

## **Drug Coverage under Hospice, Excerpt from August 2005 MS Provider Bulletin**

Medicaid beneficiaries enrolled in Hospice Services are covered under a per diem rate which covers all services for that beneficiary. For those beneficiaries receiving Medicaid Hospice Services, all palliative therapy, or drugs used to treat beneficiary's terminal illness, is to be billed to the Hospice provider. Medicaid will only pay for drugs used for an indication not directly related to the beneficiary's terminal illness and are within the applicable Medicaid prescription service limits. Since plans of care are specific for beneficiaries, it is the responsibility of the dispensing pharmacy to bill the Hospices Provider or Medicaid appropriately. The dispensing pharmacy must retain documentation regarding Hospice Services drug coverage for beneficiaries which is easily retrievable for auditing purposes. The following list of drugs classes will generally be the responsibility of Hospice Provider:

- Antibiotics
- Analgesics
- Anti-emetics
- Anti-fungals
- Anti-neoplastics  
or hormonal neoplastics
- Antispasmodics/motility
- Anti-virals
- Anxiolytics
- Digestants
- Expectorants and cough products
- Glucocorticoids
- Laxatives/cathartics
- Lactulose
- Palliative medications (mucositis/stomatitis)
- Sedatives/hypnotics

All Medicaid policies and procedures such as prior authorization requirements and limits are still applicable. Pharmacy providers must maintain the explanation of benefits (EOB) from other insurance companies (or payers i.e. Hospice). These records must be available to Medicaid upon request. For complete article and details, please refer to MS Medicaid Provider Bulletin, August 2005 Bulletin, page 6: <https://msmedicaid.acs-inc.com/msenvision/>.

### **How to Bill a Non-covered Hospice Drug**

**Pharmacy may override electronically by entering a '3' in the 'Other coverage Code' field. It is the responsibility of the pharmacy to have documentation and proof that Hospice was billed first and that they received a denial of 'drug not covered' in case of an audit.**

### **When Hospice Is No Longer In Effect:**

**Hospice Providers must submit a dis-enrollment form (DOM-1166) to Medicaid's Fiscal Agent or ACS for Medicaid beneficiaries who are no longer receiving care by that Hospice Provider. Dis-enrollment forms may be found at <http://www.medicaid.ms.gov/>, Provider Manuals, Hospice, and page 11 and mailed to Fiscal Agent at address noted on top of form. Form may be faxed to ACS's Provider Beneficiary Relations at 601-206-3015.**

**For additional information regarding Hospice, refer to the Hospice Provider Manual, at <http://www.medicaid.ms.gov/>, Provider Manuals, and select Hospice.**

**Remember, Medicaid is always the payer of last resort.**