



National Home Infusion Association  
*Providing solutions for the infusion therapy community*

## **Medicare Part D Not Working Well for Dual Eligibles Needing Home Infusion Therapy**

*Despite efforts by CMS and the nation's home infusion therapy providers, Medicare Part D is not working well for dual-eligible patients in need of home infusion, according to a nationwide survey of hospital discharge planners.*

The National Home Infusion Association (NHIA), representing the home infusion therapy provider community, has been working diligently with CMS to ensure that dual-eligible patients who qualify for home infusion therapy can receive such therapy as safely and expeditiously as possible. NHIA appreciates the considerable efforts CMS has devoted towards these objectives. Unfortunately, it appears that the structural issues and coverage gaps within Part D for home infusion therapy continue to create problems even for dual-eligible patients.

NHIA, assisted by the Case Management Society of America, conducted a survey of 246 hospital discharge planners from 39 states regarding their experiences to date under the Part D program in discharging dual-eligible patients to home infusion providers when clinically appropriate. The principal finding of the survey should be of serious concern to policymakers: 68% of the hospital discharge planners reported that they experience significant delays (one day or longer) arranging for home infusion therapy under Part D, often resulting in decisions to divert the patients to long-term care facilities or to retain the patients in the hospitals. The delays are attributable to the limited Part D coverage for infusion therapy and its use of a retail drug dispensing model, which has led to complications and confusion in arranging access to home infusion providers for these patients. Not surprisingly, the discharge planners report that non-dual-eligible patients are experiencing very significant problems in accessing home infusion therapy under Part D.

State Medicaid programs theoretically can fill the gaps in Part D coverage for home infusion therapy by covering the professional services, supplies and equipment that are not covered under Part D. Thus, if there is any group of Medicare beneficiaries who *should* be able to benefit from Part D's coverage of infusion drugs, it is the dual-eligible population. However, the logistics of maneuvering through the prescription drug plans and the Part D structure continue to cause serious delays in arranging for home infusion therapy for dual-eligible patients. For that reason, a significant percentage of the patients end up not receiving infusion therapy in their homes; rather, they are kept in hospitals or transferred to nursing homes, thus obtaining infusion therapy in more costly and less convenient settings. Clearly, this is not how an efficient health care system should operate.

This is further indication that Medicare coverage for home infusion therapy should be consolidated in Part B and be defined properly and fully so that it can be provided seamlessly and efficiently where clinically appropriate. A bipartisan bill, H.R. 5791, introduced in the House of Representatives in July, 2006, would provide such coverage for infusion therapy under Part B.

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