July, 2014

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

As a proud health care provider in Western Pennsylvania, our organization is joining with Family Hospice and Palliative Care to seek your assistance in helping an important segment of our population.

As you may be aware, changes to the **Medicare Part D** hospice prescription plan have caused patients with life-limiting illnesses to be denied payment for medications necessary to sustain their quality of life.

**Here are the facts:**

When an individual is diagnosed with a terminal or life-limiting illness, he or she is eligible for hospice care under the Hospice Medicare Benefit, which was enacted in 1983. Hospice is a team-approach to care designed to provide comfort to patients while offering support and education for their loved ones and caregivers. Under the Hospice Medicare Benefit, patients receive nursing care, medications, medical supplies and psychosocial support. The daily capitated Medicare reimbursement for this care is intended to cover all medication, care and supplies related to the terminal diagnosis. Other medical care and supplies, unrelated to the terminal diagnosis, continue to be covered under Medicare Part D and Part B.

In 2012, the Office of Inspector General (OIG) reported that more than 198,000 hospice beneficiaries who received nearly 700,000 prescription drugs through Part D, potentially should have been covered under the hospice benefit, rather than by Part D.

As a result, hospices are now required to complete a pre-authorization process for unrelated but medically-necessary medications, or Part D will not pay for the medication. This results in temporary denial of prescription coverage while the process is completed. This delay can result in burdening the patient with re-hospitalizations (which drive up Medicare costs), unnecessary suffering, or even death.

For example, a typical hospice patient could be an insulin-dependent diabetic, in her 80s, dying of end-stage cancer. Recently, upon seeking a refill for her insulin prescription, the patient was burdened with the denial of the insulin by the pharmacy because it was automatically deemed to be a hospice-related medication. Thus, the burden falls upon the hospice organization and the patient to prove to Part D that this is related to her terminal cancer. This needless delay prolongs the process for filling her diabetes prescription.

A second issue is that when a patient is discharged from hospice care, all of their prescriptions are denied payment until the appropriate data is entered into the Centers for Medicare and Medicaid Services (CMS) database. The typical 30-day period this process takes means patients wait at least one month to get medicines that alleviate symptoms and maintain their health.

**It is imperative that these Part D providers cover non-hospice medication without being bogged down in the CMS system.**

The National Hospice and Palliative Care Organization (NHPCO) is currently collecting data from hospices all across the country, due to the fact that this issue has become so problematic and widespread.

Keep in mind that hospice is a *round-the-clock* care model. Hospice patients have needs all times of the day and night – including weekend and holidays. On the other hand, Part D providers – the insurance prescription plans that approve or deny medication authorization – are available *only* during weekday “routine business hours.” Surely you can imagine the log jam this creates for patients who are forced to wait sometimes more than 72 hours for medically-necessary medications that can enhance their quality of life.

That ugly logjam turns hospice patients into numbers – numbers desperately awaiting a decision on medicines that can significantly affect their comfort.

**Here’s how you can help:**

Come to the aid of hospice patients across the country before it’s too late: please don’t wait until a patient suffers in pain – or dies – because her or his prescriptions were not filled. Congress needs to take action that will influence CMS to simplify the process for approving medications for this vulnerable population. We ask you to immediately contact the NHPCO at 703-837-1500, and work with the agency to be part of the solution.

Show your constituents that you are on the right side of helping people who are dying. Thank you.

Sincerely,

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