Hospice Enrollment Transaction

Hospice N Transactions Reject Report Guide for Part D Plans

Version 01

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1 Background

The Health and Human Services Office of Inspector General ("OIG") published a report indicating that Medicare Part D paid for prescription drugs in 2016 that should have been paid for under the Medicare Part A hospice benefit - https://oig.hhs.gov/oas/reports/region6/61708004.pdf.

In the report, OIG stated that Medicare Part D paid $422.7 million for prescription drugs for beneficiaries enrolled in hospice in 2016 that should have been paid for under Medicare Part A.

Medicare Part A pays a per diem payment for each beneficiary enrolled in hospice, "regardless of the number of services provided." Prescription drugs to treat the beneficiary's pain, as well as symptoms related to the terminal illness and related conditions should be covered under the hospice per diem. If those same drugs are being paid for under Medicare Part D, these are considered duplicate payments.

As a result of the audit, OIG believes that in 2016 Medicare Part D paid for $422.7 million in prescriptions that it believes $160.8 million should have been paid for by Medicare Part A and $261.9 million should have been paid by hospice organizations or hospice beneficiaries.

- Hospices provided reasons for these payments such as:
- They didn't know that the medication was prescribed by a provider not associated with the hospice and filled by a pharmacy other than the hospice pharmacy
- The drug was miscoded as non-covered
- The drug was dispensed close to the hospice admission, so the hospice election was not yet processed
- The drug was billed Part D in error by the pharmacy
- The hospice believed there was a non-Medicare third party paying

OIG recommended that oversight be performed by Centers for Medicare and Medicaid Services ("CMS"), to ensure drugs covered under the hospice per diem not be paid by Medicare Part D.

To minimize the Part D payments, Part D plans need timely notification when a beneficiary enrolls in hospice to enact appropriate edits that deny payment of drugs under Part D, where appropriate.

1.1 What Hospice Enrollment Data Sharing Solves

In 2018 1.55 million Medicare beneficiaries were enrolled in hospice care for one or more days. The average length of service for Medicare beneficiaries was 89.6 days, with the median length being 18 days.

Research indicates that due to Medicare Administrative Contractor (MAC) payment processes and system processing constraints, the receipt of data from the Common Working File can be as long as 65 days.

Lag times in Hospice Enrollment data coordination from CMS can result in a Part D plan inadvertently covering a drug that should be covered under the hospice benefit or by the beneficiary. CMS guidance encourages hospice providers to report a beneficiary's Hospice Enrollment directly to the beneficiary's Part D sponsor prior to sending claims for drugs administered during hospice.

Hospice providers have up to 5 days to submit enrollment notifications (notice of election) to CMS and the process proposed in the hospice enrollment data sharing project seeks to reduce Part D notification time to a maximum of 48 hours after the notification is sent.

1.2 How Hospice Enrollment Data Sharing Works

The hospice submits the Notice of Election to the MAC by EDI using the 837 Health Care Claim: Institutional (837I) transaction based on the ASC X12 Technical Report Type 3 (TR3), version 005010X223a2 837I. These notices may be any of the following: election, transfer, termination/revocation, changes, or cancellation.

Hospices, through their software or clearinghouses, are encouraged to send a copy of the 837I NOE to RelayHealth (**RHPS**) using the RelayHealth External Managed File Transfer (MFT) System. The RHPS MFT service validates the 837I X12 implementation standard and transfers accepted transaction data to the Medicare Part D Transaction Facilitator (PDTransFac) for processing.

The PDTransFac service validates that the required NOE data is present. When the required data is available PDTransfac creates a real-time NCPDP Nx transaction to notify the Part D plan about the beneficiary hospice election, changes, or cancellation.

During Phase I of the pilot, only 837I transaction information will be sent to the Part D Plan. Data entered by hospice providers into Direct Data Entry (DDE) will not be sent.

2 Hospice N Transactions Reject Report Overview

The daily Hospice N Transactions Reject Report lists each Part D plan rejection of an Nx transactions from PDTransFac for Hospice NOE data sharing.

Each report includes each Nx rejection received the preceding day.

The report provides details of rejected N transactions and will help part D plans in monitoring the processing of N transactions for NOE data.

Part D sponsors can use the report to track compliance with CMS requirements regarding Part D NOE notification, the appropriate processing of hospice NOE transactions and managing the plan benefits for the beneficiary.

3 Document Purpose

The purpose of this document is to describe the **Hospice N Transactions Reject Report.** It includes the report data header definitions.

4 Report Delivery

4.1 Delivery Method

RHPS delivers the report by secure email with the subject:

SECURE: [ContractID] Hospice N Transactions rejected on YYYYMMDD.txt

If there are no transactions to report the email subject will include word "NONE."

SECURE: (NONE) [ContractID] Hospice N Transactions rejected on YYYYMMDD

The date in numeric format is the day PDTransFac received the Nx rejection.

CCYY – 4-digit year, MM – 2-digit month, DD – 2-digit day of the month.

4.2 Frequency

RelayHealth Pharmacy Systems (RHPS) generates The Hospice N Transactions Reject Report daily to report NX rejection activity from the previous day.

4.3 Filename

The Hospice N Transactions Reject Report file name is formatted as:

[ContractID]_Hospice_N_Transaction_Reject_Report_[CCYYMMDD]

ContractID is the ID for the Part D plan that rejected the transaction.

The date in numeric format is the previous day when the Nx rejection was received.

CCYY – 4-digit year, MM – 2-digit month, DD – 2-digit day of the month.

4.4 Format

The report is a tab delimited text file (.txt) that includes a header row and the field data.

5 Report Field Definitions

The following table lists the report headers, header definition, data type and maximum characters.

Header	Description/Business Rules	Example	Format (Length)
Contract ID	The contract ID for the Part D Plan		Alpha-Numeric (6)
Transmission Date to Part D Plan	The date PDTransFac transmitted the N transaction that the Part D plan rejected Format: CCYYMMDD	20221101	Numeric (8)
Transaction Reference Number	The Transaction ID assigned to the Nx transaction by the Transaction Facilitator Used in NCPDP field: 880-K5		Alpha-Numeric (10)
RHP Tran ID	The RHPS Transaction ID		Alpha-Numeric (30)
Replay Number	The number of times the N transaction has been replayed from the database	1	Numeric (2)
Transaction Code	The type of Nx transaction: N1, N2, or N3 Used in NCPDP field: 103-A3	N1	Alpha-Numeric (2)
Service/Provider ID	Service Provider ID (The Hospice NPI) Used in NCPDP field: 201-B1		Alpha-Numeric (15)
Service/Provider ID Qualifier	Service Provider ID Qualifier Will always be 01 = NPI Used in NCPDP field: 202-B2	01	Alpha-Numeric (2)
Date of Service	Date of service on N transaction Used in NCPDP field: 401-D1 Format: CCYYMMDD	20221201	Numeric (8)
Product/Service ID	Product/Service ID Used in NCPDP field: 407-D7 HOSPICE837 HOSPICECWF		Alpha-Numeric (19)

Header	Description/Business Rules	Example	Format (Length)
Product/Service ID Qualifier	Product/Service ID Qualifier Used in NCPDP field: 436-E1 = 99	99	Alpha-Numeric (2)
Reject Code1	Reject Reason Code #1 from NCPDP field: 511-FB Each Reject code from the same Nx rejection is reported separately in each of the following fields *For information about Nx reject codes see the document* *- "Valid Reject Codes for Part D Record of Hospice Election Status Nx Transactions" - on the Part D Plans section of the Hospice page of the Medicare Part D Transaction Facilitator website at:* *https://medifacd.mckesson.com/Hospice/Part-D-Plans/*		Alpha-Numeric (3)
Reject Code2	Reject Reason Code #2 from NCPDP field: 511-FB Each Reject code from the same Nx rejection is reported in a separate Field		Alpha-Numeric (3)
Reject Code3	Reject Reason Code #3 from NCPDP field: 511-FB Each Reject code from the same Nx rejection is reported in a separate Field		Alpha-Numeric (3)
Reject Code4	Reject Reason Code #4 from NCPDP field: 511-FB Each Reject code from the same Nx rejection is reported in a separate Field		Alpha-Numeric (3)
Reject Code5	Reject Reason Code #5 from NCPDP field: 511-FB Each Reject code from the same Nx rejection is reported in a separate Field		Alpha-Numeric (3)
Hospice MBI	The Medicare Beneficiary Identifier provided in the hospice 837I NOE		Alpha-Numeric (11)
Last Name	Beneficiary Last Name from CMS eligibility file		Alpha-Numeric (40)
First Name	Beneficiary First Name from CMS eligibility file		Alpha-Numeric (30)
Part D Processor Name	Part D Payer Processor Name		Alpha-Numeric (50)
Part D BIN	Part D Plan Bank ID Number Used in NCPDP field: 101-A1		Numeric (6)

Header	Description/Business Rules	Example	Format (Length)
Part D PCN	Part D Plan Processor Control Number Used in NCPDP field: 104-A4		Alpha-Numeric (10)
Part D Group ID	Part D Plan Group ID assigned to the cardholder or employer group Used in NCPDP field: 301-C1		Alpha-Numeric (15)
Part D Cardholder ID	Insurance ID assigned to the cardholder Cardholder ID for the Part D beneficiary Used in NCPDP field: 302-C2		Alpha-Numeric (20)
Patient Gender Code	Code indicating the gender of the patient 0 = Unspecified 1 = Male 2 = Female Used in NCPDP field: 305-C5	2	Numeric (1)
Patient Date of Birth	Patient Date of Birth Format: CCYYMMDD	19430301	Numeric (8)
Current MBI1	The latest Medicare Beneficiary Identifier for the Part D beneficiary matched to the Nx Each identified plan MBI is reported in the following fields starting from the current MBI and each preceding MBI in descending date order		Alpha-Numeric (11)
Current MBI1 Effective Date	Effective date of the current MBI Format: CCYYMMDD		Alpha-Numeric (8)
MBI2	The next preceding Medicare Beneficiary Identifier for the matched beneficiary		Alpha-Numeric (11)
MBI2 Effective Date	Effective date of MBI2 Format: CCYYMMDD		Alpha-Numeric (8)
MBI 2 Termination Date	Termination date of MBI2 Blank if currently active Format: CCYYMMDD		Alpha-Numeric (8)
MBI3	The next preceding Medicare Beneficiary Identifier for the matched beneficiary		Alpha-Numeric (11)

Header	Description/Business Rules	Example	Format (Length)
MBI3 Effective Date	Effective date of MBI3 Format: CCYYMMDD		Alpha-Numeric (8)
MBI3 Termination Date	Termination date of MBI3 just reported Format: CCYYMMDD		Alpha-Numeric (8)
MBI4	The next preceding Medicare Beneficiary Identifier for the matched beneficiary		Alpha-Numeric (11)
MBI4 Effective Date	Effective date of MBI4 Format: CCYYMMDD		Alpha-Numeric (8)
MBI4 Termination Date	Termination date of MBI4 Format: CCYYMMDD		Alpha-Numeric (8)
MBI5	The next preceding Medicare Beneficiary Identifier for the matched beneficiary		Alpha-Numeric (11)
MBI5 Effective Date	Effective date of MBI5 Format: CCYYMMDD		Alpha-Numeric (8)
MBI5 Termination Date	Termination date of MBI5 Format: CCYYMMDD		Alpha-Numeric (8)
MBI6	The next preceding Medicare Beneficiary Identifier for the matched beneficiary		Alpha-Numeric (11)
MBI6 Effective Date	Effective date of MBI6 Format: CCYYMMDD		Alpha-Numeric (8)
MBI6 Termination Date	Termination date of MBI6 Format: CCYYMMDD		Alpha-Numeric (8)

6 Report Example Scenarios

Report samples for transaction scenarios can be found on the Part D Plans section of the Hospice page of the Medicare Part D Transaction Facilitator website at https://medifacd.mckesson.com/Hospice/Part-D-Plans/

Document Name: Hospice N Transactions Reject Report Samples