



HONORABLE PATRICK J. TIBERI  
MEMBER OF CONGRESS  
OHIO'S 12<sup>TH</sup> DISTRICT  
2001 - 2018

August 17, 2018

The Honorable Seema Verma  
Administrator, Center for Medicare and Medicaid Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Administrator Verma:

I write as the former Representative of Ohio's 12th Congressional district and Chairman of the House Ways & Means Subcommittee on Health. I was the lead sponsor of H.R. 3163, the Medicare Part B Home Infusion Services Temporary Transitional Payment Act of 2017, which passed Congress as Section 50401 of H.R. 1892, the Balanced Budget Act of 2018 (Pub. L. 115-123). This legislation established a temporary payment to home infusion providers before the new payment structure begins in 2021, as authorized by Section 5012 of the 21st Century Cures Act (Pub. L. 114-255). I urge the Centers for Medicare and Medicaid Services (CMS) to appropriately implement this transitional payment and new reimbursement model to ensure vulnerable Medicare beneficiaries have access to critical home infusion services starting in January 2019.

The CY2019 Home Health Proposed Rule (CMS-1689-P) proposed to limit reimbursement to home infusion providers to "the day on which home infusion therapy services are furnished by skilled professionals in the individual's home." (83 Fed. Reg. 32464.) This physical presence requirement contradicts congressional intent when this legislation, both as introduced by me and as amended, passed the U.S. House and Senate. Our legislation created a structure for CMS to reimburse providers for their "professional services" – meaning the services that were delivered each day when a drug was infused at home.

Starting in 2019, my legislation set a specific rate if these services are provided in connection with a home infusion, and reimbursement was to be made for each day the beneficiary receives an infusion. It included "nursing services" within "professional services," and was never intended to limit Medicare reimbursement to only those infusion days when a nurse was physically present. Congress' intent was that home infusion providers' professional services, such as drug preparation, clinical care planning, care coordination, and nursing should be subject to reimbursement when they were provided to the Medicare beneficiary on the day the drug was infused, regardless of a professional's presence in the home. A significant portion of the professional pharmacy services associated with the infusion must take place outside of the home.

We worked to mirror this benefit as closely as possible to private sector and other governmental home infusion programs. No other payers for home infusion have such a requirement for a professional to be physically present in order to reimburse for the beneficiary's home infusion. Rather, each of these entities pays for each day on which the patient infuses the drug, whether or not a nurse or other professional is present.

The proposed rule, if implemented in its current form, will restrict providers' ability to treat beneficiaries and create severe access issues as a result. We never intended to restrict Medicare reimbursement to only those days a nurse or other skilled professional was in the patient's home, but instead explicitly provided for reimbursement to be made on each day professional services were provided to the patient through infusion.

I urge CMS to uphold the legislative intent when it finalizes the CY2019 Home Health Payment Rule. Thank you for your consideration, and I look forward to reviewing the final regulation.

Sincerely,



Patrick J. Tiberi  
Former Member of Congress

HOPE YOU ARE WELL.