Hospice Pharmacy Solutions

Pathways to Success Live Webinar Series™

To Cover or Not To Cover? – A Review of Medication Coverage Guidelines

Dr. Sherita D. Castille, Pharm D
Clinical Pharmacist

Agenda

- Overview
- Define key Medicare terms
- Determine relatedness to terminal prognosis
- Determining hospice medication coverage
- Questions

Hospice Pharmacy Solutions

3

To Cover or Not To Cover?

A review of medication coverage guidelines

Everyday hospice providers must determine which medications should or should not be covered for their patients. With increasing reports of misuse of federal funds and the ever-changing guidelines, it can be difficult to navigate and remain compliant. According to the National Hospice and Palliative Care Organization (NHPCO), hospice is expected to evaluate each medication in relationship to the terminal diagnosis & prognosis and cover all medications that manage or palliate the principle hospice diagnosis. We will look at the various pathways to determine medication coverage and how your clinical team can be an effective tool in managing cost.

Hospice Pharmacy Solutions

4

Centers for Medicare &Medicaid Services

Medicare Terms & Concepts

5

Key Medicare Concepts

- According to the Medicare Hospice Conditions of Participation (CoPs), the hospice is expected to pay for all medications "related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care."
- The initial assessment is to determine the patient's immediate care needs. Hospices must complete this abbreviated assessment in 48 hours. The comprehensive assessment must assess in-depth all of the patient's areas of need and will ensure that hospices are fully aware of the patient's current status. Hospices will be able to use these assessments to establish an individualized hospice plan of care.
- IDG team develops a plan that meets the patient's individual needs for pain management and symptom control. As reminder, palliative medications are those which manage symptoms, improve quality of life, or prevent complications, without curative intent.

6

Mandatory Symptom Coverage

OIG and CMS Guidelines

Hospice Pharmacy Solutions
Simplified Services Supporting Compassionate Care

7

Mandatory Symptom Coverage

OIG and CMS Guidelines

Hospice Pharmacy Solutions
Simplified Services Supporting Compassionate Care

Pain

Pain medications should be covered unless the pain is clearly not related to the hospice diagnosis or end of life. Covered pain medications would include analgesics such as APAP, NSAIDs, and opioids in addition to adjuvant analgesics (e.g., steroids or muscle relaxants).

Nausea and Vomiting

Anxiety

Constipation

8

Mandatory Symptom Coverage

OIG and CMS Guidelines

Hospice Pharmacy Solutions
Simplified Services Supporting Compassionate Care

Pain

Pain medications should be covered unless the pain is clearly not related to the hospice diagnosis or end of life. Covered pain medications would include analgesics such as APAP, NSAIDs, and opioids in addition to adjuvant analgesics (e.g., steroids or muscle relaxants).

Nausea and Vomiting

Medications treating nausea/vomiting (N/V) should be covered, whether the N/V is related to the terminal condition or end of life, or whether it is a side effect of other palliative medications, such as opioids.

Anxiety

Constipation

9

Mandatory Symptom Coverage

OIG and CMS Guidelines

Hospice Pharmacy Solutions
Simplified Services Supporting Compassionate Care

Pain

Pain medications should be covered unless the pain is clearly not related to the hospice diagnosis or end of life. Covered pain medications would include analgesics such as APAP, NSAIDs, and opioids in addition to adjuvant analgesics (e.g., steroids or muscle relaxants).

Nausea and Vomiting

Medications treating nausea/vomiting (N/V) should be covered, whether the N/V is related to the terminal condition or end of life, or whether it is a side effect of other palliative medications, such as opioids.

Anxiety

Medications used to treat anxiety should be covered unless the patient has a long-standing history of anxiety disorder that preceded the terminal illness and that is clearly unrelated to the hospice diagnosis or end of life.

Constipation

10

Mandatory Symptom Coverage

OIG and CMS Guidelines

Hospice Pharmacy Solutions
Simplified Services Supporting Compassionate Care

Pain

Pain medications should be covered unless the pain is clearly not related to the hospice diagnosis or end of life. Covered pain medications would include analgesics such as APAP, NSAIDs, and opioids in addition to adjuvant analgesics (e.g., steroids or muscle relaxants).

Nausea and Vomiting

Medications treating nausea/vomiting (N/V) should be covered, whether the N/V is related to the terminal condition or end of life, or whether it is a side effect of other palliative medications, such as opioids.

Anxiety

Medications used to treat anxiety should be covered unless the patient has a long-standing history of anxiety disorder that preceded the terminal illness and that is clearly unrelated to the hospice diagnosis or end of life.

Constipation

Constipation is not only common symptom of terminal illness, but is also a side effect of many different classes of palliative medications. Therefore, medications used to treat any type of bowel issue should be covered, regardless of hospice diagnosis

11

Key CMS Terms

Terminal Hospice Diagnosis

Primary Code (ICD- 10) indicating patient's diagnosis at admission that names the health problem of the patient

Advanced Beneficiary Notice (ABN)

A notice that a doctor or supplier should give a Medicare beneficiary when furnishing an item or service for which Medicare is expected to deny payment.

Related Conditions

Any conditions that are related to or caused by either the terminal diagnosis or the medications used to manage the terminal diagnosis

Terminal Prognosis

The prognosis of an individual is where the life expectancy is 6 months or less if the illness runs its normal course

Hospice Pharmacy Solutions

12

Utilizing Clinical Tools

Hospice Formulary Meds

13

Coverage Determination

How your formulary can be a resource

Commonly covered meds	Diagnosis
ACE inhibitors, ARBs, Beta-blockers, Diuretics	CHF/Heart Failure
Anti-Parkinson agents and Anticholinergics	Parkinson's Disease
Antipsychotics and Anticonvulsants	Psychosis/Dementia
Bronchodilators, corticosteroids, expectorants, antitussives and mucolytics	Lung Cancer

Hospice Pharmacy Solutions

14

Pathway to coverage determination

Hospice medications

New patient admit

- Initial and comprehensive assessment of the patient
- Educate patient and family on standard hospice practices

Hospice Pharmacy Solutions

15

Pathway to coverage determination

Hospice medications

- Initial and comprehensive assessment of the patient
- Educate patient and family on standard hospice practices

- Utilize your hospice formulary
- Request pharmacist consultation if needed

Hospice Pharmacy Solutions

16

Pathway to coverage determination

Hospice medications

- Initial and comprehensive assessment of the patient
- Educate patient and family on standard hospice practices

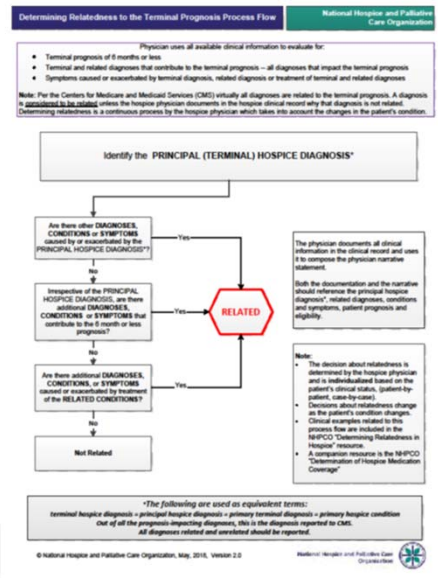
- Utilize your hospice formulary
- Request pharmacist consultation if needed

- See NHPCO coverage guidelines
- Make appropriate therapeutic interchanges

Hospice Pharmacy Solutions

17

Relatedness Process Flow Chart



Hospice Pharmacy Solutions

18

Patients with a principal diagnosis of dementia had the largest number of days of care on average in 2016.

TABLE 7. DAYS OF CARE BY PRINCIPAL DIAGNOSIS*

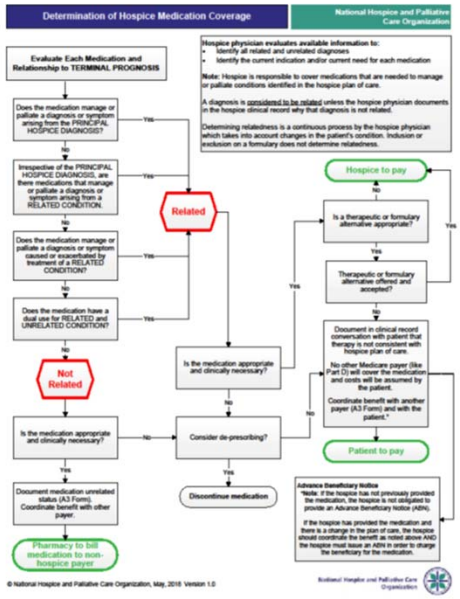
Principal Diagnosis	Mean # Days of Care	Median # Days of Care
Cancer	46 days	19 days
Cardiac and Circulatory	79 days	30 days
Dementia	104 days	54 days
Respiratory	71 days	21 days
Stroke	77 days	22 days
Other	62 days	16 days

**These values are computed using only days of care that occurred in 2016. Days of care have been combined for patients who had multiple episodes of care in 2016. Days of care occurring in other years are not included.*

National Hospice and Palliative Care Organization

19

NHPCO - Medication Flow Chart



Hospice Pharmacy Solutions

20

Pathway to coverage determination

Hospice medications

New patient admit → **Evaluate current medications** → **Select hospice covered meds** → **Request ABN on qualifying meds**

- Initial and comprehensive assessment of the patient
- Educate patient and family on standard hospice practices

- Utilize your hospice formulary
- Request pharmacist consultation if needed

- See NHPCO coverage guidelines
- Make appropriate therapeutic interchanges

Hospice Pharmacy Solutions

21

Pathway to coverage determination

Hospice medications

New patient admit

- Admission (demographics)
- Initial and comprehensive assessment of the patient

Evaluate current medications

- Utilize your hospice formulary
- Educate patient and family on standard hospice practices
- Request pharmacist consultation if needed

Select hospice covered meds

- See NHPCO coverage guidelines
- Make appropriate therapeutic interchanges

Request ABN on qualifying meds

Medication profile finalized

Hospice Pharmacy Solutions

22

Pharmacist Consultation

Clinical Pharmacists Available 24x7

Your clinical team is an excellent resource, helping you determine the best medication regimens for your patients

Consultation topics:

- Pain and palliative symptom management issues
- Opioid dose calculations/conversions
- Assistance with suspected medication-related problems
- General drug information: availability, costs, cost-effective alternatives, adverse effects, more

Hospice Pharmacy Solutions

23

Hospice Pharmacy Solutions
Simplified Services Supporting Compassionate Care

Thank you!

Questions?

24

Hospice Pharmacy Solutions
Simplified Services Supporting Compassionate Care

References

https://www.cms.gov/apps/glossary/default.asp?Letter=C&Language=English

https://www.federalregister.gov/documents/2008/06/05/08-1305/medicare-and-medicaid-programs hospice-conditions-of-participation

https://www.oig.hhs.gov/oei/reports/oei-02-06-00221.pdf

https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospice.html

https://www.nhpco.org/

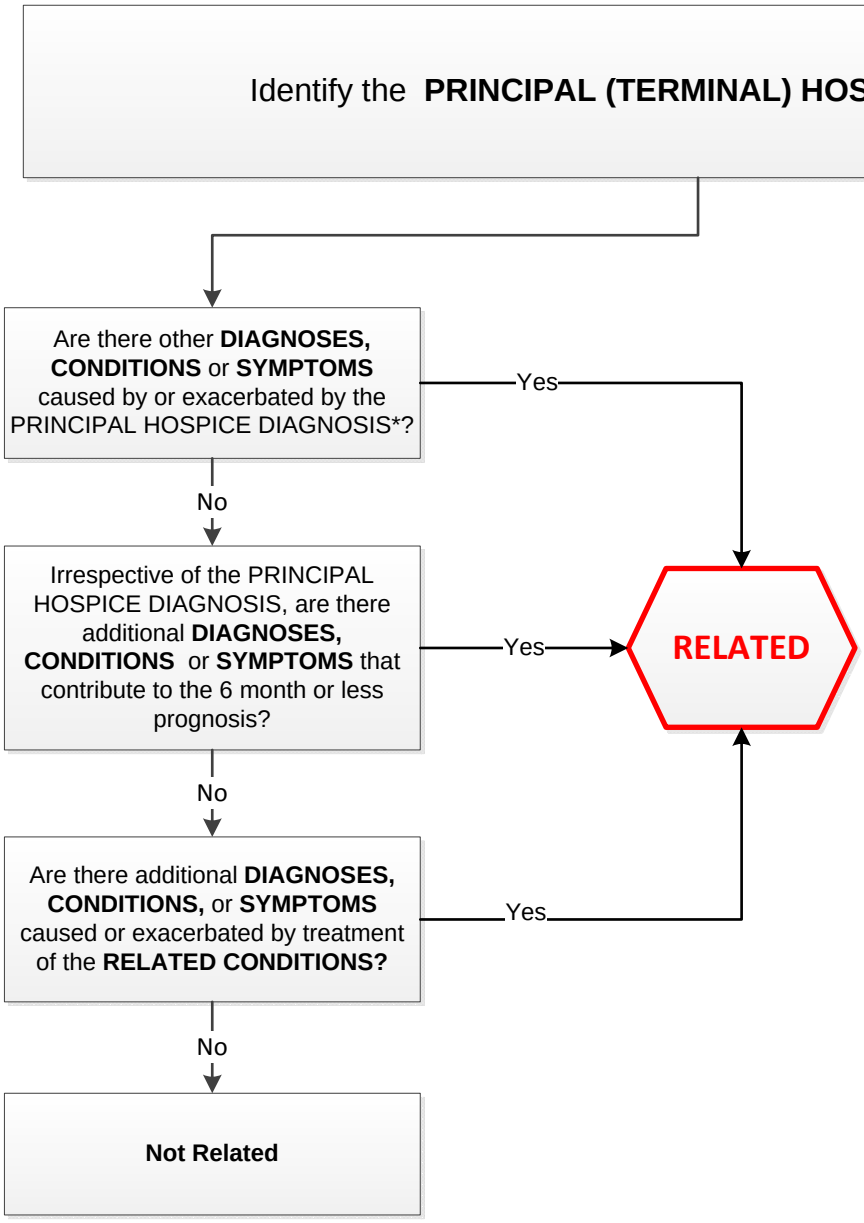
Determining Relatedness to the Terminal Prognosis Process Flow

National Hospice and Palliative Care Organization

Physician uses all available clinical information to evaluate for:

- Terminal prognosis of 6 months or less
- Terminal and related diagnoses that contribute to the terminal prognosis -- all diagnoses that impact the terminal prognosis
- Symptoms caused or exacerbated by terminal diagnosis, related diagnosis or treatment of terminal and related diagnoses

Note: Per the Centers for Medicare and Medicaid Services (CMS) virtually all diagnoses are related to the terminal prognosis. A diagnosis is considered to be related unless the hospice physician documents in the hospice clinical record why that diagnosis is not related. Determining relatedness is a continuous process by the hospice physician which takes into account the changes in the patient's condition.



The physician documents all clinical information in the clinical record and uses it to compose the physician narrative statement.

Both the documentation and the narrative should reference the principal hospice diagnosis*, related diagnoses, conditions and symptoms, patient prognosis and eligibility.

Note:

- The decision about relatedness is determined by the hospice physician and is **individualized** based on the patient's clinical status, (patient-by-patient, case-by-case).
- Decisions about relatedness change as the patient's condition changes.
- Clinical examples related to this process flow are included in the NHPCO "Determining Relatedness in Hospice" resource.
- A companion resource is the NHPCO "Determination of Hospice Medication Coverage"

The following are used as equivalent terms:

terminal hospice diagnosis = principal hospice diagnosis = primary terminal diagnosis = primary hospice condition

Out of all the prognosis-impacting diagnoses, this is the diagnosis reported to CMS.

All diagnoses related and unrelated should be reported.

National Hospice and Palliative Care Organization

Determination of Hospice Medication Coverage

National Hospice and Palliative Care Organization

Hospice physician evaluates available information to:
- Identify all related and unrelated diagnoses
- Identify the current indication and/or current need for each medication

Note: Hospice is responsible to cover medications that are needed to manage or palliate conditions identified in the hospice plan of care.

A diagnosis is considered to be related unless the hospice physician documents in the hospice clinical record why that diagnosis is not related.

Determining relatedness is a continuous process by the hospice physician which takes into account changes in the patient's condition. Inclusion or exclusion on a formulary does not determine relatedness.

Evaluate Each Medication and Relationship to TERMINAL PROGNOSIS

Does the medication manage or palliate a diagnosis or symptom arising from the PRINCIPAL HOSPICE DIAGNOSIS?
- Yes → **Related**
- No → Irrespective of the PRINCIPAL HOSPICE DIAGNOSIS, are there medications that manage or palliate a diagnosis or symptom arising from a RELATED CONDITION.
  - Yes → **Related**
  - No → Does the medication manage or palliate a diagnosis or symptom caused or exacerbated by treatment of a RELATED CONDITION?
    - Yes → **Related**
    - No → Does the medication have a dual use for RELATED and UNRELATED CONDITION?
      - Yes → **Related**
      - No → **Not Related**

Not Related → Is the medication appropriate and clinically necessary?
- Yes → Document medication unrelated status (A3 Form). Coordinate benefit with other payer. → **Pharmacy to bill medication to non-hospice payer**
- No → Consider de-prescribing?
  - Yes → **Discontinue medication**
  - No → Document in clinical record conversation with patient that therapy is not consistent with hospice plan of care.

    No other Medicare payer (like Part D) will cover the medication and costs will be assumed by the patient.

    Coordinate benefit with another payer (A3 Form) and with the patient.* → **Patient to pay**

Related → Is the medication appropriate and clinically necessary?
- Yes → Is a therapeutic or formulary alternative appropriate?
  - Yes → Therapeutic or formulary alternative offered and accepted?
    - Yes → **Hospice to pay**
    - No → Document in clinical record conversation with patient that therapy is not consistent with hospice plan of care.

      No other Medicare payer (like Part D) will cover the medication and costs will be assumed by the patient.

      Coordinate benefit with another payer (A3 Form) and with the patient.* → **Patient to pay**
  - No → **Hospice to pay**
- No → Consider de-prescribing?
  - Yes → **Discontinue medication**
  - No → Document in clinical record conversation with patient that therapy is not consistent with hospice plan of care.

    No other Medicare payer (like Part D) will cover the medication and costs will be assumed by the patient.

    Coordinate benefit with another payer (A3 Form) and with the patient.* → **Patient to pay**

Advance Beneficiary Notice

***Note:** If the hospice has not previously provided the medication, the hospice is not obligated to provide an Advance Beneficiary Notice (ABN).

If the hospice has provided the medication and there is a change in the plan of care, the hospice should coordinate the benefit as noted above AND the hospice must issue an ABN in order to charge the beneficiary for the medication.

National Hospice and Palliative Care Organization