospice election information on the completed form as Best Available Evidence (BAE) to update the beneficiary's hospice information with Medicare Part D eligibility.
- Upon receipt of the form indicating the drugs in the four categories (analgesics, antinauseants, (antiemetics), laxatives and antianxiety) are unrelated to the terminal illness and/or related conditions, override the A3 reject for the medications listed.

Pharmacy Provider

- When Medicare Part D claim rejects as A3, contact the beneficiary's hospice provider to provide the contact information for the Part D plan as included in the supplemental messaging received with the A3 reject.
- If the hospice provider is unknown and other sources have been exhausted to determine the hospice, contact the prescriber to alert them to the hospice eligibility and determine whether this prescription is under the plan of care.
- For medications unrelated to the beneficiary's terminal illness, the Hospice provider or prescriber is requested to complete the *Hospice Information for Medicare Part D A3 Reject Override* form, and fax to the beneficiary's Medicare Part D plan.

The form is used:

- **When a prescribed drug is unrelated to a beneficiary's terminal illness or related conditions and the pharmacy has received an A3 reject.** Pharmacy will notify the prescriber or the hospice of the reject. Hospice providers should complete and submit this documentation to the plan sponsor. The plan sponsor should accept it and use it to satisfy the CMS requirements for removal of the A3 edit (this product may

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be covered under hospice – Medicare A) and allow for normal processing of the claim. **See example below.*

- **Proactively (prior to receipt of the A3 reject) to facilitate the most timely access to drugs unrelated to a beneficiary’s terminal illness or related conditions.** Part D Plan sponsors should use the information much like BAE to update the beneficiary’s hospice information until the official notice is received from CMS.

- **To notify a Part D plan sponsor of**
 - 1) Beneficiary’s hospice election/admission date;
 - 2) Beneficiary’s revocation/discharge date;
 - 3) Confirmation of the hospice election/admission or revocation/discharge date

The hospice provider would complete the **“Purpose of the form”, “To:”** and **“From:”** information as well as the first 6 fields in the **“Patient Information”** section. Checking the **“Admission or Discharge Update Only”** box will alert the plan sponsor that no A3 reject override is being requested. The form submission is informational only.

*Example: In order for the Part D plan sponsor to override the A3 reject, the **Medications Unrelated to Terminal Illness: Part D A3 Reject Override Required** must be completed accurately and with all 4 fields populated for each drug for which an override is being requested.

Analgesics, Antinauseants (antiemetics), Laxatives, and Antianxiety drugs (anxiolytics) Medication Unrelated to Terminal Illness and/or Related Conditions: Prior Authorization Required			
Medication Name and Strength	Dosing Schedule	Qty/ Month	Rationale for Treatment

The Rationale for Treatment as required by CMS must be **“A statement indicating the drugs in question are unrelated to the terminal illness and related conditions, and thus not covered under the hospice bundle is sufficient”**. The hospice provider is expected to maintain a record of the clinical basis for the statement that the drug is unrelated and provide it upon request.

The form must be signed and dated by either the Hospice representative or the prescriber.

Section II (Optional)

This portion of the form is to provide the Part D plan sponsor with additional information regarding the beneficiary’s plan of care. Informing the plan of the additional medications prescribed and designating the responsible party will assist the plan in better managing their beneficiary’s coverage and appropriate access to medication.

The signature of the Hospice representative is required.