Payor Strategies and Updates

Stephanie Farnia
Director, Payor Policy, NMDP
February 27, 2014
Determining Priorities for 2014

• Annual review of key reimbursement issues and concerns.
  – Legislative and policy changes
  – Issues raised by network transplant centers
  – 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.
2014 Payor Policy Priorities

- Affordable Care Act Implementation
- Resource and Relationship Development
  - Transplant Centers
  - Payors – health plans, networks, employers, others
- Health Services Research
- Medicare Coverage and Reimbursement
Resource and Relationship Development
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!
ICD-10

- Goes into effect Oct. 1, 2014 (or so they say!)
- ICD-10 SCT Procedure crosswalk on Reimbursement site
- Diagnosis code crosswalk coming soon
- Medicare NCD conversion by October; we will update our Medicare coverage documents to reflect changes.

[Image: Centers for Medicare & Medicaid Services]

[Image: Official CMS Industry Resources for the ICD-10 Transition]
Save the Date: March Webinar

- Wednesday, March 19, 2:00-3:00PM Central
- Register on the Reimbursement website

**Understanding the Commercial Payor Market:**
A Primer on Self-Funded and Fully-Insured Payors for SCT Professionals.
- Audience: Administrators, Physicians, TFCs, etc.
- Guest presenter: Julie Walz
Monthly eBlast

- Monthly email highlighting key information.
- Separate transplant center and payor lists and topics.
- This will be our primary method of communication when we add new resources or will be hosting a webinar/event.
Payor Resources

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

http://payor.bethematchclinical.org
Advisory Group on Financial Barriers to Transplant (AGFBT)

• Permanent NMDP Advisory Group
• Created in October 2012
• Multi-disciplinary team:
  – Payor Representatives
  – Physicians
  – Transplant Networks
  – Administrators
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.
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 ~ April 2014.
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 you incentivize great care without penalizing?
  – Can payors align on quality and value measures?

• If any of you have specific payors that you would like us to invite, please let us know.
• June 24-25, 2014
Health Services Research: Determining the Value of Transplant
NMDP Health Services Research Team

- 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.
- Will feature these resources on our Reimbursement and Payor websites – sign up for the email list for updates.
Medicare Coverage and Reimbursement
Self-Insured Employer Trend: “Medicare Cost Plus” Pricing

- Uses Medicare reimbursement rates as baseline.
- Pays a % above those rates as a ‘bonus’.
- Patients often caught in the middle and balance-billed.
- Gaining momentum – employers no longer willing to subsidize govt payors using PPO rates.
- Resource under development for SCT – discussion of how Medicare rates do not cover costs of transplant.

Press Release
San Antonio Company Lowers Healthcare Cost by over 40%
05.11.06, 2:18 PM ET

BusinessWire - Bill Miller Bar-B-Q, a San Antonio-based restaurant chain, today announced that since it went “back to basics” with its health care plan on August 1, 2008, it has dropped related cost by more than 40%.

Based on an analysis of health care costs in relation to generally accepted financial arrangements within the health care provider community, Bill Miller Bar-B-Q terminated its PPO program and restructured its group health insurance program by partnering with area medical providers. Under its new program, medical care providers are reimbursed on a cost-plus basis.
Coverage Updates

• Conversion to ICD-10 required a review of all standing NCDs and potential for reversal to local contractor determination on NCDs over 10 years old.
  – Confirmed: All SCT NCDs will still stand after the conversion.

• New indications:
  – Frequent requests from TCs: MM, NHL & other lymphomas
  – Problematic due to data requirements
  – CED is lengthy and expensive – MDS example
  – Alternate mechanism?
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.
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
  - Related
  - Cancellation
Reasonable Cost Basis Methodology

Reasonable cost basis

Additional administrative burden:
- Have to develop standard acquisition charge per hospital.
- Track and report on detailed cost report worksheet.
- End of year settlement when payments and costs differ.
- Cost reporting becomes crucially important.
On that note… Reporting Summary

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

Purpose = baseline and information, not improvement by public shaming.

Reimbursement rates are a community issue.
Questions?

• Payor Policy team will be at the NMDP Booth tomorrow (Friday) from 12:30pm-1:30pm.
• Email – nmdppayorpolicy@nmdp.rg
• Website – www.network.bethematchclinical.org/reimbursement