

Newsroom



Press release

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Trump Administration Announces Steps to Strengthen Medicare with New Home Infusion Therapy Benefit and New Regulations that Put Patients Over Paperwork

Jul 11, 2019 Billing & payments, Home health agencies, Policy, Quality

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Proposals keep unique needs of patients first, reduce burden on providers, and give patients access to care at home

Today, the Centers for Medicare & Medicaid Services (CMS) proposed significant changes to the Home Health Prospective Payment System (Home Health PPS) that keep the unique needs of patients first, with proposals to implement a new home infusion benefit for beneficiaries, increasing home-based care. This proposed rule also includes updates to payments for home health agencies that would increase Medicare payments to home health agencies (HHAs) by 1.3 percent (\$250 million), as well as proposals to protect taxpayer dollars against fraud and abuse.

“We are proud to announce the new permanent home infusion therapy benefit that will give patients the freedom to safely access critical treatments, such as chemotherapy, at home instead of traveling to the hospital or doctor’s office, improving their quality of life,” said CMS Administrator Seema Verma. “We are also proposing updates to payments for home health agencies under the new Patient-Driven Groupings Model, which focuses on patient characteristics to more

accurately pay for home health services, rewarding value over volume.”

The rule includes proposals for the permanent home infusion therapy benefit to be implemented in CY 2021, as required by the 21st Century Cures Act. Home infusion therapy is the administration of certain types of medication utilizing a durable medical equipment pump in the beneficiary’s home, and includes professional services, patient education and training and monitoring of patient care. This benefit will give beneficiaries the option to receive critical infusion drug therapies at home, like anti-infectives, chemotherapy or treatment for immune deficiencies, instead of in a hospital or doctor’s office.

In response to public feedback that we received under our Patients Over Paperwork Initiative, CMS is proposing to allow therapist assistants to perform maintenance therapy (rather than only therapists), which would allow them to practice at the top of their state licensure, give flexibility to home health providers and improve beneficiary access to these services.

CMS is proposing to address potential Medicare fraud by phasing out pre-payments for home health services. CMS and our law enforcement colleagues have seen a marked increase in Request for Anticipated Payments (RAPs) fraud schemes perpetuated by existing HHAs that receive significant upfront payments, never submit final claims and then close for business. Under the proposal, RAP payments for existing providers would be phased out over the next year and eliminated completely for 2021. CMS believes that phasing out RAP would help mitigate cash flow concerns by phasing out RAP payments over one year.

In this rule, CMS is also continuing to implement a new case-mix payment methodology – the Patient-Driven Groupings Model (PDGM), which puts the focus on patient needs by relying more heavily on patient characteristics rather than volume of care to more accurately pay for home health services.

The proposed rule can be downloaded from the *Federal Register* at: <https://www.federalregister.gov/public-inspection/>

For a fact sheet on today’s proposed rule, please visit: <https://cms.gov/newsroom/fact-sheets/cms-proposes-calendar-year-2020-and-2021-new-home-infusion-therapy-benefit-and-payment-and-policy>

For additional information about the Home Health Prospective Payment System, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html> and <https://www.cms.gov/center/provider-Type/home-Health-Agency-HHA-Center.html>

For additional information about the Home Health Quality Reporting Program, visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html>

For additional information about the Home Health Value-Based Purchasing (HHVBP) Model, visit: <https://innovation.cms.gov/initiatives/home-health-value-based-purchasing-model>

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