

Eli's Hospice Insider

Reimbursement: Hospices Face Repayment Demands For Analgesics

Tip: Don't delay in filing a dispute.

Medicare's new policy on prior authorization for all Part D drugs for hospice patients kicked in May 1, but you may see repayment requests going back much farther than that.

"Many hospices have received letters from PSR, a debt collection company, requesting payment for pain medications that were paid under Medicare Part D that should have been covered under the Medicare Part A hospice benefit," the **National Association for Home Care & Hospice** says in a message to members. "The claims are for 2011 and 2012 payment."

Do this: You should review your records and pay for the meds if they were your responsibility, NAHC advises. But if they were for an unrelated condition and shouldn't be bundled into hospice, then you should dispute the debt. "Because this request is not directly from CMS there is not an appeals process, just the dispute option," NAHC notes.

"CMS's policy of recoupment of all Part D analgesic claims for hospice patients, with no mechanism for determining whether the drugs were for uses related to the terminal condition, is not legally supportable and must be changed," the **National Hospice & Palliative Care Organization** protested in a comment letter of CMS's Part D policy earlier this year.

Background: "During 2013, CMS issued at least four memos to Part D plan sponsors regarding payment for analgesics provided to hospice patients from 2011 to 2013, including directives to recoup payment for all such claims. However ... the only communication CMS directed to the hospice provider community regarding Part D payment for drugs prior to the December 6, 2013 memo was a two paragraph notice posted in the Hospice Center of the CMS website on November 5, 2013, referring readers to an October memorandum that had been issued to Part D plans," NHPCO criticized in its comment letter.

"CMS has no clinical or legal justification for implementing a policy that presumes all analgesics provided to hospice patients from 2011 forward were related to the patient's terminal diagnosis, and to recoup the cost of those drugs from hospices, without giving them an opportunity to submit evidence to the contrary," NHPCO insists. "While we understand that it would be administratively easier to establish a policy that certain drugs or drug classes are always related to patients' terminal diagnoses, and therefore are always the hospice's responsibility, this is simply not the case."