



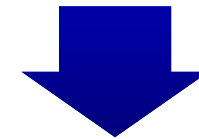
# ACBSCT Update On NMDP Payer Activity

Michael Boo  
Stephanie Farnia  
NMDP – Be The Match

# Affordable Care Act 2015 Enrollment Numbers



**11.7 million**  
enrolled in HIX  
plans



**87%** of  
enrollees receive  
premium  
subsidies

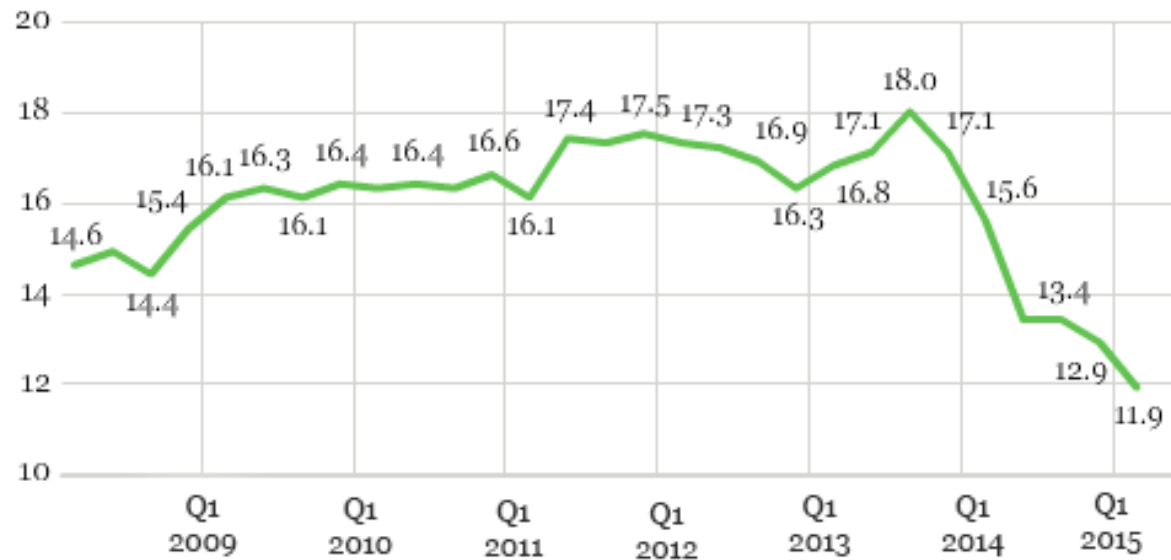
Medicaid/CHIP  
enrollment is up **22%**

# Insurance Status

## Percentage Uninsured in the U.S., by Quarter

Do you have health insurance coverage?  
Among adults aged 18 and older

■ % Uninsured



Quarter 1 2008-Quarter 1 2015  
Gallup-Healthways Well-Being Index

GALLUP®

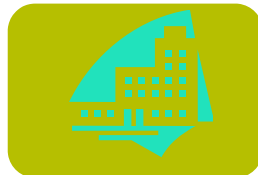


BE  THE MATCH®

# Essential Health Benefits

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- Requires coverage of many high-level care categories
- Components of BMT are covered in the categories



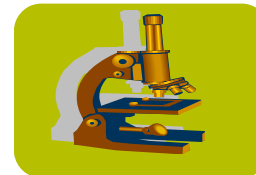
Hospitalization



Emergency Services



Pediatric Care



Laboratory Services



Mental Health



Rehabilitation



Maternity Care



Ambulatory Patient Services



Preventative & Wellness Care

# Affordable Care Act

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The ACA is a positive overall change for transplant centers:

- Nearly 17 million additional Americans now have access to health insurance, including coverage for HCT
- Clinical trial coverage ensures access for many patients
- Elimination of pre-existing condition coverage exclusions, annual and lifetime limits on care

We are continuing to monitor issues with restricted networks and have advocated for choice and access for HCT patients



# ACBSCT Recommendations

# ACBSCT Recommendations

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## Recommendation 3

ACBSCT recommends that the Secretary direct the Centers for Medicare & Medicaid Services (CMS), as a high priority, to develop an appropriate strategy for the National Coverage Determination of allogeneic stem cell transplantation as therapy for the Myelodysplastic Syndromes based on the recent evidence-based review of the literature

MDS currently reimbursed through a Coverage with Evidence Development process: *“NCD for Allogeneic Hematopoietic Stem Cell Transplantation (allo HSCT) for the treatment of Myelodysplastic Syndromes (MDS), August 2010”*

# ACBSCT Recommendations

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## **Recommendation 7, 2010:**

ACBSCT recommends to the Secretary that an expert panel be convened to review and determine indications for stem cell transplantation

**Indications for Autologous and Allogeneic Hematopoietic Cell Transplantation: Guidelines from the American Society for Blood and Marrow Transplantation;** Navneet S. Majhail, Stephanie H. Farnia, Paul A. Carpenter, Richard E. Champlin, Stephen Crawford, David I. Marks, James L. Omel, Paul J. Orchard, and others, DOI: <http://dx.doi.org/10.1016/j.bbmt.2015.07.032>

- In Press Uncorrected Proof, Published online: August 6 2015



# ACBSCT Recommendations

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## **Recommendation 10, 2010:**

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

## **Recommendation 11, 2010:**

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

# ACBSCT Recommendations

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## **Recommendation 25, 2014:**

ACBSCT recommends that the Secretary recognize hematopoietic transplantation for sickle cell disease as a covered benefit for all Federal programs for which the Secretary has appropriate responsibility and oversight

CMS is reviewing HCT for SCD as a potential indication for Medicare coverage

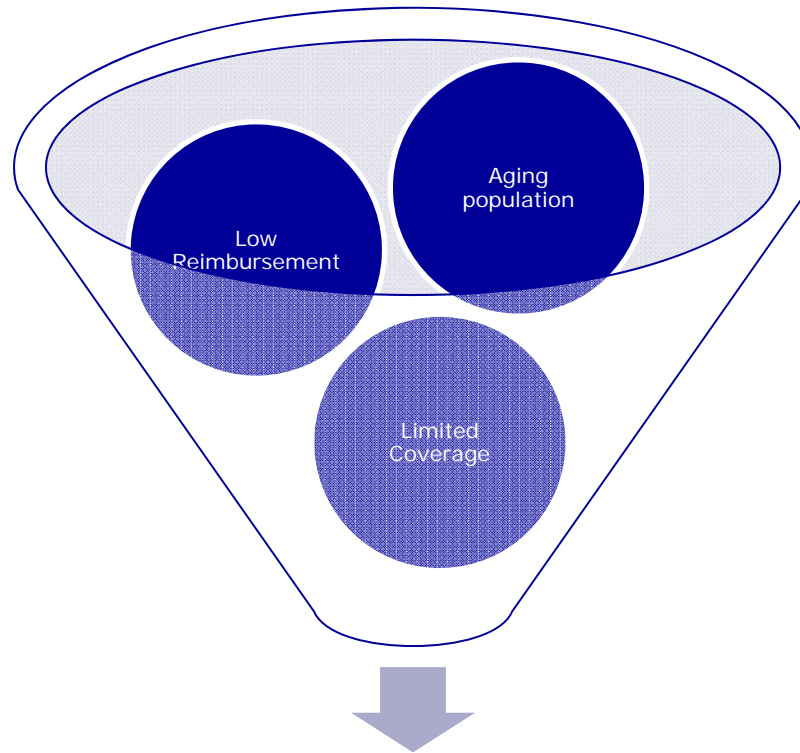


# Medicare, Medicaid and HCT

# Why Focus on Medicare?

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Intense Frustration for Programs and Patients

# Percent of Adult Allo HCT for Patients $\geq 65$

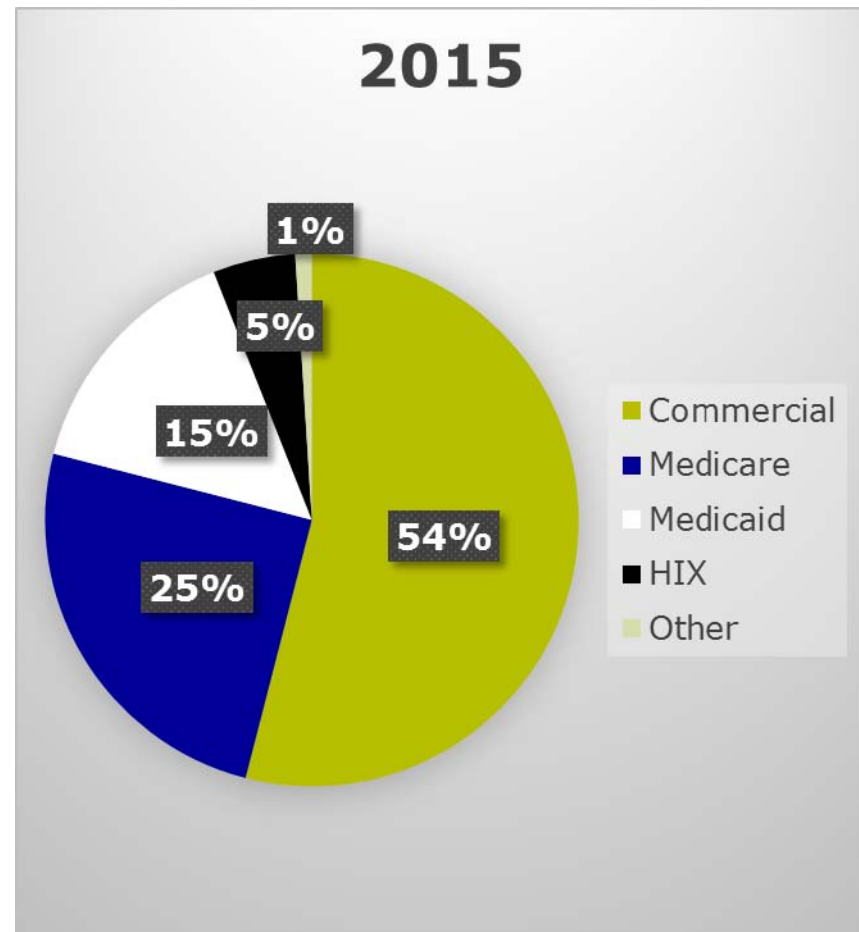
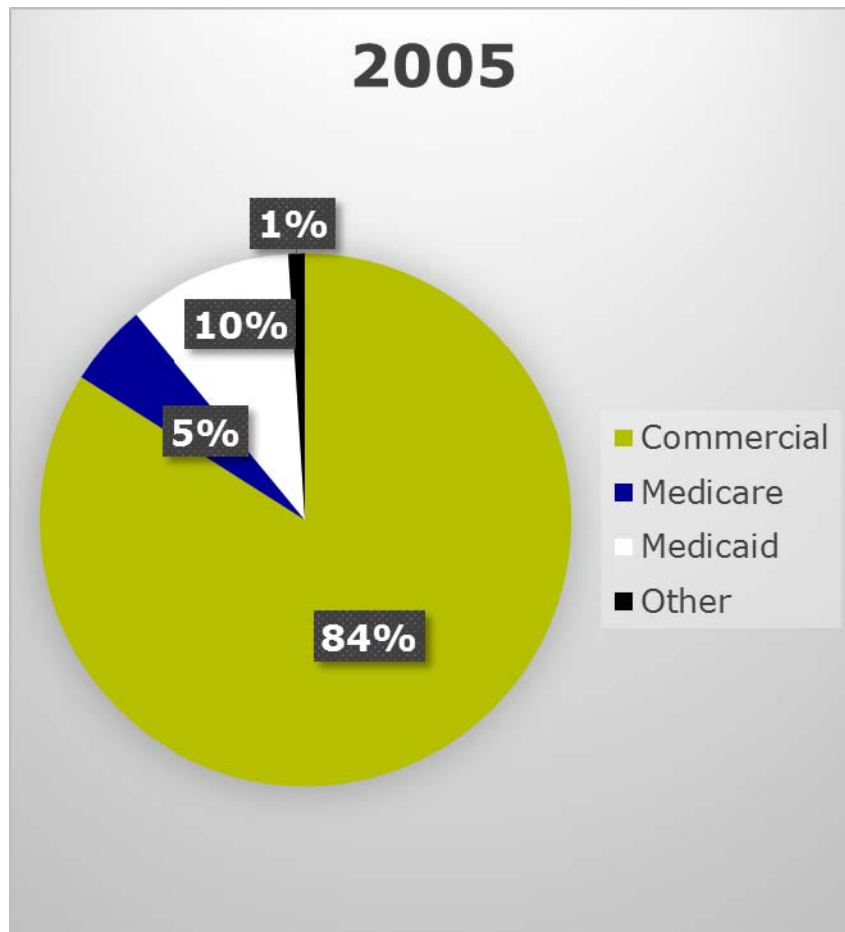
Year of HCT	18-64 (%)	$\geq 65$ (%)	TOTAL
2000	2800 (98)	57 (2)	2857
2001	2849 (97)	76 (3)	2925
2002	3061 (97)	97 (3)	3158
2003	3175 (96)	139 (4)	3314
2004	3394 (95)	167 (5)	3561
2005	3714 (96)	169 (4)	3883
2006	3845 (94)	244 (6)	4089
2007	4081 (92)	332 (8)	4413
2008	4425 (91)	434 (9)	4859
2009	4554 (90)	532 (10)	5086
2010	4784 (89)	587 (11)	5371
2011	5093 (88)	695 (12)	5788
2012	5119 (85)	890 (15)	6009
2013	5464 (83)	1122 (17)	6586
2014	5177 (81)	1208 ( <b>19%</b> )	6385
<b>TOTAL</b>	61535	6749	68284

The data presented here are preliminary and were obtained from the Statistical Center of the Center for International Blood and Marrow Transplant Research. The analysis has not been reviewed or approved by the Advisory or Scientific Committees of the CIBMTR.



# Change in Payer Mix at the TCs

Adult HCT Programs, NMDP data



# Medicare vs. Medicaid

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- **Medicare**

- Run by the Federal government
- Primarily for adults age 65 and older
- Adults with long-term disability due to illness may qualify at younger ages
- Standard benefits and coverage, regardless of where people live\*

(\*for the most part)

- **Medicaid**

- Run by the states
- Primarily for low income children, adults and individuals with long-term disabilities
- Covers 45 million children and 40% of all births in the United States
- Benefits and coverage vary widely

# National Coverage Determination (NCD)

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- Medicare NCD 110.8.1 – Stem Cell Transplantation
- 3 categories of coverage
  - Covered
    - Includes Coverage with Evidence Development (CED) -MDS study
  - Non-covered
  - “Silent”
    - *“All indications not mentioned in the NCD are subject to contractor discretion.”*
    - Creates an access barrier due to unsure reimbursement.



# Current Coverage: Allo HCT

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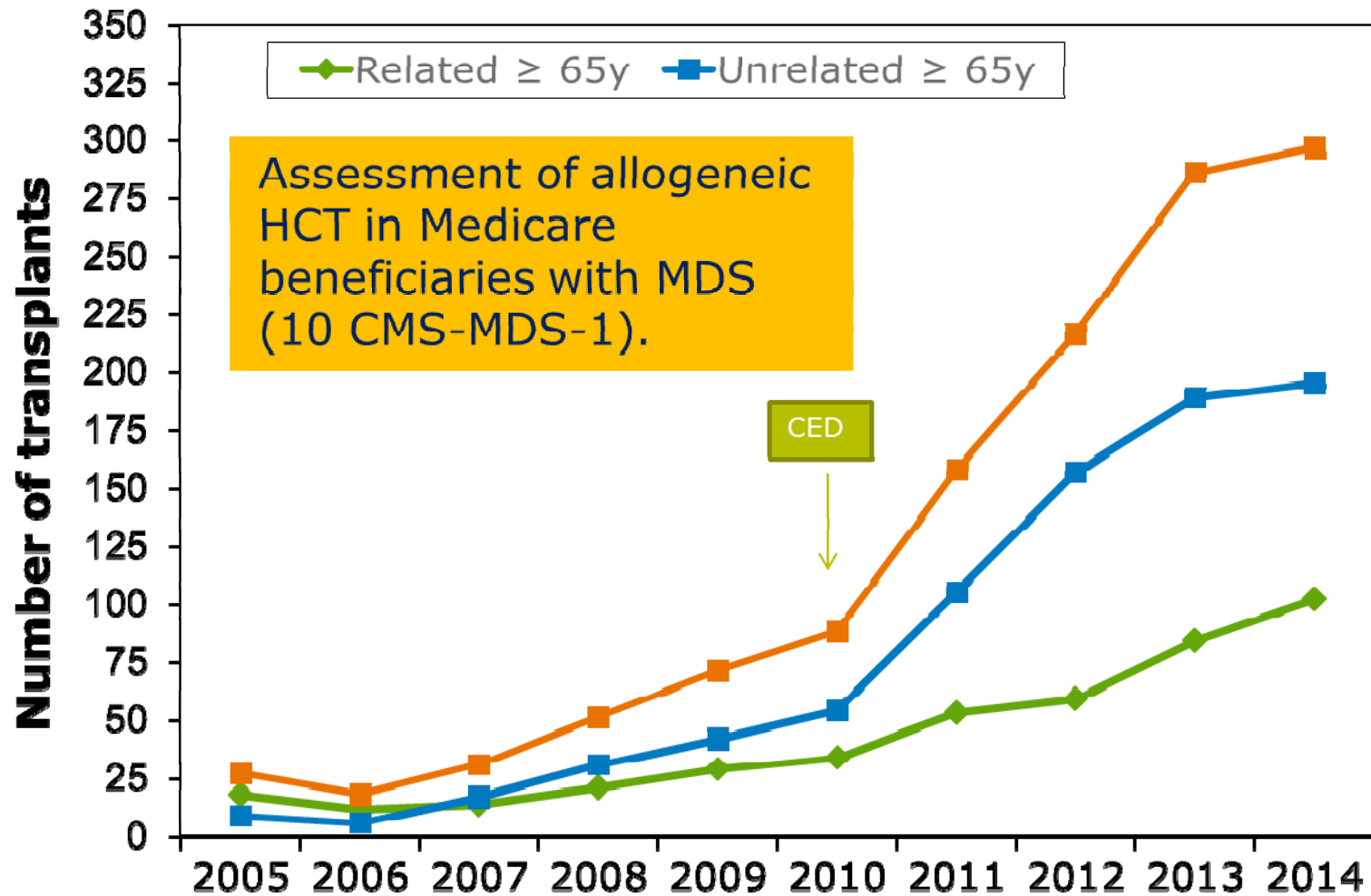
## Covered:

- Leukemia
- Aplastic Anemia
- Severe Combined Immunodeficiency Disease (SCID)
- Wiskott-Aldrich
- MDS, as part of the Coverage with Evidence Development (CED) study

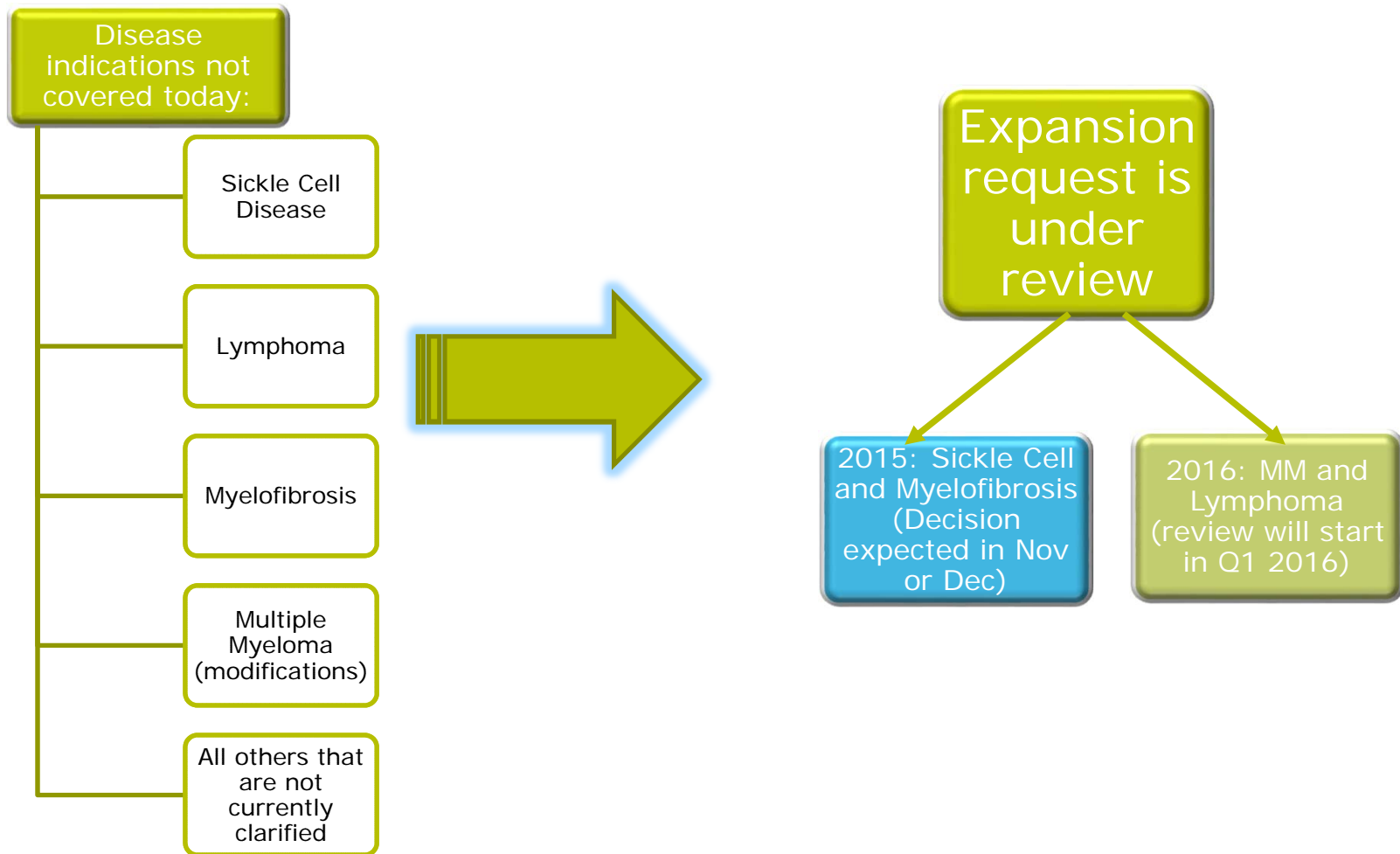
Not Covered: Multiple Myeloma

“Silent” Coverage: *Anything else not listed here*

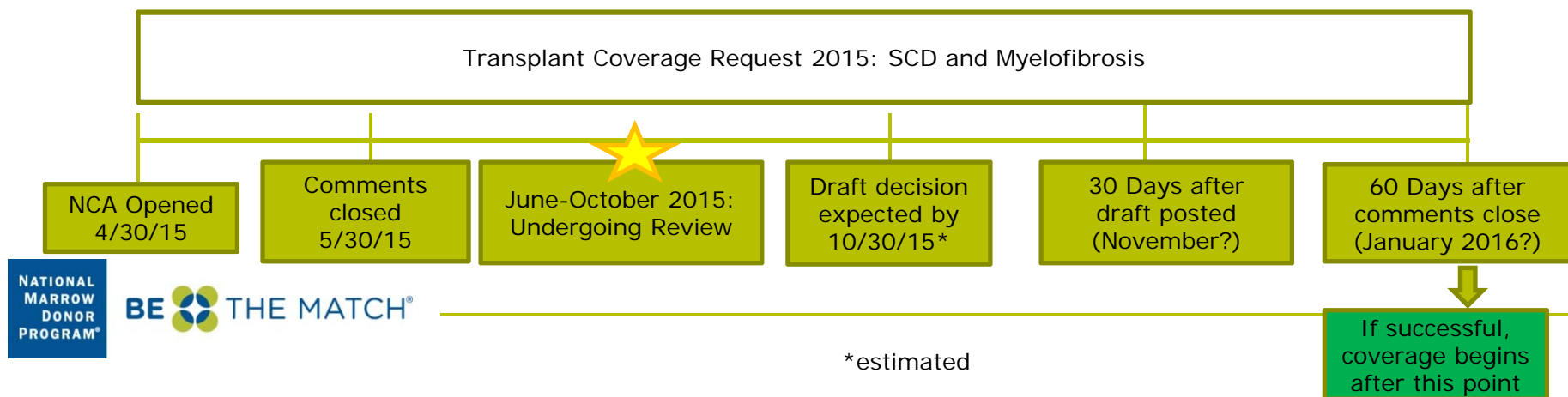
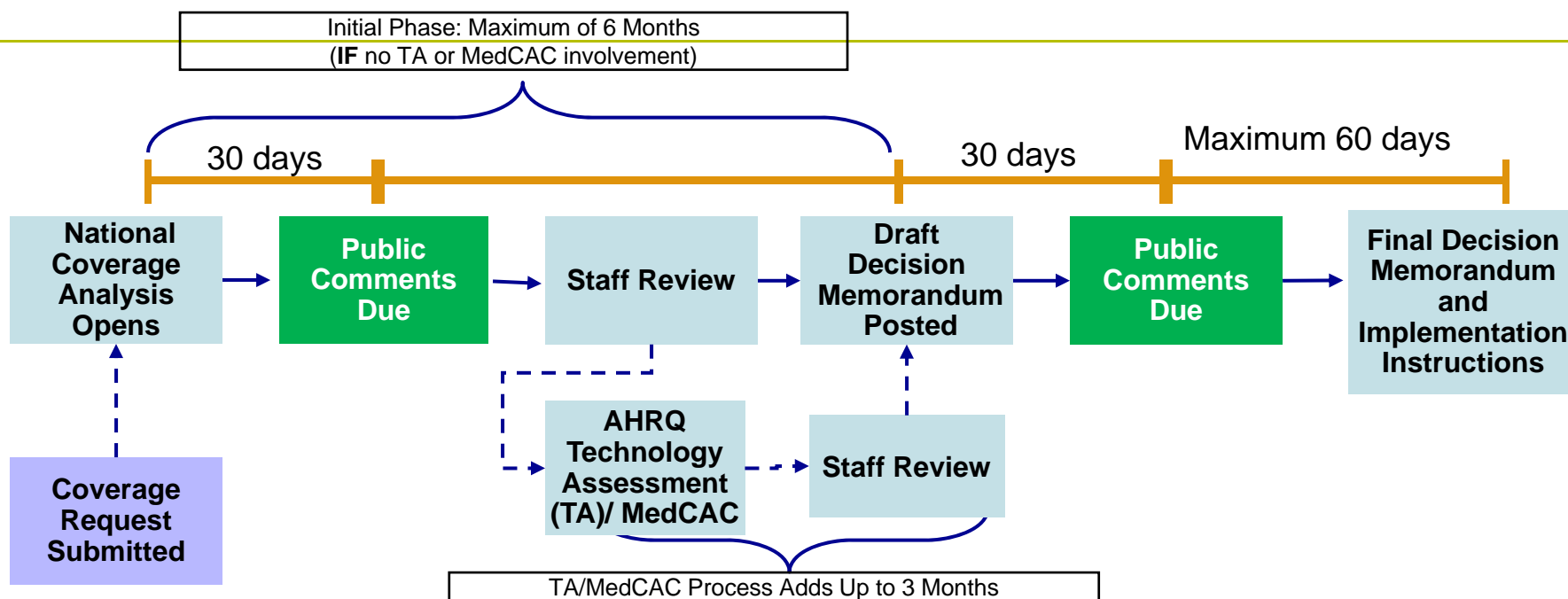
# MDS CED Resulted in Greater Access for Beneficiaries



# Efforts to Expand Medicare Coverage



# National Coverage Determination Process



# Possible NCD Result Scenarios

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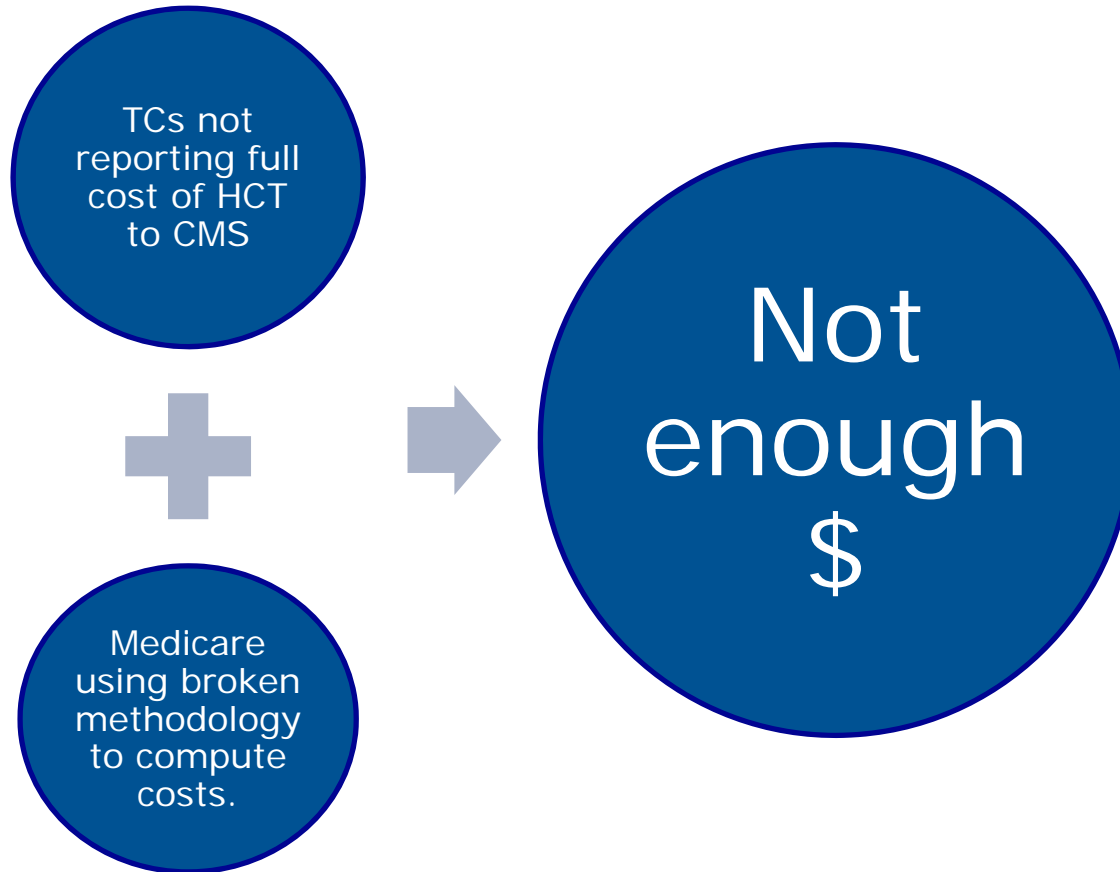
1. Positive coverage decision for some/all indications
2. Coverage with Evidence Development (CED) for some/all indications. [i.e. clinical study – like MDS]
3. Mix of final coverage and CED
4. Negative coverage decision for some/all

Scenarios 1-3 are the most likely, but all are possible.

We will communicate with stakeholders when the preliminary decision is announced

# The One-Slide Explanation of the Medicare Reimbursement Issue

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## Low Medicare Reimbursement for HCT

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### Inpatient (IPPS) Payment Base, FY16:

- MS-DRG 014: Allogeneic: \$62,245
- MS-DRG 016: Auto w/ MCC/CC: \$33,153
- MS-DRG 017: Auto w/o MCC/CC: \$23,475

### Outpatient (OPPS):

- Allo and Auto Transplant. APC 5281, CY16 (proposed): \$3,045.31

\*These payments are considered to be inclusive of donor search and acquisition costs.

# Reimbursement Activity

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## Tasks:

- Commented on IPPS and OPPS rules for 2016
- Have received comment that CMS will not change to cost based reimbursement
- Now developing formal process for rule change on reimbursement

## Other efforts

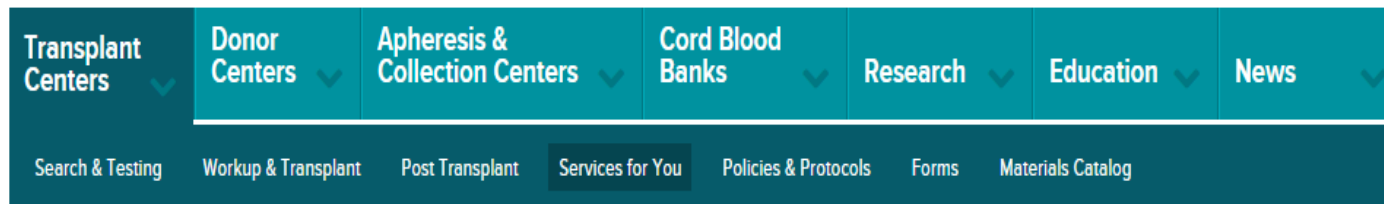
- Supporting ASBMT efforts to address professional fee reimbursement
- Continuing to review transplant center reporting to CMS to assure meaningful data submission for Medicare reimbursement analysis



# Resource Center

## [Network.BeTheMatchClinical.org/Reimbursement](http://Network.BeTheMatchClinical.org/Reimbursement)

- Periodic Newsletter: Reimbursement eNews
- Promote BMT Financial E-Forum



### Services for You

#### Access to Transplant

- Be The Match Registry
- Patient Services & Grants
- Referral Outreach
- Reimbursement Support
  - Coding and Reimbursement
  - Medicare and Medicaid
  - Affordable Care Act
  - Payer Policy Database

Transplant Centers > Services for You > Access to Transplant > Reimbursement Support

### Reimbursement Support

As a Network member, you can use our experience and expertise to help your center receive proper reimbursement for transplant. We offer free resources, education and are available to answer questions, help navigate coverage, and speak at meetings or events.

#### Explore Resources

- [Coding and Reimbursement Resources](#)



### Contact Us

Our Payer Policy team is ready to help.

**612-465-7825**

[PayerPolicy@nmdp.org](mailto:PayerPolicy@nmdp.org)



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# Questions?

