

Secure your home infusion therapy benefit

Fact Sheet For Home Infusion Therapy Providers Serving Medicare Patients



New Requirement for home infusion therapy providers

Centers for Medicare & Medicaid Services (CMS) has updated its Home Health Final Payment Rule for providers of home infusion therapy services. Beginning January 1, 2021, these providers must have obtained accreditation by a CMS-approved accrediting organization to be eligible for Medicare reimbursement. The Joint Commission is pleased to announce that we have been awarded deeming authority for home infusion therapy by CMS and can now assist providers needing to meet the January 2021 deadline.

Why Accreditation?

There is no state survey option for home infusion suppliers, so accreditation on its own will be the only means of satisfying the reimbursement requirement. If organizations are not accredited by an approved accrediting organization, they will not be able to apply for or receive reimbursement from CMS for the nursing component of the home infusion service.

Eligibility

To be eligible for the Medicare Part B benefit, providers need to meet this criteria:

- Be a home infusion therapy supplier - involves the provision of professional services (including nursing services) furnished in accordance with a physician-established plan of care that describes the type, amount, and duration of infusion therapy services that are to be furnished;
- Furnish infusion therapy to individuals with acute or chronic conditions requiring administration of home infusion drugs;
- Provide training and education, and remote and other monitoring services;
- Ensure the safe and effective provision and administration of home infusion therapy on a 7-day-a-week, 24-hour-a-day basis; and
- Obtain accreditation with a CMS-approved accrediting organization (a.k.a. The Joint Commission) by January 1, 2021.

Effective January 1, 2021,

home infusion therapy suppliers must have obtained accreditation by a CMS-approved accrediting organization to be eligible for the Medicare Part B benefit.

The Joint Commission

has been awarded deeming authority for home infusion therapy by CMS and can now assist providers needing to meeting the January 2021 deadline.

Standards

This new benefit will have separate accreditation requirements for home infusion therapy suppliers that are distinct from the home health benefit. [Learn more from CMS.](#)

The Joint Commission's existing standards and elements of performance will remain in effect with minor modifications to reflect specific regulatory language regarding periodic physician review of the patient's care plan and remote monitoring services, as indicated below.

PC.02.01.03, EP #2: The patient plan of care is established and periodically reviewed by a physician and includes the medication(s) route, dose, frequency, and duration for home infusion.

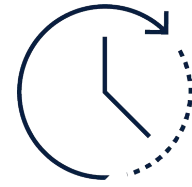
PC.02.02.05, EP #7: The organization provides the patient with access to nursing services, patient education and training, and remote monitoring services 24 hours a day, 7 days a week

Why Joint Commission?

Time is a key factor for organizations not currently meeting this requirement. The Joint Commission offers prompt scheduling and delivery of survey findings on-site to expedite receipt of your accreditation decision. What else?

Expert guidance. Surveyors share best practices and insights that are relevant, educational and actionable. **Unmatched customer support.** Dedicated staff members guide you every step of the way throughout your accreditation experience.

PROMPT SCHEDULING



EXPERT GUIDANCE



UNMATCHED CUSTOMER SUPPORT



NEXT STEPS

Ensure you meet the CMS deadline to secure your benefits in 2021. Contact our experts today to receive access to the application and other useful resources to prepare for accreditation.

Visit - <https://pages.jointcommission.org/Recognition-for-Infusion-Providers.html>

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