

Eli's Hospice Insider

Reimbursement: Don't Be Surprised To See Expansion Of Prior Authorization To More Drugs

You should be paying for so-called 'maintenance drugs,' CMS maintains.

Data revealed in the latest hospice payment proposed rule may indicate more medication payment crackdowns for hospices - and more costs shifted onto their plates.

The **Centers for Medicare & Medicaid Services** is still concerned with bundling issues, according to the fiscal year 2019 proposed rule it published in the May 8 Federal Register.

Good news: In FY 2017, Medicare paid more than \$566 million for items and services under Parts A and B for beneficiaries during a hospice election. That is down from \$586 million in 2016. "Non-hospice spending for Part A and Part B items and services has decreased each year since we began reporting these findings," CMS notes. Specifically, 23 percent from 2011 to 2017.

Hospices aren't off the hook in that area yet, however. "There continues to be a non-trivial amount of non-hospice Parts A and B spending on beneficiaries under a hospice election, and we will continue to monitor data regarding this issue," the agency pledges.

Bad news: Non-hospice Part D spending for hospice patients, in contrast, increased to \$380 million in 2017. That compares to \$325 million in 2011.

"Recent analyses of Part D prescription drug event (PDE) data suggest that the current prior authorization (PA) has reduced Part D program payments for drugs in four targeted categories (analgesics, anti-nauseants, anti-anxiety, and laxatives)," CMS allows. However, "there has been an increase in hospice beneficiaries filling prescriptions for a separate category of drugs we refer to as maintenance drugs." Those include beta blockers, calcium channel blockers, corticosteroids, and insulin.

"We continue to expect that hospices should be providing virtually all of the care needed by terminally ill individuals, including related prescription drugs," CMS insists. "The comprehensive nature of the services covered under the Medicare hospice benefit is structured such that hospice beneficiaries should not have to routinely seek items, services, and/or medications beyond those provided by hospice."

After a hospice election, "many maintenance drugs or drugs used to treat or cure a condition are typically discontinued as the focus of care shifts to palliation and comfort measures," CMS contends. "However, those same drugs may be appropriate to continue as they may offer symptom relief for the palliation and management of the terminal prognosis" - and the hospice must cover them.

Watch out: "We will continue to monitor non-hospice spending during a hospice election and consider ways to address this issue through future regulatory and/or program integrity efforts, if needed," CMS says in the rule.