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## Medicare

### House Committee to Consider Medicare Legislation

By MINDY YOCHELSON

The House Ways and Means Committee plans to mark up a pair of bipartisan Medicare bills July 13, one aimed at extending Medicare managed care plans for beneficiaries with special needs and the other at improving delivery of home infusion therapy and dialysis services.

The bills are intended to ease access to health care for beneficiaries, some of whom have chronic medical conditions.

H.R. 3178 introduced by committee Chairman Kevin Brady (R-Texas) and Rep. Richard E. Neal (D-Mass.), the ranking Democrat, would make a variety of changes to the home infusion and dialysis benefits under Medicare Part B. The major provision would offer a new transitional pay system for providers of home infusion services before new policies begin in 2021.

H.R. 3168 would make permanent Medicare Advantage special needs plans (SNPs) for beneficiaries who are institutionalized. It would authorize for five years SNPs for beneficiaries who are dually eligible for Medicare and Medicaid and SNPs for those with chronic conditions. Rep. Pat Tiberi (R-Ohio), who chairs the committee's Health Subcommittee, offered the bill with Rep. Sander Levin (D-Mich.), the health panel's ranking Democrat.

**Infusion Services** The centerpiece of H.R. 3178 is a three-year payment to providers for delivering infusion drugs to beneficiaries' homes.

Before 2017, infusion drugs, such as Milrinone for cardiac dysfunction, were reimbursed by Medicare under the average wholesale price (AWP) formula.

The 21st Century Cures Act lowered the payment methodology beginning on Jan. 1 for Part B drugs infused through durable medical equipment from 95 percent of AWP to the average sales price (ASP) plus 6 percent. The Congressional Budget Office had estimated that the ASP-based method would save \$660 million over 10 years.

At the same time, the Cures law created a new Medicare benefit for home infusion education and services provided by clinicians delivering home infusion. But because that benefit doesn't begin until 2021, there's no reimbursement from 2017 to 2021 for the home services that had been paid for through the higher AWP.

**Closing the Gap** H.R. 3178 "would address this gap by creating a temporary transition service and education Medicare payment for home infusion beginning in 2019," according to a committee statement. It's to ensure that beneficiaries don't experience a gap in care before the home infusion benefit takes effect in 2021.

The larger payment provided by AWP was "critical to underwrite a basis for these services," including the compounding of Part B drugs, and oversight and monitoring by a home infusion pharmacy, Tyler Wilson, president of the National Home Infusion Association, told Bloomberg BNA July 12.

**Services Came Out of Drug Payments** "Because we had the margin on the drugs," home infusion providers were able to perform these services out of the drug reimbursement, Kendall Van Pool, the group's vice president of government affairs, said. H.R. 3178 would allow infusion providers to receive payments for their services based on Medicare physician billing code payments, he said.

The legislation addresses the concern that beneficiaries who were used to getting the drugs at home would have to go to a medical office on a regular basis, Wilson said.

Companies that have home infusion sectors include CVS and Walgreens, he said.

H.R. 3178 has several other provisions, including the extension of a demonstration project that pays for in-home administration of intravenous immunoglobulin. This is to treat primary immune deficiency diseases.

The measure would also allow dialysis centers to use telehealth for home patient monitoring.

**Special Needs Plans** The other bill, H.R. 3168, would not only extend the SNP program, but would also create a grievance and appeals process for beneficiaries. It also aims to improve coordination between Medicare and Medicaid for dual SNPs.

SNP authorization doesn't expire until the end of 2018. However, Congress needs to consider the extension of SNPs this year so that the Centers for Medicare & Medicaid Services knows what's happening with the program before the 2018 deadline, a House Republican aide told Bloomberg BNA.

The legislation would also narrow the conditions that beneficiaries must have in order to enroll in a chronic SNP. These would include one or more medically complex chronic conditions that significantly limit overall health or function or is life-threatening.

Also, the CMS would have to assess quality data at the individual plan level rather than the contract level. This would give beneficiaries a better understanding of

which plans in their area perform better than others, the committee said.

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*H.R. 3168 is at <https://waysandmeans.house.gov/wp-content/uploads/2017/07/20170713-H.R.-3168.pdf>.*

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