

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
Room 445-G 200
Independence Avenue, SW
Washington, DC 20201

April 17, 2020

Submitted via 1135waiver@cms.hhs.gov and ROPHIDSC@cms.hhs.gov

Dear Administrator Verma:

We thank you and your staff for your work to support providers and patients during the COVID-19 public health emergency. As you know, the Centers for Disease Control and Prevention recommends that patients with underlying health conditions should avoid unnecessary exposure to healthcare facilities during the COVID-19 national emergency. Therefore, ensuring access to home-based care is more important than ever. Home infusion therapy keeps high-risk patients with serious infections, heart failure, immune diseases, cancer, and other conditions out of institutional settings and allows them to receive necessary treatment at home, which keeps them safe and allows for institutional healthcare resources to be dedicated to addressing the needs of COVID-19 patients.

As health systems and provider organizations committed to patient safety and access to care, we urge the Centers for Medicare and Medicaid (CMS) to issue a blanket 1135 waiver during the current emergency to allow home infusion therapy for Medicare beneficiaries. If CMS declines to provide a blanket waiver, we ask that CMS please offer an explanation.

A blanket waiver will enable the delivery of infused medications, such as antibiotics and inotropes, in patients' homes instead of the hospital, protecting those with underlying health conditions from the risk of disease, relieving burden on hospitals, and creating savings for patients and taxpayers. One large urban academic medical center estimates its average Medicare appointment volume is around 330 per month.

Specifically, we ask that CMS waive the limitations on coverage for home infusion therapy (as defined in 1861(iii) and 1834(u)), including:

1. Expanding the definition of home infusion drug (as defined in 1861(iii)(3)(C)) to include items and services provided in coordination with an infused drug covered by a Prescription Drug Plan (PDP) sponsor participating in the voluntary prescription drug benefit of Part D of this Title; and
2. Modifying the definitions of infusion drug administration day (as defined in 1834(u)(7)(E)(i)) and unit of single payment (as defined in 1834(u)(1)(A)(ii)) to allow payment for the date on which a

home infusion drug is administered to the individual, regardless of whether a qualified home infusion therapy supplier was physically present in the home of such individual on such date.”

Home infusion pharmacies have safely and effectively treated patients in their home for decades. While commercial insurance plans, including Medicare Advantage plans, offer comprehensive coverage of home infusion therapies, such as antibiotics and inotropes, as a safe and cost-effective modality, traditional Medicare fee-for-service does not – and the coverage that does exist is fractured and insufficient. Medicare Part B DMEPOS covers a very limited number of home infused drug therapies, including enteral and parenteral nutrition, intravenous immunoglobulin (IVIG) for treatment of primary immune deficiency disease (PIDD), and about 30 drugs covered under the external infusion pump policy.

In contrast, Medicare Part D PDP are required to have a network of home infusion pharmacies to meet their subscribers’ needs. However, there is no home infusion benefit offered by CMS for the home infusion drugs covered in Part D, which severely limits Medicare beneficiary access to these home infusion drugs.

As public health officials urge vulnerable patients to avoid healthcare facilities to avoid exposure to COVID-19, the value of home-based care has never been so clear. We urge you to allow these critical treatments to be covered for Medicare beneficiaries in the home. If you should have further questions regarding this issue, please feel free to contact Dr. Ryan Thompson, Medical Director, Care Continuum and Complex Care, Mass General Hospital, rthompson@mgh.harvard.edu, 617-724-8262.

Thank you for your consideration. We look forward to working with you for the safety of our Medicare patients.

Sincerely,

AdventHealth, FL
Advocate Aurora Health, WI
Fairview Health Services, MN
Johns Hopkins Health System, MD
Oregon Health and Science University, OR
Partners Healthcare, MA
Sentara Healthcare, VA
Spartanburg Regional Healthcare System, SC
University of Pittsburgh Medical Center, PA