

## Medica Protocols

### Home Infusion Therapy (HIT)

#### Definitions

**Average Wholesale Price (AWP):** The average wholesale price for a pharmaceutical product as communicated to Medica, no less than monthly, by “Medi-Span” or by such other national drug database as Medica may designate

#### STANDARDS OF SERVICE AND ACCESS

On the Effective Date and for the term of the Agreement, HI Facility Provider will meet and be bound by the following standards:

1. Demonstrate the ability and utilize all reasonable efforts to provide service within Medica’s service area and maintain the following standards of service access:
  - (a) Routine Service - within 24 hours
  - (b) Urgent Service - within 24 hours
  - (c) On-call Service for Members - 24 hours a day
  - (d) Contact person for Medica - 24 hours a day
2. Have Registered Nurses (RNs) available to provide service in Medica’s service area who are certified in their applicable specialty by an agency acceptable to Medica or who have a level of certification, licensure, education, and/or experience acceptable to Medica or who are under the supervision of an RN who has a level of certification, licensure, education, and/or experience acceptable to Medica.
3. Return Member telephone calls within 15 minutes and provide requested visit to Member’s home within two (2) hours for home infusion therapy or otherwise acceptable within JCAHO or community practice standards.

HIT Facility Provider will comply with the following protocols of Medica:

1. Follow approved billing procedures of Medica.
2. Obtain prior authorization for certain Health Services as defined by Medica. Prior authorization is not a guarantee of payment.
3. If applicable, provide Health Services pursuant to a medical treatment plan by and under the direction of a Physician, pursuant to the Member’s Benefit Contract. In the event of a medical emergency, a medical treatment plan and prior written authorization will not be required.
4. Be bound by Medica’s Administrative Requirements, including Administrative Requirements pertaining to Medicare, Medicaid and state government program products, and be bound to the service, access and quality standards, as modified from time to time by Medica and communicated to HI Facility Provider under the terms and conditions of the Agreement.

5. Refer Members only to other Network Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Benefit Contract or required by state law<sup>1</sup>.
6. If the Member's Benefit Contract is one that requires the Member to receive all or any Health Services from or upon referral by a primary care Physician, the following additional protocols must be adhered to when those Health Services are rendered:
  - (a) Referrals to other Network or non-Network Providers must first be authorized by the Member's primary care Physician; and
  - (b) Health Services must be provided pursuant to the terms and limitations of the Referral Authorization Form issued by or on behalf of the Member's primary care Physician.
7. Exclude from claims any charge for shipping and/or delivery of supplies or drugs not permitted except as otherwise agreed to by Medica.

HIT Facility Provider will comply with all reasonable protocols adopted by Medica. In the event Medica adopts any additional or revised protocols, Medica will communicate such additional or revised protocols to HIT Facility Provider forty-five (45) days prior to their adoption and permit HIT Facility Provider forty-five (45) days to comply with such additional or revised protocols, unless a longer period of time is agreed upon by both parties.

Failure to comply with the protocols of Medica is considered a material breach of the Agreement.

### **Additional Payment Protocols**

HIT Facility Provider agrees to comply with the payment protocols of Medica, including, but not limited to the following:

1. **All inclusive rate.** All services and/or supplies as appropriate to each disease or therapy are included in the payment rate or per diem payment and no separate or additional payment will be made.
2. **Home Infusion Therapy Per Diem.** The home infusion therapy per diem will be paid for each day that a Member is provided access to Health Services for a prescribed home infusion therapy, beginning with the day the therapy is initiated and ending with the day therapy is permanently discontinued. ("Permanently discontinued" does not mean that a therapy will never again be initiated, but rather that continuation of the therapy is not predicted or anticipated at the time of cessation.) It is not necessary for the Member to receive an actual drug infusion each day in order to be covered under the per diem payment, as long as additional infusions are anticipated in the near future as prescribed by the Member's plan of care.

The home infusion therapy per diem is limited to therapies of duration up to and including every seventy-two (72) hours. Therapies provided beyond this range (e.g. weekly, monthly, etc.) are only paid for the actual date of service.

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<sup>1</sup> 36 O.S. 2011, Section 6055

Unless otherwise determined by Medica, the home infusion therapy per diem payment is considered payment in full for all administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment for the provision of the prescribed home infusion therapy. This includes all ancillary medical supplies related to the administration of the therapy (e.g. pump, pole, etc.), delivery, set up and educational materials. However, the Home Infusion Therapy Per Diem Payment does not include drugs or nursing visits.

- 3. Multiple Administration of Infusion Therapy.** Multiple infusion therapies performed concurrently on Member by HIT Facility Provider, will be reimbursed:
  - (a) the highest payment specified, pursuant to the Home Infusion Therapy Services Fee Schedule, less any applicable Copayment, Coinsurance and Deductible, for which infusion therapy has been performed; and
  - (b) 50% of the next highest payment specified, pursuant to the Home Infusion Therapy Services Fee Schedule, less any applicable Copayment, Coinsurance and Deductible, using the –SH modifier for the second concurrently administered infusion therapy; and
  - (c) no additional reimbursement will be made for the third or more concurrently administered home infusion therapies using the –SJ modifier.
  
- 4. Nursing Services.** Nursing services for home infusion and specialty drug administration will be paid per visit as follows:
  - A per visit payment rate applies to all nursing services provided for up to the first two (2) hours of a visit.
  - An hourly payment rate applies to all nursing services provided after the first two (2) hours of the visit.
  
- 5. Drugs.** All drugs must be submitted with a correct National Drug Code (“NDC”) number on the claim in addition to the appropriate HCPCS code.
  - (a) **Injectable Drugs.** AWP rate includes supplies required for administration of injectables, delivery, member training, education materials, clinical management. For Members receiving injectables in addition to an infusion therapy, nursing required for administration of injectables is included in the infusion nursing visit rates.
  - (b) **Unlisted Drugs.** For drugs provided that have not been assigned a specific HCPCS code, HIT Facility Provider will submit the appropriate HCPCS code, the proper or generic drug name and the NDC number and Medica will pay the payment rates for the drug category it falls into. If the NDC is not available, HIT Facility Provider must submit the invoice. Payment for unlisted code submissions without an NDC number or invoice will be denied.