

## COVID-19 Related Recommendations to Commercial Insurers

In light of the rapidly evolving national public health emergency regarding 2019 Novel Coronavirus Disease (COVID-19) the National Home Infusion Association (NHIA) is offering recommendations for protecting the public, increasing the capacity of the health care delivery system, and improving access to home infusion therapies. Specifically, NHIA respectfully urges all health insurance companies to leverage the home site of care whenever possible to free up limited capacity in institutional settings. This would allow acute care professionals to care for those most affected by the virus as well as limit exposure for our vulnerable Medicare population.

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. As the leading voice for the home and specialty infusion industry, we write to offer our perspective at this critical time.

Home infusion pharmacies have safely and effectively treated patients in the home for decades. While the demand for these services by commercial payers has been largely focused on the cost-effectiveness of home infusion, this site of care has the additional benefits of freeing up hospital resources to treat those most in need and limiting exposure to pathogens. This makes home infusion a powerful tool in the fight against COVID-19.

NHIA offers the following recommendations to reduce administrative burdens, promote safety in the delivery of care, and grant greater access to care for individuals affected by the COVID-19 national emergency.

1. Remove proof of delivery (POD) signature requirements to allow deliveries to be left at the patient's home, or a pre-determined location, without the need to sign for the delivery.
2. Extend timeframe for obtaining signed patient admission documents prior to billing by at least 180 days. (I.e. Consent, Assignment of Benefits, Acknowledgement of Financial Responsibility).
3. Extend timely filing requirements for initial claims, secondary claims, corrected claims and appeals by at least 180 days.
4. Eliminate the need for prior authorization for home infusion. This will reduce administrative burden and speed the transitions from sites of care to the home.
5. Expand home infusion provider networks allowing any willing provider to serve patients during the Public Health Emergency.
6. Delay re-credentialing procedures for the duration of this public health emergency.

7. Suspend audits and extend supplier response deadlines until at least 180 days after the national emergency has ended for all requests for additional documentation generated on or before January 1, 2020.
8. Allow for the provision of up to a 90-day supply of enteral nutrients and supplies to reduce the frequency of contacts between delivery personnel and vulnerable patients.
9. Ensure coverage for home infusion services for Medicare Advantage products and/or Medicare Advantage with a Part D Prescription Drug Program (MAPDP). The Medicare fee-for-service coverage for home-infused drugs is very limited and often drives patients to other sites of care such as skilled nursing facilities, hospital outpatient departments, and physician offices. Currently, as a result of the pandemic, these sites of care have limited availability and increase the risk of exposure to non-COVID-19-infected patients.
10. Waive or reduce co-pays for COVID-19 related care provided in patients homes.
11. Allow for billing of virtual telehealth visits performed by home infusion nurses (codes 99601 and 99602).
12. Notify providers immediately if there are any business continuity issues affecting the timely processing and payment of clean claims.
13. Suspend direct and indirect remuneration (DIR) fees for the duration of this public health emergency.

All health care providers are tasked with working together, leveraging core competencies to help ensure we do everything we can to minimize exposure to bend the curve at this critical time. We ask that commercial insurance plans give these recommendations serious consideration to speed access to care in the home.