



## NHIA Responds to CMS Report on Home Infusion Utilization Trends

**Alexandria, Va.** (February 1, 2022)—The National Home Infusion Association (NHIA) appreciates the Centers for Medicare and Medicaid services (CMS) publication, "[HIT Monitoring Report, January 2022](#)," which summarizes utilization trends for the Medicare Part B home infusion therapy (HIT) services benefit over 3 years. This data is consistent with [independent findings from an NHIA internal analysis](#) that the benefit - as currently implemented - has failed to draw sufficient participation from providers to ensure equitable access to beneficiaries across the U.S. NHIA looks forward to working collaboratively with CMS to improve access to home infusion services for Medicare beneficiaries.

The report, which examined utilization of the Part B HIT services benefit created by the 21<sup>st</sup> Century Cures Act passed in 2016 and the temporary transitional payment (TTP) as required by the Medicare Part B Improvement Act of 2017, finds that utilization has dropped by more than 20% with the transition from the TTP (2019 and 2020) to the permanent benefit (2021), which requires providers to enroll with Medicare AB MACs and obtain HIT-specific accreditation. Additionally, only 9% of beneficiaries receiving a Part B HIT drugs had a billable HIT service during the TTP. That number fell to 5% in the first quarter of the permanent benefit. This is alarmingly low considering that all home infusion patients require some level of nursing support. To fill the gap, many patients need to visit their physician weekly for catheter dressing changes and routine services typically done at home.

Low provider participation in the benefit is likely the reason for the geographic disparities in beneficiary uptake described in the report. In most states, fewer than 100 visits were performed in each Category over the 12-month period analyzed. In 3 states (ND, VT, and WY), no services were provided under the benefit during the 12-month period. Additionally, the report reveals that only 40 providers billed for HIT services in Q1 2021, despite there being nearly 1,000 DMEPOS pharmacies, 11,000 home health agencies, and a wide range of other providers in the U.S. capable of participating in the benefit.

The report notes the drop in utilization also coincides with the public health emergency (PHE) due to the COVID-19 pandemic, however commercial claims obtained by NHIA from 2020 and 2021 indicate the PHE has prompted an overall increase in home infusion utilization. NHIA believes the decline in Part B HIT services utilization in 2021 is directly related to CMS's policies, (i.e., lack of adequate payment for professional pharmacy services), and new requirements for providers to obtain accreditation to bill for services.

“The Part B HIT services benefit is clearly failing to meet the needs of Medicare beneficiaries. While nursing services are an essential component of home infusion, the pharmacist-driven services to coordinate care, provide sterile drugs, perform clinical monitoring, and ensure patients meet the overall goals of the plan of care are equally important and should be reflected in the benefit,” said Tim Affeldt, PharmD, NHIA Board Chair.

“Considering this summary, NHIA urges CMS to expeditiously reconsider the definition of infusion calendar day, as well as expand the definition of professional services to include those offered by pharmacists. By not accounting for the full range of services, patients are losing access to home-based IV care at a time when these services are most needed,” said Connie Sullivan, BSPHarm, NHIA President and CEO.

*NHIA is a trade association that represents companies that provide infusion therapy to patients in their homes, as well as companies that manufacture and supply infusion and specialty pharmacy products. Infusion therapy involves patient-specific compounded medications, supplies, and a range of pharmacy, nursing, and other clinical services for delivering care to patients in the home setting. For more information, visit [www.nhia.org](http://www.nhia.org)*

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