



# Payor Strategies and Updates

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# Determining Priorities for 2014

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- 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

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

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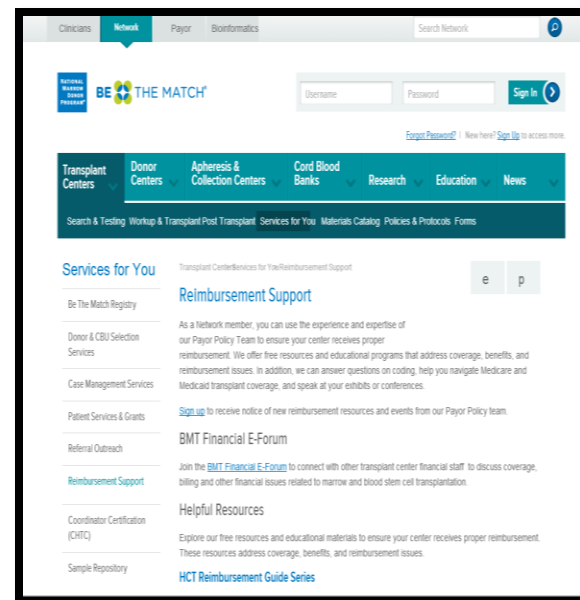
# Resource and Relationship Development

# 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.



# Save the Date: March Webinar

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



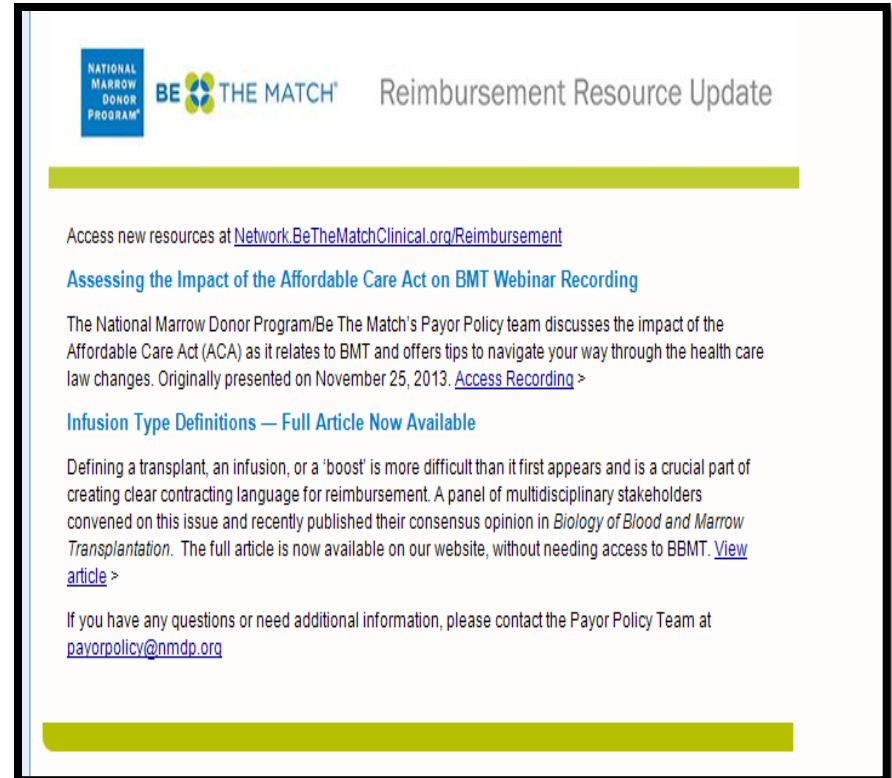
## ***Understanding the Commercial Payor Market:***

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.



The screenshot shows the header of an email with the National Marrow Donor Program and Be The Match logos, followed by the title "Reimbursement Resource Update". Below the header is a green horizontal bar. The main content includes a link to "Access new resources at Network.BeTheMatchClinical.org/Reimbursement", a section titled "Assessing the Impact of the Affordable Care Act on BMT Webinar Recording" with a paragraph of text and a link to "Access Recording >", a section titled "Infusion Type Definitions — Full Article Now Available" with a paragraph of text and a link to "View article >", and a final paragraph with the contact email "payorpolicy@nmdp.org". A second green horizontal bar is at the bottom of the email content.

  **Reimbursement Resource Update**

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Access new resources at [Network.BeTheMatchClinical.org/Reimbursement](http://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**

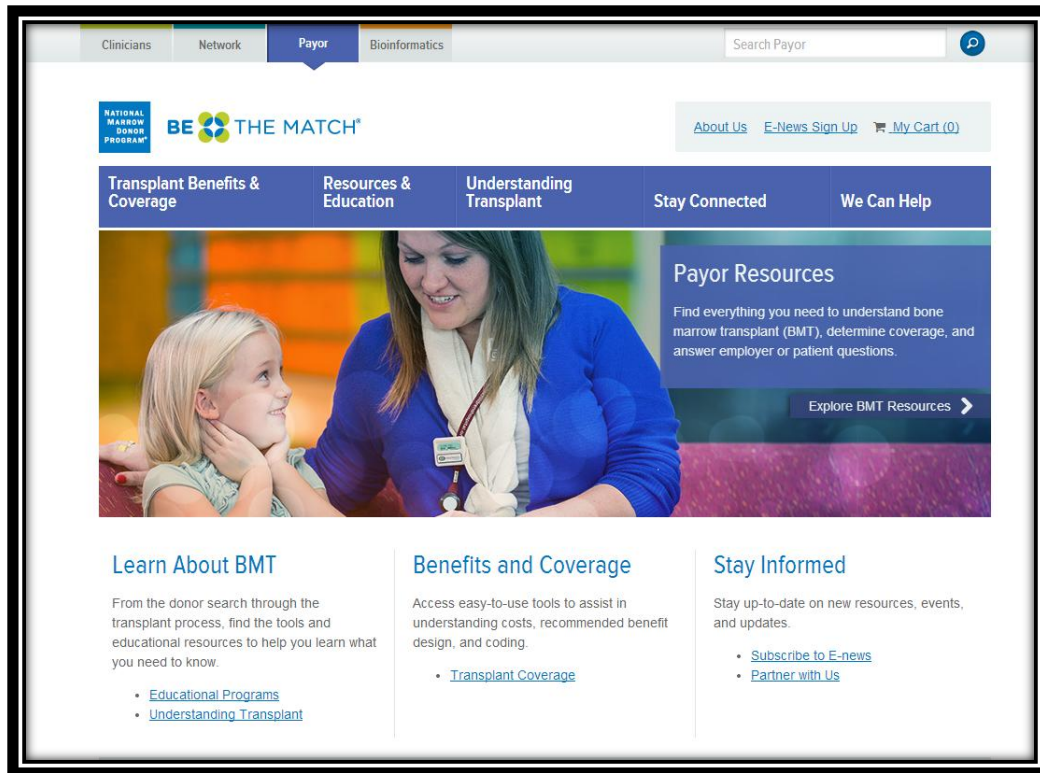
Defining a transplant, an infusion, or a 'boost' is more difficult than it first appears and is a crucial part of creating clear contracting language for reimbursement. A panel of multidisciplinary stakeholders convened on this issue and recently published their consensus opinion in *Biology of Blood 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](mailto:payorpolicy@nmdp.org)

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# Payor Resources



The screenshot shows the 'Payor' section of the website. At the top, there are navigation tabs for 'Clinicians', 'Network', 'Payor', and 'Bioinformatics'. A search bar is located to the right of these tabs. Below the navigation is a header with the 'NATIONAL MARROW DONOR PROGRAM' logo and 'BE THE MATCH' logo. A navigation menu includes 'Transplant Benefits & Coverage', 'Resources & Education', 'Understanding Transplant', 'Stay Connected', and 'We Can Help'. The main content area features a large image of a healthcare professional interacting with a young child. To the right of the image is a 'Payor Resources' section with the text: 'Find everything you need to understand bone marrow transplant (BMT), determine coverage, and answer employer or patient questions.' Below this is a button that says 'Explore BMT Resources >'. Underneath the image are three columns of text: 'Learn About BMT' (describing the transplant process), 'Benefits and Coverage' (describing tools for understanding costs), and 'Stay Informed' (describing updates on new resources). Each column has a list of links below it.

<http://payor.bethematchclinical.org>

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

# 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

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## **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 & NBSGH *Employer's Guide to Cancer Treatment & Prevention*
- Forthcoming publication from Advisory Group members. Expected ~ April 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	Unrelated donor: coverage of tissue typing/testing through NMDP or other approved registry	Unrelated donor: full coverage of procurement; no limit.	Coverage of HCT and subsequent therapeutic infusions for all medically necessary indications	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	No limit on inpatient days or clinic visits	Coverage of all necessary medications throughout the HCT process, including post-transplant medications, without co-payment or co-insurance	Coverage of clinical trials appropriate to patient's stage, indication and clinical condition
	Related donor: coverage of tissue typing	Related donor: full coverage of procurement, including travel and lodging of selected donor		Cover costs for second caregiver if patient is under 18 years of age			
	No limit on typing/testing costs if potential donors are in covered categories	Autologous collection: full coverage of preparation, harvest and storage of cells					

# 2014 Forum: Defining Quality and Value in SCT

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- 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

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# Health Services Research: Determining the Value of Transplant

# NMDP Health Services Research Team

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- 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.

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# 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.



# Coverage Updates

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- 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

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- 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

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%

# Center-Specific Analysis

- 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?

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