



Update to Chapter 10 of Publication (Pub.) 100-08 -Enrollment Policies for Home Infusion Therapy (HIT) Suppliers

MLN Matters Number: MM11954 RevisedRelated Change Request (CR) Number: 11954Related CR Release Date: November 13, 2020Effective Date: January 1, 2021Related CR Transmittal Number: R10467PIImplementation Date: November 1, 2020

Note: We revised the article to reflect the revised CR11954 issued on November 13. In the article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for entities seeking to become Medicare suppliers that offer Home Infusion Therapy (HIT) services in coordination with the furnishing of home infusion drugs administered through an item of Durable Medical Equipment (DME) beginning in Calendar Year (CY) 2021 and in subsequent years.

PROVIDER ACTION NEEDED

CR 11954 informs Medicare Administrative Contractors (MACs) of the policies and procedures for enrolling HIT suppliers in Medicare. MACs will accept enrollment applications from HIT suppliers beginning on or after November 1, 2020. Payments will begin for dates of service on or after January 1, 2021. Please make sure your billing staffs are aware of these policies.

BACKGROUND

Section 5012 of the 21st Century Cures Act ("the Cures Act") (Pub. L. 114-255), which amended Sections 1861(s)(2) and 1861(iii) of the Social Security Act (the Act), established a new Medicare HIT services benefit. The Medicare HIT services benefit covers the professional services, including nursing services, delivered in accordance with the plan of care, patient training and education (not otherwise covered under the DME benefit), remote monitoring, and monitoring services for the provision of HIT and home infusion drugs furnished by a qualified HIT supplier. This benefit will ensure consistency in coverage for home infusion benefits for all Medicare beneficiaries. This new benefit becomes effective on January 1, 2021.



HIT SUPPLIER ELIGIBILITY AND ENROLLMENT REQUIREMENTS

An entity that wishes to furnish HIT services to Medicare beneficiaries must enroll in Medicare as a HIT supplier. Such providers must meet the following requirements:

- Qualify as a home infusion therapy supplier by meeting the following criteria set forth in Section 1861(iii)(3)(D)(i) of the Act:
 - 1. Furnishes infusion therapy to individuals with acute or chronic conditions requiring administration of home infusion drugs,
 - 2. Ensures the safe and effective provision and administration of HIT on a 7-day-a-week, 24-hour-a-day basis,
 - 3. Is accredited by an organization designated by the Secretary in accordance with Section 1834(u)(5) of the Act, and
 - 4. Meets such other requirements as the Secretary determines appropriate.
- Obtain and maintain a valid Tax Identification Number (TIN) and National Provider Identifier (NPI) at the organizational level
- Be currently and validly accredited as such by a Centers for Medicare & Medicaid Services (CMS)-recognized HIT supplier Accreditation Organization (AO) to enroll and remain enrolled in Medicare. The CMS-recognized HIT supplier AOs include:
 - The Joint Commission (TJC)
 - Utilization Review Accreditation Commission (URAC)
 - Accreditation Commission for Health Care (ACHC)
 - Community Health Accreditation Partner (CHAP)
 - National Association Boards of Pharmacy (NABP)
 - The Compliance Team (TCT).
- Pay an application fee at initial enrollment, revalidation and when adding a practice location
 - A HIT practice location is a location accredited by one of the AOs listed above. For more information about accreditation, please contact the AOs
- Prospective (newly enrolling) home infusion therapy suppliers must pass application screening upon initial enrollment and revalidate at a limited categorical risk level
- Have appropriate licensure in accordance with all state requirements in which HIT services are provided



KEY POLICIES FOR ENROLLING AS HIT SUPPLIERS

- Beginning on or after November 1, 2020, MACs will accept the <u>Form CMS-855B</u> or online <u>Provider Enrollment Chain and Ownership System (PECOS)</u> application to enroll HIT suppliers.
- HIT suppliers must be currently and validly accredited as HIT suppliers by a CMSrecognized HIT supplier AO.
 - MACs will ensure that you submit a copy of your accreditation certification and accreditation approval letter with your application. You must submit a document that contains an effective date of accreditation.
 - HIT suppliers must complete the Section 2 Certification Information section of the CMS-855B application with their accreditation information.
- HIT suppliers shall write the supplier type "Home Infusion Therapy" or "HIT" into the "other" field in section 2A of the CMS-855B paper application until the CMS-855B form has been updated.
 - If submitting an online application via <u>PECOS</u>, the "Home Infusion Therapy" supplier type option is available .
 - MACs will deny the HIT supplier's enrollment if the supplier is not currently and validly accredited as a HIT supplier by a CMS-recognized HIT supplier AO. HIT suppliers should not submit their enrollment applications prior to becoming accredited.
- HIT suppliers are required to enroll in each state in which they have an accredited practice location. Suppliers do not need to enroll in states in which they do not have accredited practice locations. Suppliers may provide services in patients' homes across state borders as long as they are appropriately licensed. HIT suppliers must be appropriately licensed in each state in which they provide infusion therapy services in patients' homes. HIT suppliers will complete Section 4D: Rendering Services in Patients Home of the CMS-855B application to report all locations where health care services are rendered in patients' homes. This includes locations across state borders.
 - For example, if the HIT supplier has two accredited practice locations in Arkansas and is providing home infusion therapy services in patients' homes in Arkansas and in Oklahoma then the HIT supplier only needs to enroll in Arkansas. If this same HIT supplier wishes to add another accredited practice location in Texas, the HIT supplier would need to submit an enrollment application to enroll in Texas.
- HIT suppliers will have a choice of being Medicare Participating (PAR) or Non-Participating (NON-PAR) for reimbursement purposes. HIT suppliers must declare their intention to be



PAR at initial enrollment by completing the <u>CMS-460</u> form. For more information on PAR status, please review the <u>CMS-460</u> form.

- MACs will assign an effective date for your billing privileges, which is the later of:
 - 1. The date of filing of a Medicare enrollment application that was subsequently approved by a MAC.
 - 2. The date that the supplier first began furnishing services at a new practice location. A retrospective billing date can be issued for up to 30 days prior to the effective date. This is in accordance with Section 424.520 and 424.521 of Title 42.
- MACs will not issue effective dates or retrospective billing dates prior to January 1, 2021.
- MACs will revalidate HIT suppliers on a 5-year cycle.

ADDITIONAL INFORMATION

The official instruction, CR 11954, issued to your MAC regarding this change is available at <u>https://www.cms.gov/files/document/r10467pi.pdf</u>.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
November 13, 2020	We revised the article to reflect the revised CR11954 issued on November 13. In the article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
October 30, 2020	Initial article released.

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