



NMDP Update to ACBSCT on Reimbursement for BMT

Michael Boo
Stephanie Farnia
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Presentation Outline

- Provide an Affordable Care Act update
 - The role out
 - Impact on transplant
- Review Medicare coverage and reimbursement
- Describe current initiatives regarding reimbursement
- Review NMDP activity for 2014

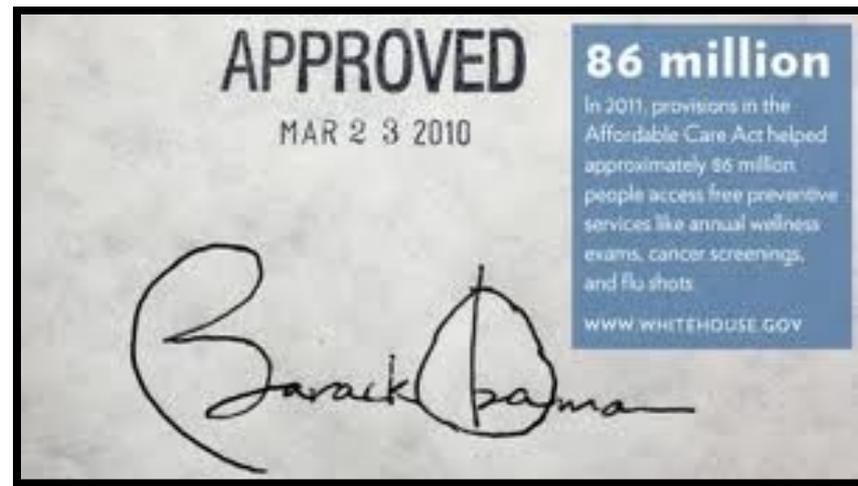
Current Reimbursement Issues

- Commercial payers:
 - Definition of networks is concerning – will they include transplant centers?
 - Variation in private plans continues and may be expanding with many exceptions and phase in provisions under ACA
 - Continuing pressure to reduce costs generally
- Medicare
 - Payment for BMT is inadequate
 - Payment for cell source is below cost
 - Payment for inpatient services is inadequate
 - Payment for outpatient BMT is under cost
- Medicaid - Payment for BMT is inadequate

Overview of the ACA

Introduction to the ACA

- The Patient Protection and Affordable Care Act became law in March 2010. PPACA became the ACA.
- Designed with phased implementation for preparation
- Health insurance exchanges and most benefit provision changes went into effect on January 1, 2014
- 3 Major Tenets:
 - *Increase access*
 - *Control costs*
 - *Improve quality*



Essential Health Benefit Set

- Requires coverage of several high-level care categories
- BMT and other transplant types not specifically defined
- Components of BMT are covered in the categories



ACBSCT Recommendation 10

Recommendation regarding Essential Health Benefits

- **ACBSCT recommends that the Secretary recognize hematopoietic transplantation for generally accepted indications as a covered benefit for all Federal programs for which the Secretary has appropriate responsibility and oversight.**

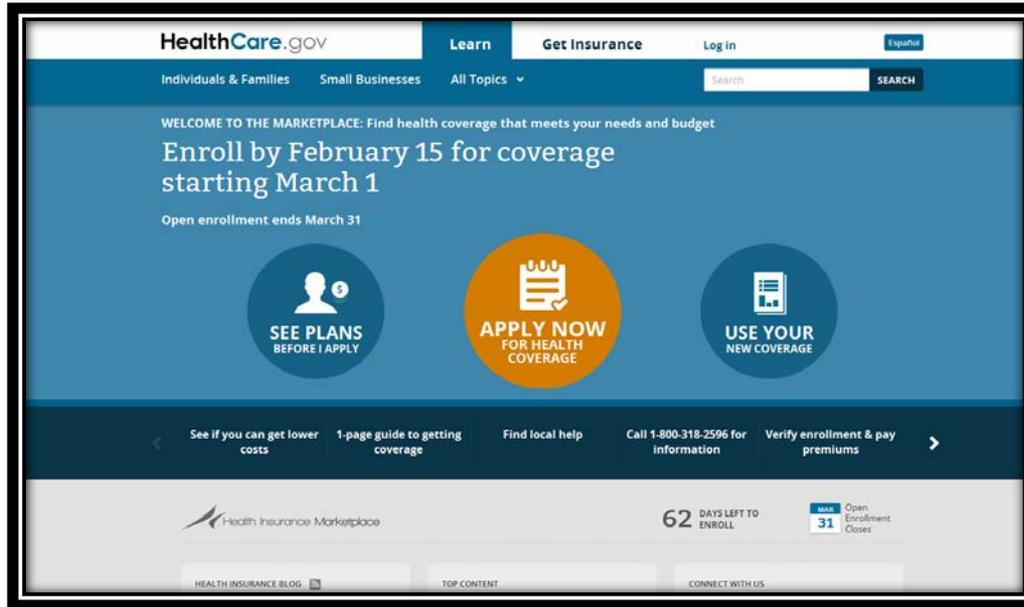
November 15, 2010

ACBSCT Recommendation 10

Further elaboration:

- This includes autologous and allogeneic blood, marrow and cord blood transplantation. ACBSCT recommends hematopoietic transplantation be included as a required covered service for all federally-funded programs under the Secretary's purview, to the fullest extent allowed by law and that it be included as an "Essential Health Benefit" under provisions of the Patient Protection and Affordable Care Act.

Exchange Enrollment



Enrollment above 8 million



More still 'in queue'



80-90% have paid premiums

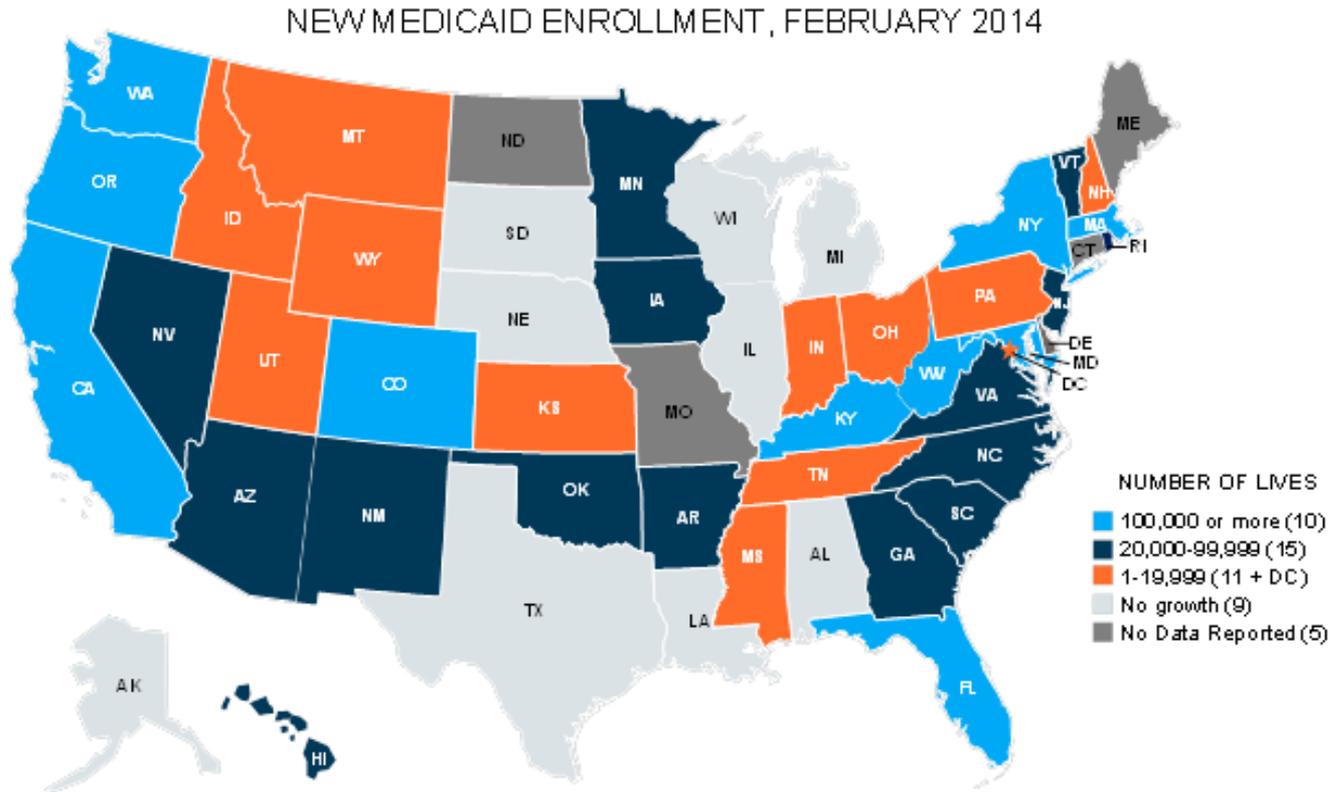


Plans scrambling to understand their member mix.



Need to determine 2015 rates ASAP.

Substantial Gains in Medicaid



Increase Access through Clinical Trials Coverage

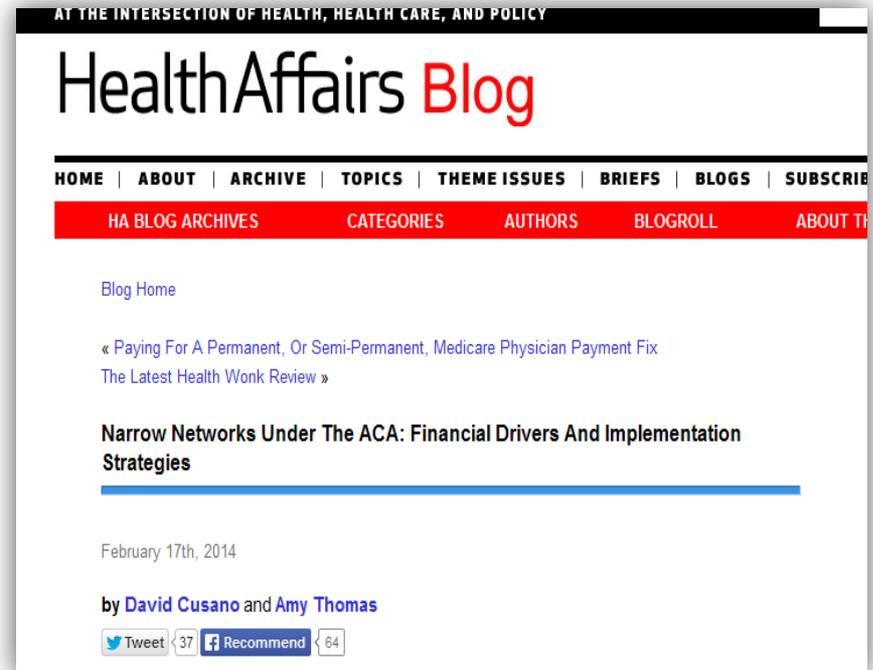
- Coverage of all routine costs associated with clinical trials
 - Labs, Imaging, Drugs, Professional Fees
 - Federally “approved or sponsored” trials
 - “For the treatment of cancer and other life-threatening diseases or conditions”
- Does not apply to the **actual device, treatment or drug** that would normally be given to the patient free of charge by the clinical trial sponsor
- Emerging Issue: For new indications, is the infusion (and associated costs) considered the investigational treatment?

Reduced Costs

- Limited networks
- Potentially limiting benefit coverage
- Changing reimbursement from discounted fee basis

Limited Networks

- To make exchange plans affordable, insurers may dramatically reduce network size
- **May not include a transplant center in-network**
- Minnesota:
 - Of 13 plans offered in Twin Cities area, only **9** have an Allo SCT program in network



Unknown:

How will limited network issues be handled?

- When a patient is in a limited network plan and needs a transplant, what options will they have?
 - Single-case agreements with a local provider?
 - Will patients face out-of-network costs?
 - Will they have to go to the closest center?
- Major cancer organizations are challenging networks
- Network adequacy and out-of-network options will get more scrutiny from HHS in future



Benefit Coverage Concerns

- Different requirements and applicability of ACA provisions based health insurance type:
 - Grandfathered vs. non-Grandfathered
 - Individual (i.e. those available on the Exchanges)
 - Small Group Fully Insured (less than 50 lives)
 - Large Group Fully Insured
 - Self-Insured
 - **Individual hold-over plans**
 - **Early renewal 2013 plans**
- Benefits will change from state to state and plan to plan



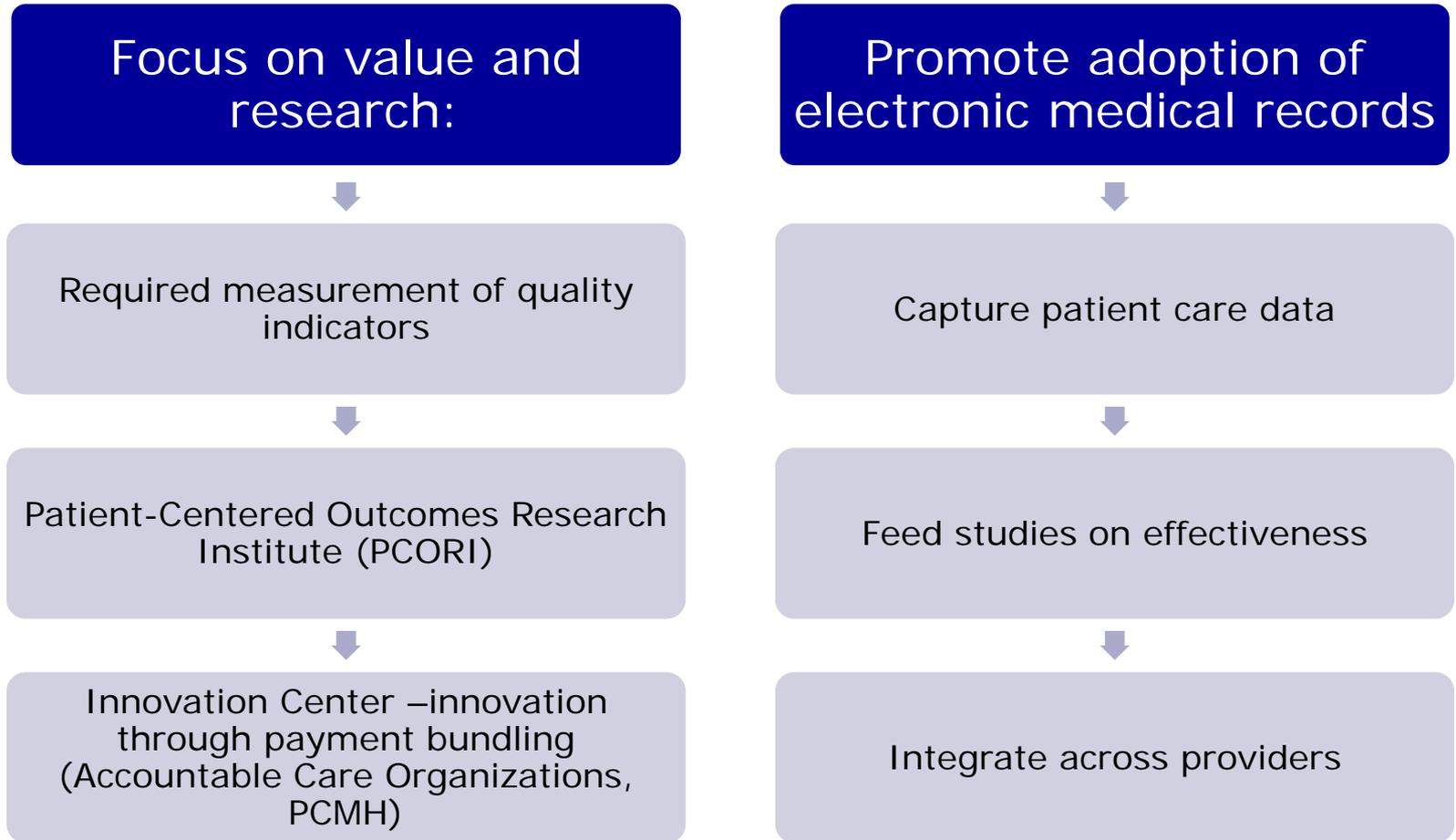
Reimbursement Trends

- Provide population based reimbursement through ACOs
- Pay for a package of services, e.g. bundled payments
- Uses Medicare reimbursement rates as baseline
 - Gaining momentum – employers no longer willing to subsidize government payors using PPO rates
 - Patients often caught in the middle and balance-billed



Improve Quality

Medicare Focus on Quality



Cost Control = Effectiveness Research

What works?

- Clinical Effectiveness

What works best?

- Comparative Effectiveness

What has the best value?

- Cost Effectiveness

Value = Return on Investment

Transplant Community Issues:

- How do we demonstrate our value as a field?
- How do TCs demonstrate their value to a network?
- How do we integrate these questions into our research and our daily activities?



Medicare Coverage and Reimbursement

Coverage Updates

- MDS CED a success
 - Significant growth in access
 - Continuing to accrue patients

Year	2010	2011	2012	2013
Transplants, age 65+	5	158	216	274

- New indications:
 - Frequent requests re: Tandem MM, Lymphomas
 - Problematic due to data requirements
 - CED is lengthy and expensive – MDS example
 - Alternate mechanism?

ACBSCT Recommendation 11

Recommendation on Medicare reimbursement for graft sources

- **ACBSCT recommends to the Secretary that Medicare reimburse for the acquisition of blood, marrow and cord blood products for hematopoietic transplantation on a cost basis similar to how reimbursement is made for graft acquisition in solid organ transplantation.**

November 15, 2010

ACBSCT Recommendation 11

- Rationale: The current Medicare payment structure seriously under-reimburses the cost of performing hematopoietic transplantation. The cost of graft acquisition is bundled into the overall reimbursement under the current Medicare prospective payment systems for inpatient and outpatient hospital services. This is fundamentally different from how reimbursement is structured for solid organ transplantation. This recommendation is made to improve the alignment of Medicare reimbursements for these costly but life-saving services.

Reimbursement Update: Reasonable Cost Pass-Through Request

- December 2013 – NMDP and ASBMT partner on meeting with CMS staff to request pass-through of acquisition costs on a “Reasonable Cost Basis”
 - Model used by Solid Organ
 - DRG + Standard Acquisition Charge (SAC)
- Initial CMS indication that they would review and consider the request.
- Waiting for response.
- Can view submitted memos on Reimbursement web site.

Initial Proposal from NMDP/ASBMT

- Utilize solid organ methodology = DRG + SAC
- Likely to differ by care setting:
 - IPPS = DRG + Standard Acquisition Charge (SAC)
 - OPPS = Inclusive Comprehensive APC
 - OPPS would use all claims, not just single claims
 - Stand alone APC with its own payment rate
 - No model for SAC; no OPPS solid organ transplants
- Proposed 3 SAC groups for allo SCT:
 - Unrelated Donor
 - Related Donor
 - Cancellation

Office of the Inspector General (OIG) Work Plan Issue

Purpose of the OIG: ***Protect the Integrity of HHS Programs***

Bone marrow or stem cell transplants (new)

Billing and Payments. We will review Medicare payments made to hospitals for bone marrow or stem cell transplants to determine whether Medicare payments were paid in accordance with Federal rules and regulations.

Context—Bone marrow or peripheral blood stem cell transplantation is a process that includes mobilization, harvesting, and transplant of bone marrow or peripheral blood stem cells and the administration of high dose chemotherapy or radiotherapy prior to the actual transplant. When bone marrow or peripheral blood stem cell transplantation is covered, all necessary steps are included in coverage. (CMS's *Medicare Claims Processing Manual, Pub. No. 100-04, ch. 3, §90.3.*)

Transplantations are covered under Medicare only for specific diagnoses. Procedure codes must be accompanied with by the diagnosis codes that meet specified coverage criteria. **Prior OIG reviews have identified hospitals that have incorrectly billed for bone marrow or stem cell transplants.** (OAS; W-00-14-35723; expected issue date: FY 2014; new start)



OIG FY2014 Work Plan, pp 5-6

2014 Access Priorities

Determining Priorities for 2014

- Review of key reimbursement issues and concerns
 - Legislative and policy changes
 - Issues raised by network transplant centers – emails, site visit feedback, Reimbursement Committee
 - Advisory Group on Financial Barriers to Transplant
 - Gaps in resources for TCs and/or payors
- Priority-setting discussions with NMDP, ASBMT and CIBMTR leadership
- Creation of annual goals and priorities

Advisory Group on Financial Barriers to Transplant (AGFBT)

- Permanent NMDP Advisory Group
- Created in October 2012
- Multi-disciplinary team: Payer Representatives, Physicians, Transplant Networks, Administrators
- Recent activities of the AGFBT:
 - Recommended Benefit Set
 - Infusion Definition Paper
 - Standard Authorization Form
 - Article on Recommended Benefits
 - Forums – 2013 and 2014
 - Key insights and planning

2013 Transplant Payor Forum

Blood and Marrow Stem Cell Transplant: *A Forum on Quality, Transparency, Cost and Value*

- Defined priorities for 2014 – outreach, cost studies, quality and transparency initiatives.
- Keynote from Dr. John Santa of ConsumerReports Health
- Examination of the costs of transplant from several different data sources.
- Varied attendee group – gave a fresh perspective and helpful feedback on the information.
- Summary available on both websites.

2014 Forum: Defining Quality and Value in SCT

- Focus for the 2014 Forum: Quality and Value
 - How do we define value for SCT?
 - What outcome measures matter most to clinicians?
 - What quality metrics are most useful to purchasers?
 - How do we incentivize great care without penalizing?
 - Can payers align on quality and value measures?
- June 24-25, 2014, Minneapolis

NMDP Payor Policy Priorities

Affordable Care
Act
Implementation

Relationships &
Resources

Health Services
Research

Medicare
Coverage &
Reimbursement

Promote Recommended SCT Benefits

- Recommended benefits table available on both websites
- Adopted into NCCN & NBGH *Employer’s Guide to Cancer Treatment & Prevention*
- Forthcoming publication from Advisory Group members. Expected ~ July 2014.

NATIONAL MARROW DONOR PROGRAM **BE THE MATCH**

Benefit Design for Hematopoietic Cell Transplantation

Recommendations for designing an effective benefits plan

	Donor Search	Cell Procurement	Cell Infusion/HCT	Travel/Lodging	Length of Stay	Medications	Clinical Trials
Recommended Benefits	<p>Unrelated donor: coverage of tissue typing/testing through NMDP or other approved registry</p> <p>Related donor: coverage of tissue typing</p> <p>No limit on typing/testing costs if potential donors are in covered categories</p>	<p>Unrelated donor: full coverage of procurement; no limit.</p> <p>Related donor: full coverage of procurement, including travel and lodging of selected donor</p> <p>Autologous collection: full coverage of preparation, harvest and storage of cells</p>	<p>Coverage of HCT and subsequent therapeutic infusions for all medically necessary indications</p>	<p>Full coverage of travel and lodging costs for member and caregiver(s) for the transplant visit, in addition to necessary pre- and post- transplant evaluations</p> <p>Cover costs for second caregiver if patient is under 18 years of age</p>	<p>No limit on inpatient days or clinic visits</p>	<p>Coverage of all necessary medications throughout the HCT process, including post-transplant medications, without co-payment or co-insurance</p>	<p>Coverage of clinical trials appropriate to patient’s stage, indication and clinical condition</p> <p>Minimum: coverage of routine care for patients on clinical trials, per the requirements in the <i>Affordable Care Act</i></p>

Center Reporting to CMS

Cell Source Cost Reporting Focus

Data Year	2007	2009	2011	2012
Total Allogeneic Transplants (MS-DRG 014)	329	495	545	752 (600 from non-exempt)
% reporting 0819	38%	68%	72%	75%
Median 0819 charges reported (w/o \$0 claims)	\$8,000	\$48,000	\$51,800	\$50,349
% reporting Donor Codes	N/A	69%	72%	75%

Cell Source Cost Reporting

- As part of our efforts to understand reporting issues, analyzed claims on a center level
 - Publicly available information from the annual CMS file
 - Can only see high-level information – number of cases, % of claims with donor-code and/or 0819 code attached, total dollar charges reported
 - Only for centers with more than 11 FFS Medicare SCTs
- Pursue activities to further inform centers that are not reporting well
 - Goal of 95% reporting by 2016

Pursue Health Services Research

- Payor Policy and HSR teams at NMDP partnering to produce resources that help decision-makers understand the **cost**, **value** and **quality** of transplant
- Several publications in 2013-14
- Studies currently underway:
 - Cost comparisons between SCT and non-SCT treatment pathways for patients age 60-70 with AML
 - Cost of Medicare transplant patients – hospital stay, donor search and acquisition, year post-transplant

ICD-10

- Delayed until Oct. 1, 2015 (or longer)
 - Potential to move straight to ICD-11 in 2017
- ICD-10 SCT Crosswalks developed; available soon
- **Many national payers and EHR systems moving ahead**
- Why non-coders should care:
 - Medicare NCD Conversion will be crucially important – non-converted codes will revert to local contractor decision.
 - Depending on your specialty, may impact reimbursement

Appendix

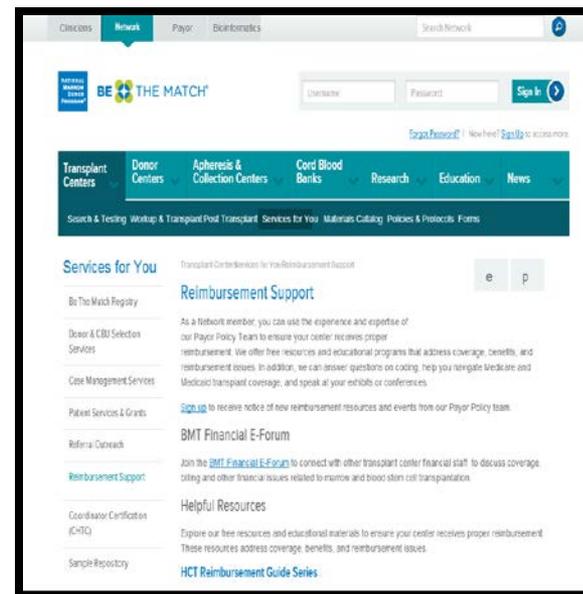
NMDP Resources

New Website, New Resources

<http://network.bethematchclinical.org/reimbursement>

Recent additions:

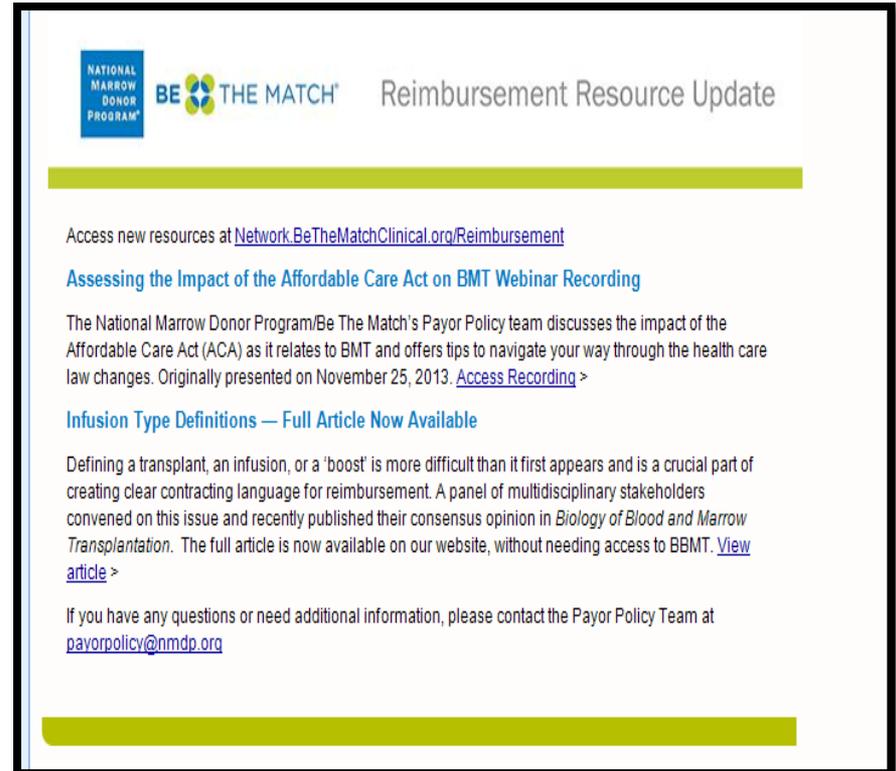
- CMS Donor Search Cost Memos
- 2014 CPT Code Crosswalk
- Impact of the ACA article
- CMS 2-Midnight webinar
- Medicare Billing Toolkit
- Standardization of Terminology article
- New CPT Assistant article with updated codes
- HCT Coding and Documentation webinar



Let us know what you need!

Monthly eBlast – Best Source for Updates

- Monthly email highlighting key information.
- Separate transplant center and payor lists and topics.
- This will be our primary method of communication with the transplant community.



  Reimbursement Resource Update

Access new resources at Network.BeTheMatchClinical.org/Reimbursement

[Assessing the Impact of the Affordable Care Act on BMT Webinar Recording](#)

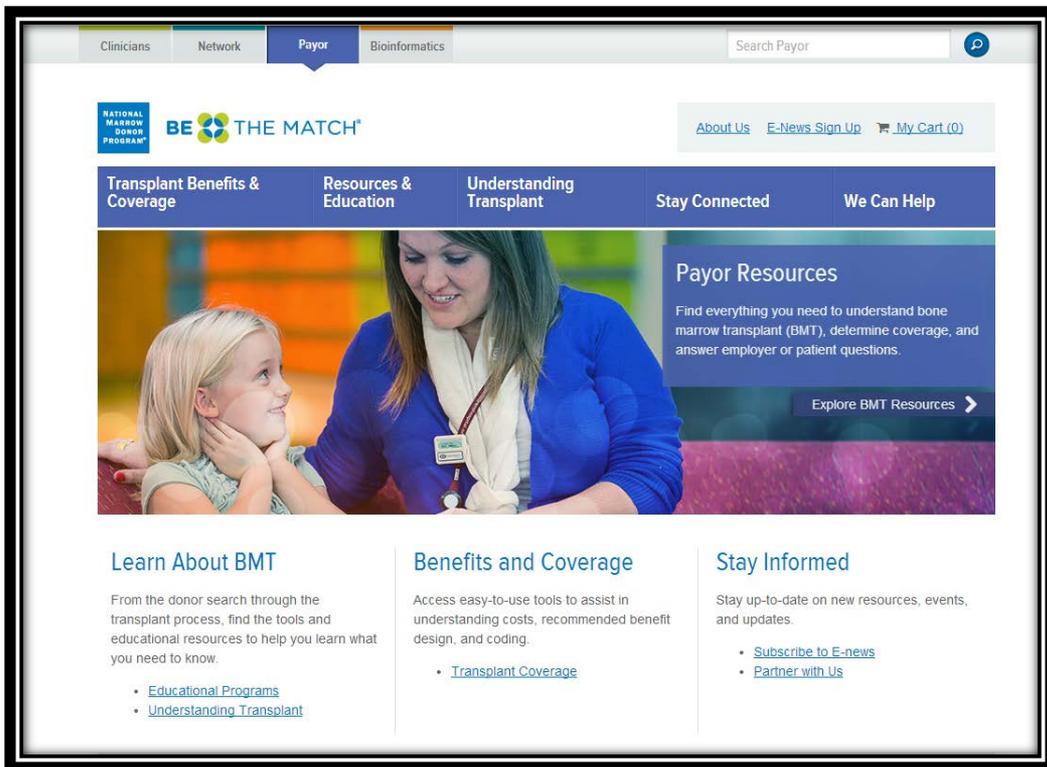
The National Marrow Donor Program/Be The Match's Payor Policy team discusses the impact of the Affordable Care Act (ACA) as it relates to BMT and offers tips to navigate your way through the health care law changes. Originally presented on November 25, 2013. [Access Recording >](#)

[Infusion Type Definitions — Full Article Now Available](#)

Defining a transplant, an infusion, or a 'boost' is more difficult than it first appears and is a crucial part of creating clear contracting language for reimbursement. A panel of multidisciplinary stakeholders convened on this issue and recently published their consensus opinion in *Biology of Blood and Marrow Transplantation*. The full article is now available on our website, without needing access to BBMT. [View article >](#)

If you have any questions or need additional information, please contact the Payor Policy Team at payorpolicy@nmdp.org

Payer Resources



<http://payer.bethematchclinical.org>

- Recommended SCT benefit summary
- Fact sheets
- Cost summaries
- Research and coding articles
- AGFBT information
- Standardized authorization form
- Much more coming in 2014

Questions?

- Email – nmdppayorpolicy@nmdp.org
- Website – www.network.bethematchclinical.org/reimbursement