



Overview of Patient Access to Cellular Transplant (PACT) Act: Potential Impact on Blood Stem Cell Transplantation

**ACBSCT Meeting
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Speakers:

Ellie Beaver, NMDP/Be The Match

Jessica Knutson, NMDP/Be The Match

PACT ACT LEGISLATIVE BACKGROUND



Background: the Problem

- Transplant centers losing thousands of dollars when performing Medicare allogeneic transplants due to inadequate bundled MS-DRG payment
- Continued losses unsustainable; threatening future access for Medicare beneficiaries
- Analyzed data and realized policy solution was necessary

Policy Solution

- Legislation that requires Medicare reimburse donor search and cell acquisition on a reasonable cost basis, separate from the MS-DRG payment for the inpatient transplant stay
 - Modeled after solid organ payment policy
- Results in transplant centers being paid adequately for:
 - Reasonable cost for donor search and cell acquisition
 - MS-DRG 014 payment for the patient care costs

Legislative Background

- First introduced as H.R. 4215 in 2018
- Reintroduced as H.R. 2498/S. 1268 in 2019
- Passed December 2019 as Section 108 of the “Further Consolidated Appropriations Act, 2020”

Support

- Broad support from our network partners – transplant centers, cord blood banks, and cellular therapy community
- Bipartisan Congressional support
- Hundreds of advocates took tens of thousands of actions

SECTION 108: DEFINED



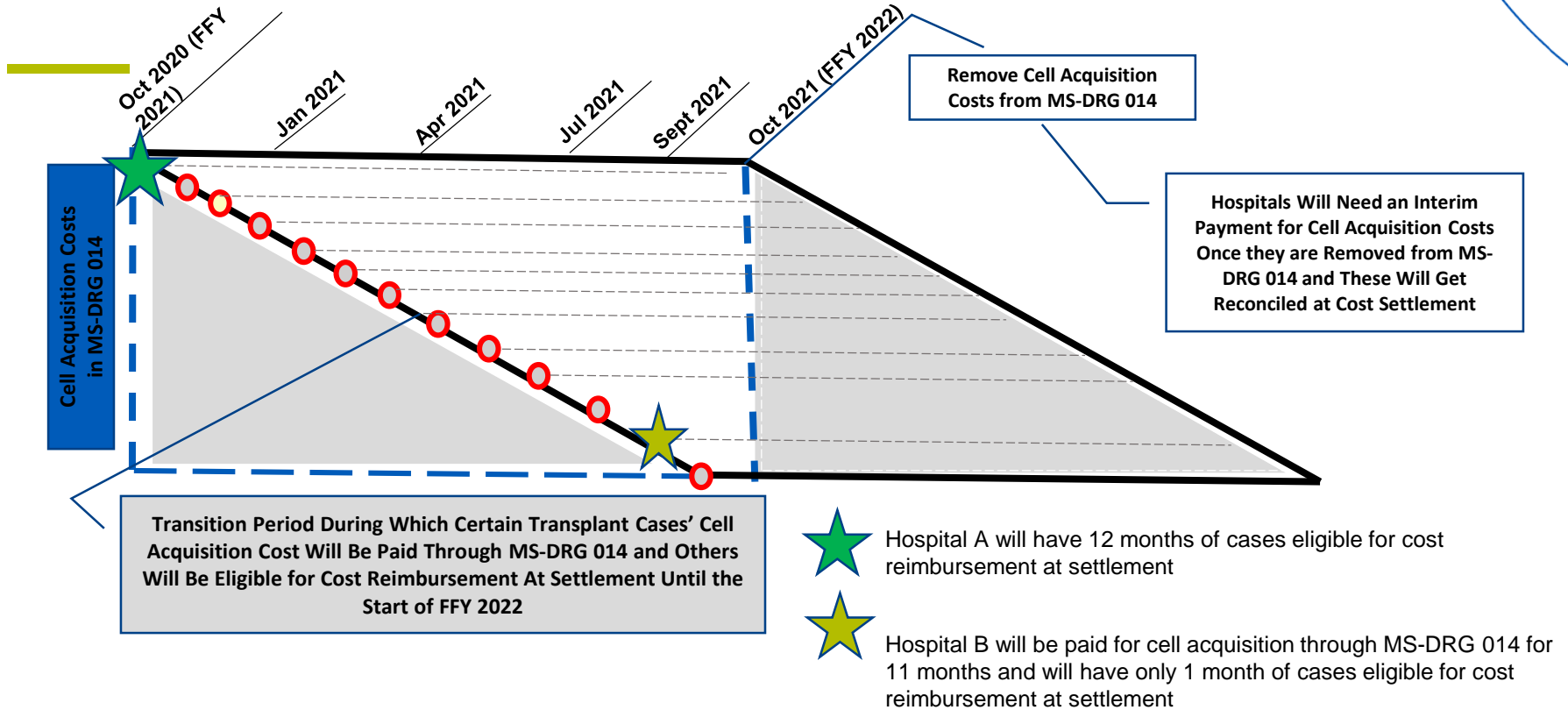
Section 108

- Section 108 gives the Secretary the authority to define the items that would be cost reimbursed for Subsection D hospitals
- Currently focused on acquisition costs included/paid in MS-DRG 014
- Section 108 defines the term ‘allogeneic hematopoietic stem cell transplant’ to mean, “...with respect to an individual, the intravenous infusion of hematopoietic cells derived from bone marrow, peripheral blood stem cells, or cord blood, but not including embryonic stem cells...”
- Medicare currently defines acquisition costs in publication 100-04, Chapter 3, Section 90.3.3.A and Ch. 4 Section 231.11

Implementation Timing

- The effective date of Section 108 is tied to cost reporting periods starting on or after 10/1/2020
 - Not all hospitals have the same cost reporting period
 - This means not all inpatient allogeneic stem cell transplant cases during FFY 2021 (Oct 1, 2020 – Sept 30, 2021) will be eligible for reasonable cost reimbursement
- This means Section 108 will be “phased-in”

Phased-In Implementation



IMPLEMENTATION



Working with CMS

- Coalition team met with the Centers for Medicare and Medicaid Services (CMS) on March 4, 2020 to discuss key components of implementation, including:
 - Definition of HSCT acquisition costs for reasonable cost reimbursement
 - Implementation timing and method
 - Cost reporting instructions

Current State

- Waiting on release of FY 2021 Inpatient Prospective Payment System (IPPS) Proposed Rule
- We are expecting to see:
 - A phased in implementation approach
 - FFY 2021
 - FFY 2022
 - Cost reporting instructions on capturing both related and unrelated donor expenses in cost center 77

Expected Impact to Transplant Centers

- Significant improvement in Medicare reimbursement
- Variable impact since the effective date is tied to hospital cost reporting periods starting on or after 10/1/2020
 - This means not all inpatient allogeneic cases from all transplant centers during FFY 2021 (Oct 1, 2020 – Sept 30, 2021) will be cost reimbursed
- Starting 10/1/2021, all inpatient allogeneic cases will be eligible for reasonable cost reimbursement
- Correct coding and cost capture are critical to see reimbursement relief

NEXT STEPS



April – August 2020

- Analyze and inform network of proposed changes
- Submit comments on the IPPS proposed rule
- Analyze final rule for any changes from proposed
- Create training for transplant centers on steps to implement

September – October 2020 (FFY start)

- Transplant centers to incorporate changes and prepare for new reimbursement model

FFY 2021

- NMDP will continue to provide education and resources to transplant centers on reporting
- Monitor for impacts to reimbursement
- Engage with CMS on payments that should be made in FFY 2022
- Comment on FY 2022 IPPS Proposed Rule with applicable recommendations or clarifications

QUESTIONS?

