

## THE VALUE OF HOME INFUSION



Home infusion is a cost-effective, convenient, and accessible alternative for patients to receive infused medications when other settings are impractical or unavailable, when transport outside the home is a burden, or when home administration can improve quality of life. Patients with serious infections, cancer, heart failure, immune system diseases, and other conditions can receive treatment at home, where they are comfortable and can resume their personal and professional activities.



Cost-effective

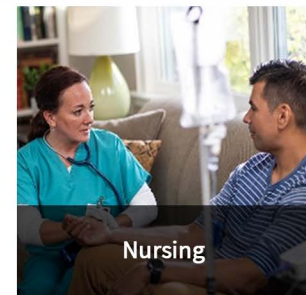


Comfortable



Accessible

## Home Infusion Professional Services



## Issue Background






Historically, Medicare Part B infusion drugs were reimbursed at the Average Wholesale Price (AWP) with the expectation that the difference would be sufficient to offset the cost of extensive professional pharmacy services needed to administer the drugs.



Congress included provisions in the 21st Century Cures Act and the Bipartisan Budget Act of 2018 to lower the drug reimbursement rate from AWP to the Average Sales Price (ASP), while also requiring CMS to create a professional services benefit for Medicare Part B home infusion drugs, similar to benefits provided by Medicare Advantage and commercial plans.



In 2018, CMS undermined the policy created by Congress by issuing restrictive regulations that limit reimbursement to days when a nurse is physically present in the patient's home, rather than each day the drug is infused.

	Before 2017	21st Century Cures + BBA	CMS Implementation	Most Commercial Payers
 Drugs	95% of AWP	⬇️ ASP+6%	⬇️ ASP+6%	A percentage of AWP
 Nursing Services	❌	Every day drug is infused	Only when a nurse is in the home	Reimbursed separately
 Pharmacy Services	❌	Every day drug is infused	❌	Every day drug is infused

# CONGRESSIONAL INTENT



In creating the home infusion professional services benefit for Part B infusion drugs, Congress intended to cover both pharmacy and nursing professional services and specified that providers would be reimbursed for each “infusion drug administration calendar day.” Congress intended for this new benefit to be billed with the existing supplies and drug codes for each day a drug was infused in the home.



Since then, bipartisan congressional leaders have reaffirmed that CMS’ requirement that a professional be present in the home “contradicts our intent in drafting and enacting this legislation and makes the reimbursement required by the bill inadequate.”

United States Senate  
WASHINGTON, DC 20510

October 5, 2018

The Honorable Sonoma Verma  
Administrator, Center for Medicare and Medicaid Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Administrator Verma:

As supporters of the *Medicare Home Infusion Therapy Access Act* (S. 1738) we are writing to relay our concerns with the Centers for Medicare and Medicaid Services’ (CMS) proposed implementation of this law that was passed as part of the *Balanced Budget Act of 2018* (Pub. L. 115-123). It is critical that this legislation is appropriately implemented to ensure Medicare beneficiaries have access to home infusion starting in January 2019.

As part of the proposed rule entitled “*Medicare and Medicaid Programs: CY 2019 Home Health Prospective Payment System Rate Update and CY 2019 Case-Mix Adjustment Methodology Refinement; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements; and Training Requirements for Supervisors of National Accrediting Organizations*” (CMS-1689-P), CMS set forth several proposed requirements to implement the *Medicare Home Infusion Therapy Access Act* and portions of the *21<sup>st</sup> Century Cures Act* that apply to home infusion. In our legislation and the *21<sup>st</sup> Century Cures Act*, the benefit was to cover “professional services, including nursing services.” CMS in the proposed rule, however, limits reimbursement to providers to “the day on which home infusion therapy services are furnished by skilled professionals in the individual’s home.” This physical presence requirement contradicts our intent in drafting and enacting this legislation and makes the reimbursement required by the bill inadequate.

To remain true to both the legislation and our intent, CMS should withdraw the requirement that a nurse or other professional be physically present “in the home” for reimbursement to occur, and instead to recognize that reimbursement be made for each day that a home infusion drug is infused. The original goal of the bill was to give patients freedom to receive these infusions in the comfort of their own home, without having to make the sometimes onerous journey to a healthcare facility to receive an infusion. Congress intended to give freedom to the patients in this legislation, allowing them to administer their own infusions at home without a healthcare worker.

Our legislation set forth a structure for CMS to reimburse providers for their “professional services, including nursing services.” Our intent was that home infusion providers’ professional services, such as drug preparation, clinical care planning, care coordination, nursing, and other associated professional work should be a component of the home infusion benefit. To the extent that CMS believes these services were covered under the DME benefit, the purpose of the home infusion services payment was to cover them separately as home infusion professional services. These professional services are to be the basis for structuring the permanent reimbursement.



“To remain true to both the legislation and our intent, CMS should withdraw the requirement that a nurse or other professional be physically present “in the home” for reimbursement to occur, and instead to recognize that reimbursement be made for each day that a home infusion drug is infused.”

## Impact on Access



### Reducing Patients’ Quality of Life

- Patient satisfaction for home infusion is extremely high.
- Most patients prefer to receive their infusions in the comfort of their own homes.
- Home infusion is particularly important for patients in rural areas.



### No Reimbursement for Pharmacy Services

- Home infusion would be impossible without the expertise of a licensed pharmacist.
- Pharmacists handle the therapy assessment, plan of care development, care coordination, and drug compounding.
- Current CMS policy only recognizes care provided in a patient’s home.



### Shifting to More Costly and Risky Settings

- CMS’ interpretation will shift patients to more expensive settings like hospitals and skilled nursing facilities.
- Hospital-based care puts patients at risk for hospital-acquired infections.



### Setting a Dangerous Precedent

- Commercial payers seeking to replicate CMS’ approach might believe that “if it’s good enough for Medicare, it’s good enough for us.”
- This practice would quickly undermine home infusion access in the private market, threatening access for all home infusion patients.



National Home Infusion Association