

Hospice Prior Authorization — For Medicare Part D Plans



Section I — Hospice Information to Override an “Hospice A3 Reject”

A. Purpose of the form (please check all appropriate boxes):			
<input type="checkbox"/> Admission	<input type="checkbox"/> Proactive Rx Communication	<input type="checkbox"/> A3 Reject Override	<input type="checkbox"/> Termination
To: Medicare Part D Plan		From: Hospice Provider	
Plan Name:		Hospice Name:	
PBM Name:		Address:	
Phone#:		Phone#v	
Fax#:		Fax#:	
Secure Email:		NPI:	
Contact Name:		Contact Name:	
Plan Sponsor Website Link: _____			
B: Patient Information			
Patient Name:		Prescriber Name:	
Patient DOB:		Prescriber NPI:	
Patient ID# (HICN / MBI):		Practice Name:	
Hospice Admit Date:		Practice Address:	
Hospice Discharge Date:		Contact Name:	
Principal Diagnosis Code:		Practice Phone#:	
Other Diagnosis Code (s):		Practice Fax#:	
Unrelated Diagnosis Codes:		Hospice Affiliated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For change in hospice status update, documentation is required. Please check to indicate which document is attached. <input type="checkbox"/> Notice of Election <input type="checkbox"/> Notice of Termination /Revocation			
C. Hospice Pharmacy Benefit Manager (PBM) Information			
PBM name:		BIN:	Cardholder ID:
PBM Phone#:		PCN:	Group ID:
D. Prior Authorization Process: Enter a separate line for each analgesic, anti-nauseant (antiemetic), laxative, and anti-anxiety drug (anxiolytic) medication that is unrelated to terminal prognosis. Drugs outside of these four classes do not require prior authorization.			
Medication Name and Strength:	Dosing Schedule:	Quantity/ Month:	Rationale to Support the Medication is Unrelated to Terminal Prognosis (Optional):
E. Signature of Hospice Representative or Prescriber (Required)			
Representative: _____		Date: _____	
Title: _____			
Prescriber*: _____		Date: _____	
*If the prescriber of the medication is unaffiliated with the hospice provider, has the prescriber confirmed with the Hospice provider that the medication is unrelated to the terminal prognosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Hospice Information For Medicare Part D Plans

Section II – Plan Of Care (Optional)

Hospice Name: _____ Hospice NPI: _____

Patient Name: _____ Patient ID# (HICN): _____ Patient DOB: _____

Additional Medications Under Hospice Plan of Care and Designation of Financial Responsibility					
Medication Name and Strength	Hospice	Patient	Medication Name and Strength	Hospice	Patient
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Signature of Hospice Representative

Representative: _____ Date: _____

Signature of Beneficiary or Beneficiary Authorized Representative

Beneficiary/ Representative: _____ Date: _____