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Stop Limits on Medicare Home Infusion Pay, Group Asserts

A health-care trade association is warning that beneficiaries will experience access problems as a result of a Medicare requirement that companies that administer intravenous drugs to patients in their homes can only get paid when a nurse is present in the residence.

The National Home Infusion Association wants Congress to quickly initiate legislation that would eliminate the requirement before it becomes effective Jan. 1.

A number of the trade group's members say they will not be able to deliver infusion therapy to Medicare patients in their residences if a final Medicare rule is implemented as it was published, Sharon Scribner Pearce, vice president of government affairs for the organization, told Bloomberg Law.

If the provision in the rule takes effect, beneficiaries will have to be treated at more expensive, less convenient sites, like doctor offices and hospitals, she said.

The Centers for Medicare & Medicaid Services was not able to respond to a request for comment from Bloomberg Law by deadline.

Infusion therapy involves the administration of medication intravenously, using equipment like a pump. Companies that have large home-infusion sectors include BioScrip Inc.; Coram CVS Specialty Infusion Services, a division of CVS Health; and Accredo Health Group Inc., a subsidiary of Express Scripts Holding Co.

The Medicare 2019 home health final rule, published Nov. 13, requires that infusion therapy providers be paid for their home services only when a nurse or other health-care professional is at the residence rather than each day the patient receives an infusion.

The CMS rule says the law allows it to pay infusion suppliers only for days when infusion therapy services are furnished by skilled professionals. The CMS said there was no timetable, such as weekly, for the home in-

fusion therapy services provider to be paid, as long as the skilled professional is present.

Nurse Comes Occasionally Many infusion patients are self-sufficient enough to administer the treatments themselves. A medical professional might need to come to their homes weekly, on average, to check on them, Pearce said. But the payments to home infusion providers will only be triggered by the nurse's services, even if the infusions are daily, she said.

The National Home Infusion Association is asking Congress to clarify that Medicare should pay the infusion provider each day the beneficiary receives an infusion, she said. But CMS said in its rule that beneficiaries could be harmed if payments are made for each infusion because they are on the hook for a 20 percent copayment. That could amount to \$10,000 annually.

Industry pushback prompted the CMS to seek comments until the end of the year.

"We recognize the concerns from stakeholders and members of Congress on our interpretation," the rule said.

The agency said it will monitor the effects of its decision on access to care and, if needed, will initiate additional rulemaking or guidance.

Commercial insurers and other payers, including Medicare Advantage and TRICARE, don't require a professional to be present for payment, Sens. Johnny Isakson (R-Ga.) and Mark Warner (D-Va.) said in a letter to CMS Administrator Seema Verma.

The letter is one of several from lawmakers urging the CMS to make a change.

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