# MED D – Resolving Claims Rejects for Beneficiaries Previously in Hospice

[High Level Process](#_Toc51575830)

[Overview](#_Toc51575831)

[Process Care](#_Toc51575832)

[Transferring to the Senior Team - MARx](#_Toc51575833)

[Resolution Time](#_Toc51575834)

[Related Documents](#_Toc51575835)

**Description:** This document addresses how to ensure claims are covered for beneficiaries who have been discharged from Hospice, but whose system information indicates they are still in Hospice.

|  |  |
| --- | --- |
| High Level Process | |
| 1. [**Determine**](#Step1) **if/when Beneficiary was in hospice.**  * [Recently discharged](#Step1_Discharged) * [Never in hospice](#Step1_Never) * [Recently admitted](#Step1_Recently) | |
| 1. [**Search**](#Step2) **for Retail claims.** | |
| 1. [**Determine**](#Step3) **the Status of each claim.**  * [Paid](#Step3_Paid) * [Rejected](#Step3_Rejected) | |
| 1. [**Verify**](#Step4) **the Reject Codes.**  * [569, 75, or A3](#Step4RejectCodes) * [Any other code](#Step4AnyOther) | |
| 1. [**Identify**](#Step5) **the Contract ID.**  * [S5601 **OR** S2893](#Step5Codes) * [Anything else](#Step5AnyOther) | |
| 1. [**Verify**](#Step6) **hospice details.**  * [Displayed](#Step6Displayed) * [Not displayed](#Step6NotDisplayed) | |
| 1. [**View**](#Step7) **most recent Revocation Code.**  * [0 - No Revocation](#Step7NoRevoc) * [Anything else](#Step7AnyOther) | |
| 1. [**Verify**](#Step8) **all rejected medications.** | |
| 1. [**Transfer**](#Step9) **to the Senior Team.**  * [Sending](#Step9Documentation) documentation * [Not sending](#Step9NoDocumentaiton) documentation | If CCR does not have access to MARx, refer to [Transferring to the Senior Team - MARx](#_Transferring_to_the). |
| 1. [**Close the call**](#Step10)**.** | |

[Top of the Document](#_top)

|  |
| --- |
| Overview |

Medicare Part D plans will cover prescriptions for beneficiaries in hospice for all but four classifications of medicine.

Prescriptions related to the terminal illness provided to beneficiaries enrolled in the hospice benefit are excluded from Part D coverage. CMS identified four categories of drugs typically used to treat common end of life symptoms that would be excluded from coverage under the Part D benefit for beneficiaries electing hospice:

* Analgesics
* Anti-nauseants
* Laxatives
* Anti-anxiety drugs

Often, the information to plans regarding a beneficiary’s enrollment/disenrollment from hospice is delayed by the hospice organization.

* As a result, beneficiaries who have left hospice are getting their prescription drug claims rejected due to discharge dates that may not be valid based on information received from CMS.
* Additionally, when the plan does not have hospice enrollment or admission information, claims are **NOT** being rejected under MED D guidance, but instead are reviewed under a coverage determination.

If the beneficiary or authorized representative indicates the beneficiary has been admitted to or discharged from hospice, we will require written documentation confirming the beneficiary’s admission or discharge date for Hospice Care. If the beneficiary has been discharged, the written documentation must be received before entering a Prior Authorization for a medication not otherwise covered.

The retail pharmacy often will call the plan directly to inquire about these rejected claims, and should be directed to the Retail Pharmacy Helpdesk.

If discharge documentation is received, the MED D Customer Care Representative (CCR) may have to assist a beneficiary in resolving this issue.

* The CCR will identify all medications rejected for coverage due to hospice and transfer to the Senior Team
* The Senior CCR will open a MEDForce task to track beneficiary documentation OR
* The Senior CCR will place an HS override for the rejected medications if the beneficiary has:
  + Submitted documentation that confirms discharge from hospice
  + Never been in Hospice
  + Been discharged from Hospice according to **MARx**.

[Top of the Document](#_top)

|  |
| --- |
| Process Care |

If a beneficiary calls about claims rejecting due to inaccurate Hospice information, the CCR will perform the following steps:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | | |
| **1** | * I apologize for the inconvenience. * Where you recently discharged from Hospice?   **CCR Process Note:** Enter the caller’s response on the **NotePad**.  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If the beneficiary was…** | | **Then…** | | | |
| Discharged recently | | * It can take up to **72** hours for our systems to update and reflect any changes in Medicare records. * Can you please provide the prescription number(s) or name(s) rejected at the pharmacy?   **CCR Process Note:** Save prescription number(s) and name(s) to the **NotePad**.  Proceed to the next step. | | | |
| Never in hospice | | * I understand. * Can you please provide the prescription number(s) or name(s) rejected at the pharmacy?   **CCR Process Note:** Save prescription number(s) and name(s) to the **NotePad**.  Proceed to the next step. | | | |
| Recently admitted  **AND**  The Hospice Provider is calling to update the admission date | | In order to update our records to indicate the beneficiary has been admitted into hospice, please fax documentation to CVS Caremark at 1-844-242-0904.  Proceed to [Step 9](#Step9). | | | |
| **2** | * On the **Main** screen of the **Participant Inquiry** tab in **PeopleSafe,** select the **All Claims** radio button. * Click the **Search** button.   **Result:** All Retail claims will display in the scrolling window at the bottom of the screen.  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **3** | * Locate the claim(s) in question by **Prescription** number(s) or **Dispensed** **Drug** name(s). * Determine the **Status** of **each** claim.   [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If the Status displays…** | | **Then…** | | | |
| Paid | | * According to our records, this claim has been paid. * Please contact your pharmacy as they may have resubmitted this claim. * I apologize for the inconvenience.   Proceed to [Step 10](#Step10). | | | |
| Rejected | | Click on the **Prescription** number hyperlink.  **Result:** The Prescription Details screen displays.  Proceed to the next step. | | | |
| **4** | Verify the **Reject Codes** listed for the rejected claim(s).  **Note:** Research the **Reject Codes** for **ALL** rejected claims mentioned by the beneficiary before checking the beneficiary’s Hospice status in **MARx**.    [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If the Reject Codes listed are…** | | **Then…** | | | |
| * 569 * 75 * A3 | | The claim was rejected because our records still list you in Hospice. | | | |
| **If the beneficiary says that they were…** | | **Then…** | |
| Never in Hospice | | Proceed to [Step 8](#Step8). | |
| Recently Discharged | | Access **MARx** to determine if the beneficiary is still listed in Hospice according to Medicare. | |
| **If the CCR does…** | **Then…** |
| **Have** access to **MARx** | Proceed to the next step. |
| **NOT** have access to **MARx** | Refer to the[Transferring to the Senior Team](#_Transferring_to_the) section of this document. |
| Any other codes | | Follow standard procedures regarding rejected claims.   * Refer to the [Plan Benefit Overrides (PBO) CCR](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-2-024671) work instruction.   Proceed to [Step 10](#Step10). | | | |
| **5** | Identify the beneficiary’s Contract ID in **MARx.**  Refer to the **Interpreting Medicare Eligibility Information in MARx** section in the [MED D - Verifying Enrollment, Eligibility and LIS in MARx](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-PRD1-076166) work instruction.  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If the Contract ID is…** | | **Then…** | | | |
| S5601  **OR**  S2893 | | Proceed to the next step. | | | |
| Anything else | | * I apologize. * We are unable to access your Medicare records. * In order to update our records to indicate your discharge from hospice, please fax documentation to **CVS Caremark** at **1-844-242-0904** verifying one of the following:   + Beneficiary revokes election to Hospice – beneficiary to provide written statement indicating the date that revocation is effective   + Hospice-initiated discharge effective date (no longer considered terminally ill) – beneficiary to provide hospice provider discharge summary   + Hospice discharged patient for cause or moving out of service area with effective date – beneficiary to provide Notice of Medicare Non-Coverage (NOMNC)   + Or for any of the scenarios about Hospice, can provide page 1 of **Hospice PA and Plan of Care Form** and indicate the date of discharge on this form * Once this information is provided, an override will be updated in the system and future claims for this/these medication(s) should not reject for this reason.   Proceed to [Step 8](#Step8). | | | |
| **6** | Please allow me to compare our records to what Medicare has on file.   * Verify whether Hospice details are listed for the beneficiary on the **Status Activity** **(M256)** tab in **MARx**   + Refer to the **Accessing Client-Specific Eligibility Information in MARx** section in the [MED D - Verifying Enrollment, Eligibility and LIS in MARx](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-PRD1-076166) work instruction.     [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If the View hyperlink is…** | | **Then…** | | | |
| Displayed | | Click the **View** hyperlink.  **Result:** The **Status Detail** **(M257)** screen will display.  Proceed to the next step. | | | |
| **NOT** Displayed | | * Medicare records do not list you as still in Hospice. * I’d be happy to update our records so that future claims for this/these medication(s) are not rejected for this reason.   Proceed to [Step 8](#Step8). | | | |
| **7** | View the most recent **Revocation Code** to determine whether Medicare records still show the beneficiary in Hospice.    [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If the beneficiary’s Revocation Code is…** | | **Then…** | | | |
| 0 – No Revocation  (Beneficiary is still in Hospice) | | * Medicare records still list you in Hospice. * In order to update our records to indicate your discharge from hospice, please fax documentation to **CVS Caremark** at **1-844-242-0904** verifying one of the following:   + Beneficiary revokes election to Hospice – beneficiary to provide written statement indicating the date that revocation is effective   + Hospice-initiated discharge effective date (no longer considered terminally ill) – beneficiary to provide hospice provider discharge summary.   + Hospice discharged patient for cause or moving out of service area with effective date – beneficiary to provide Notice of Medicare Non-Coverage (NOMNC)   + Or for any of the scenarios about Hospice, can provide page 1 of **Hospice PA and Plan of Care Form** and indicate the date of discharge on this form. * Once this information is provided, an override will be updated in the system and future claims for this/these medication(s) should not reject for this reason.   Proceed to the next step. | | | |
| Anything else | | * Medicare records indicate you **were** discharged from Hospice. * However, the update may not have processed through our system yet. * I will be happy to update our records so that future claims for this/these medication(s) are not rejected for this reason.   **CCR Process Note:** Copy the **Status Period End Date** provided to the **NotePad**.  Proceed to the next step. | | | |
| **8** | Review the list of medications rejected due to hospice with the beneficiary.  Are these all the medications you wanted me to verify?  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If…** | | **Then…** | | | |
| Yes | | Proceed to the next step. | | | |
| No | | Can you please provide the additional prescription number(s) or name(s) rejected at the pharmacy?  **CCR Process Note:** Save prescription number(s) and name(s) to the **NotePad**.   * Verify the Reject Codes indicate the claim was rejected due to hospice. ([See Step 4](#Step4)).   Proceed to the next step. | | | |
| **9** | Transfer to the **Senior Team** to update the beneficiary’s records using the following table:  Refer to [MED D - When to Transfer Calls to the Senior Team](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\TSRC-PROD-018060) and [Basic Call Handling](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\TSRC-PROD-016401).  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If…** | | | **Then…** | | |
| The beneficiary  **OR**  Hospice Provider  is sending documentation to verify hospice discharge or admission dates | | | * Transfer to the **Senior Team** to enter a **MEDForce Hospice Termination/Revocation Date** tracking task.   + Refer to the **Transferring to the Senior Team** section of the [MED D - Real Time Resolution of Eligibility](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-PRD1-072397) work instruction. * Advise the beneficiary or Hospice Provider that once documentation is provided that confirms his/her hospice discharge date, system records will be updated and future claims will no longer reject for hospice status.   **OR**   * Advise the beneficiary or Hospice Provider that once documentation is provided that confirms their hospice admission date, system records will be updated to prevent future claims from paying under Medicare Part D without a coverage determination.   Proceed to the next step. | | |
| The beneficiary is **NOT** sending documentation (**MARx** already indicates beneficiary is not in hospice)  **OR**  The beneficiary claims they were never in hospice. | | | * Transfer to the **Senior Team** to place an **HS Override** on the medications rejected due to hospice.   + Refer to the **Transferring to the Senior Team** section of the [MED D - Real Time Resolution of Eligibility](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-PRD1-072397) work instruction. * Advise the Senior CCR that the beneficiary has:   + Never been in hospice OR   + Been discharged from hospice * Provide the beneficiary’s **Status Period End Date** copied from **MARx** (if applicable). * Advise the beneficiary that system records are being updated and future claims will no longer reject for hospice status.   Proceed to the next step. | | |
| **10** | Ask if there are any other benefit questions.  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **If…** | **Then…** | | | | |
| Yes | * Address any benefit issues. * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-PRD1-067665) job aid.   **Log Activity:** [Log Activity/Capture Activity Codes](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-2-005164) | | | | |
| No | Document and close the call according to current policies and procedures.   * Refer to the [MED D - Call Documentation](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-PRD1-067665) job aid.   **Log Activity:** [Log Activity/Capture Activity Codes](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-2-005164) | | | | |

[Top of the Document](#_top)

|  |
| --- |
| Transferring to the Senior Team - MARx |

If the CCR does not have access to **MARx** to verify Hospice dates according to Medicare, the CCR will:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | * On the **Main** screen of the **Participant Inquiry** tab in **PeopleSafe**, click on the **Medicare D: ELIGIBLE** hyperlink to view hospice dates.   **Result:** The **Hospice A Details** window will display.   * Copy the **Effective** and **Expiration** dates to the **NotePad**. |
| **2** | * Transfer to the **Senior Team**.   + Refer to [MED D - When to Transfer Calls to the Senior Team](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\TSRC-PROD-018060) and [Basic Call Handling](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\TSRC-PROD-016401).   **CCR Process Note:** Advise the Senior CCR that the beneficiary was recently discharged from, or was never in, hospice and their:   * Claims are rejecting due to Hospice.   + Provide claims details to the Senior CCR. * **Hospice** **Effective** and **Expiration** dates in **PeopleSafe** are <MM/DD/YYYY> and <MM/DD/YYYY>. * Records in **MARx** are not available to the CCR. |
| **3** | * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-PRD1-067665) job aid.   **Log Activity:** [Log Activity/Capture Activity Codes](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-2-005164) |

[Top of the Document](#_top)

|  |
| --- |
| Resolution Time |

Information = Immediate

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\PD951\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F3LZWY00\CMS-2-017428)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY = INFORMATIONAL ONLY**