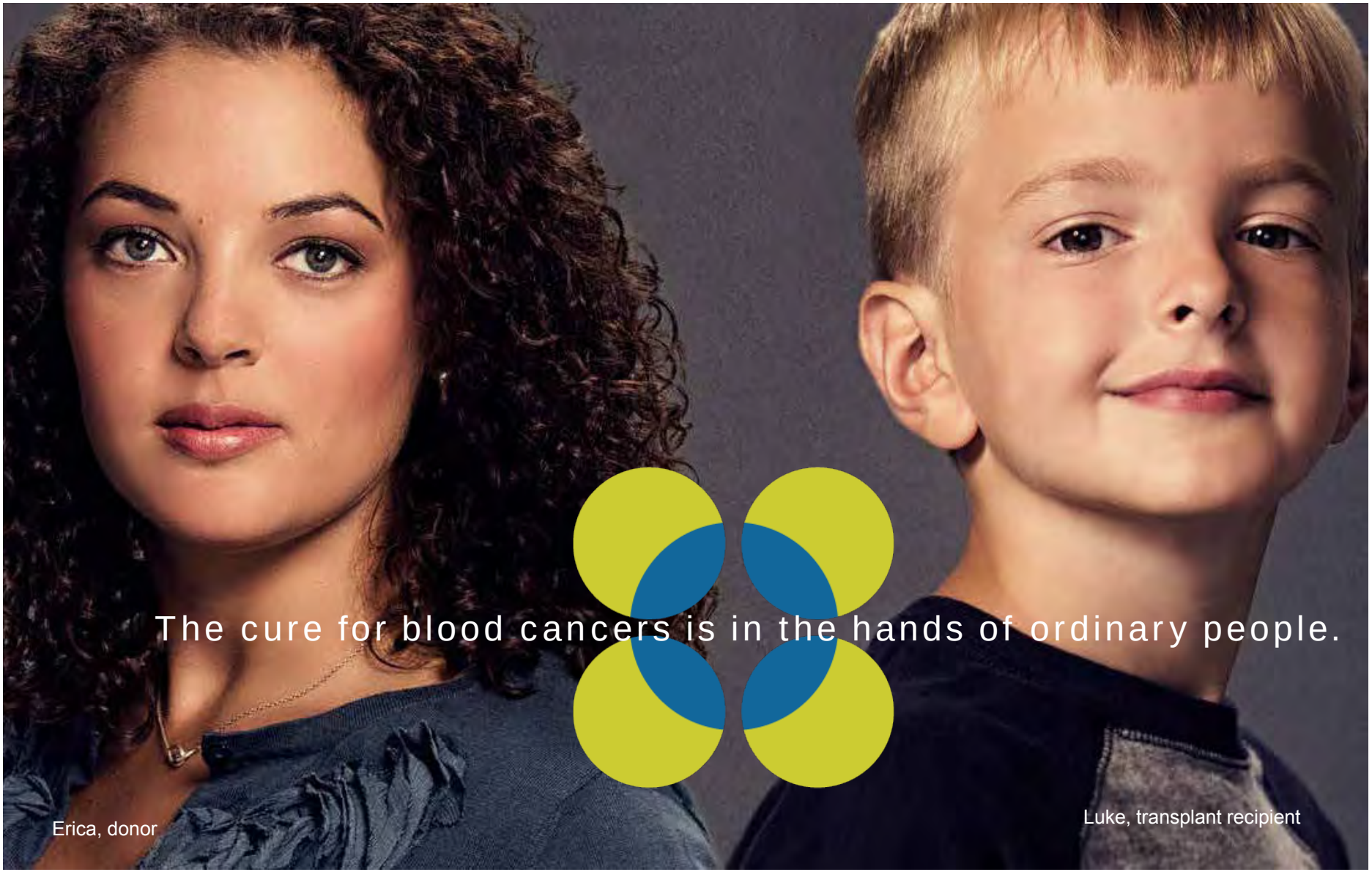
The Affordable Care Act & SCT

Alicia Silver, MPP
Payer Policy & Legislative Relations
National Marrow Donor Program/Be The Match
September 12, 2014
Alicia.Silver@nmdp.org

Overview of Today's Presentation

- Introduction to the ACA
- Key Provisions & Emerging Issues
- Non-ACA Changes
- The New World of Reimbursement
- Resources; Question and Answer

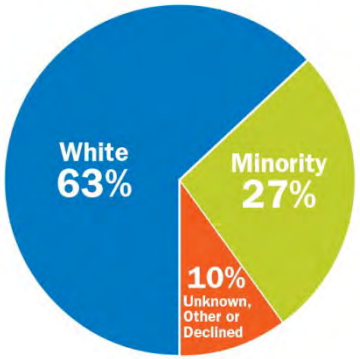


NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

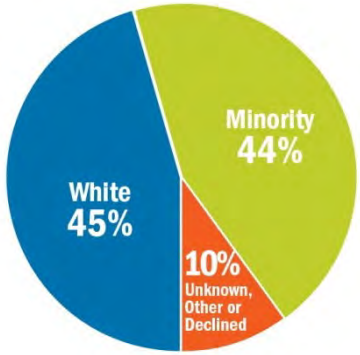
Be The Match Registry® is the largest and most diverse donor registry in the world.

Adult Donors



- 10.5+ million potential adult donors
- Nearly 185,000 cord blood units

Cord Blood Units



"Minority" includes donors who identified their race or ethnicity as:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander

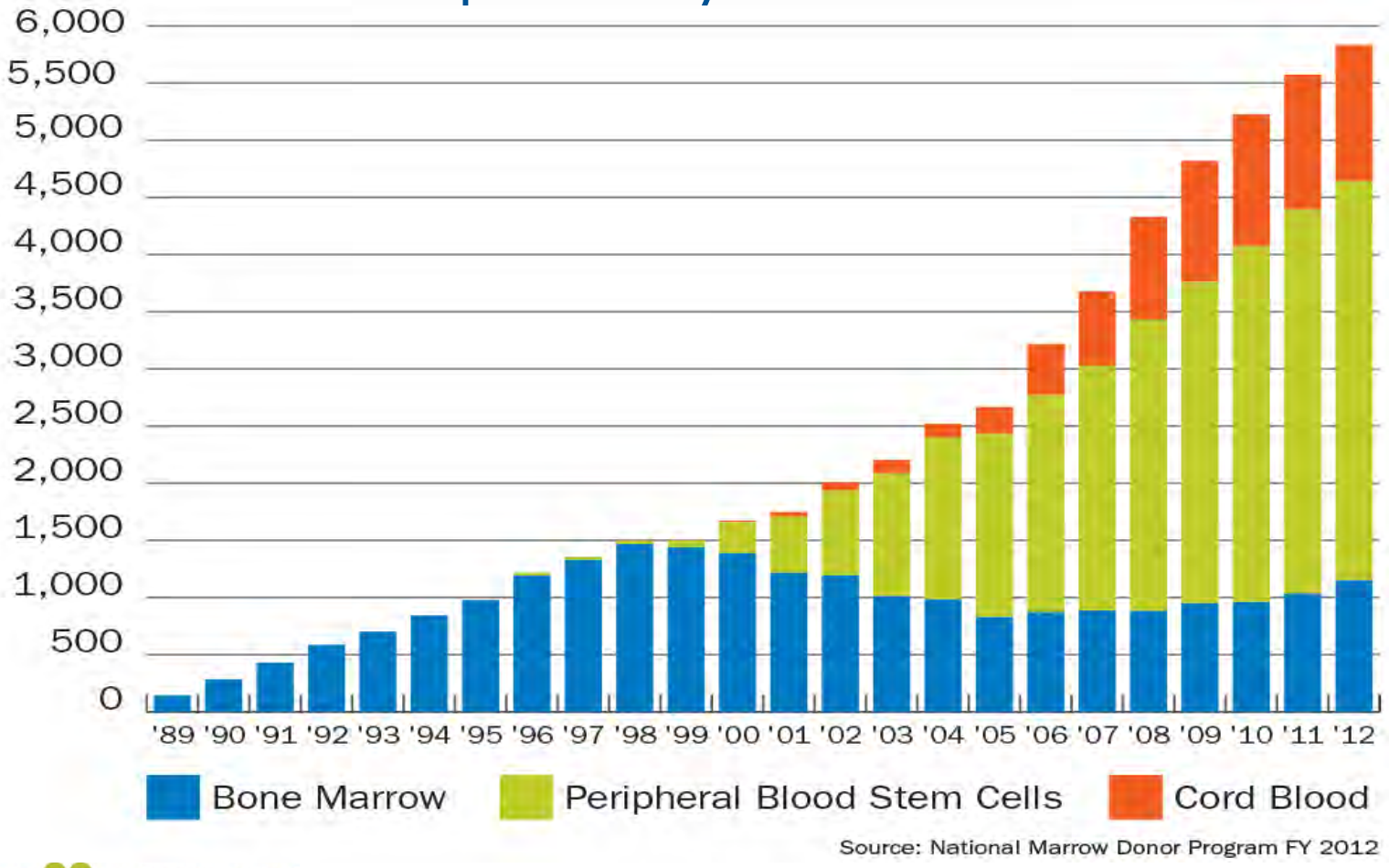
Source: National Marrow Donor Program FY 2012

NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

We have facilitated more than 55,000 transplants since 1987

Transplants by Cell Source

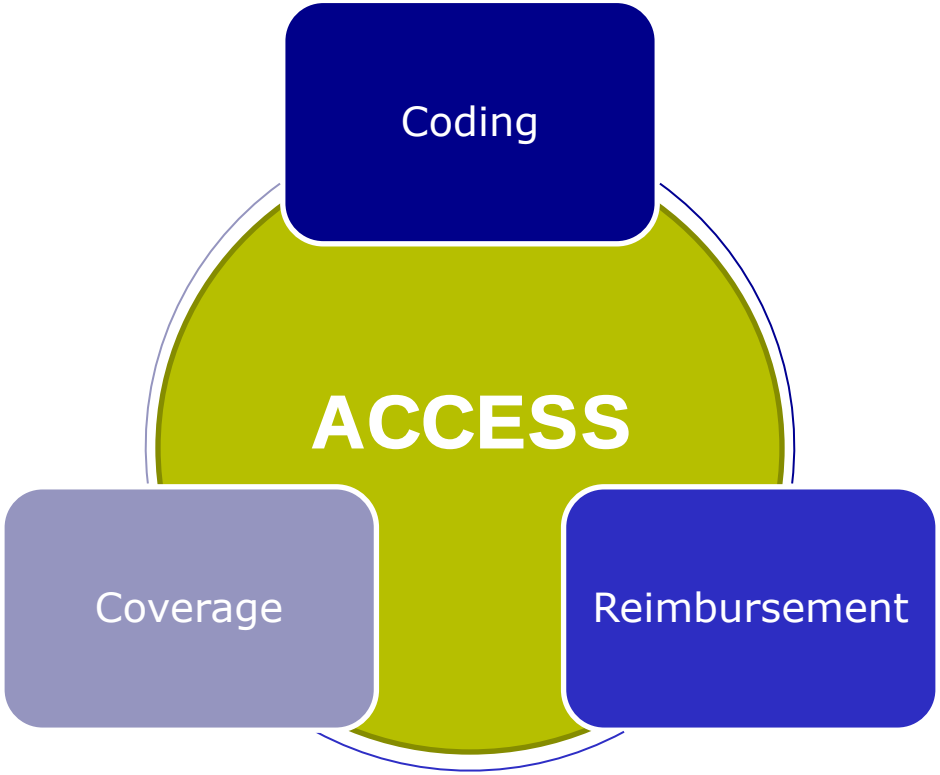


Source: National Marrow Donor Program FY 2012

NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

Payer Policy Area



Focus on removing financial barriers to transplant.

NMDP Actions on the ACA

Monitoring & Research

- Request out to TCs for reports on impact
- Analysis of state exchanges for network issues
- Analysis of state EHB benchmark plans

Education

- Publication: Impact of the ACA on SCT
- Resources and presentations to stakeholders
- Developing Council session with TC panel

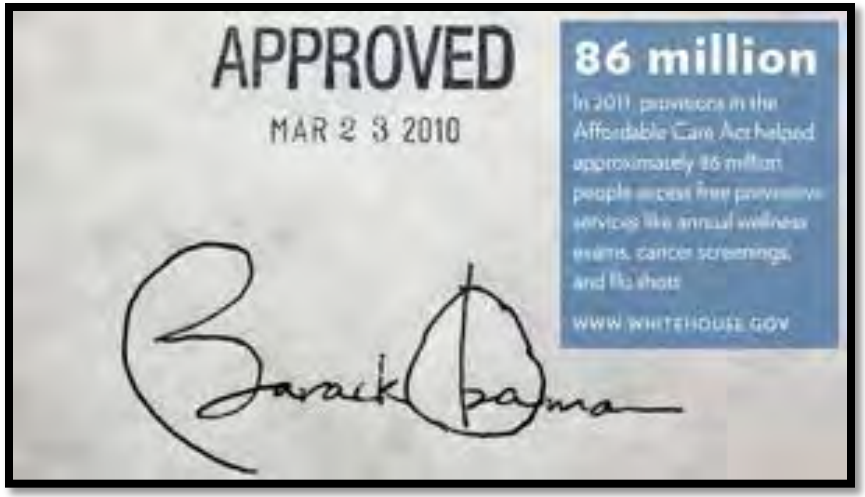
Advocacy

- Targeted education for Congress at Legislative Day
- Outreach to HHS re: network adequacy standards

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*
  - *Improve quality*
  - *Control costs*

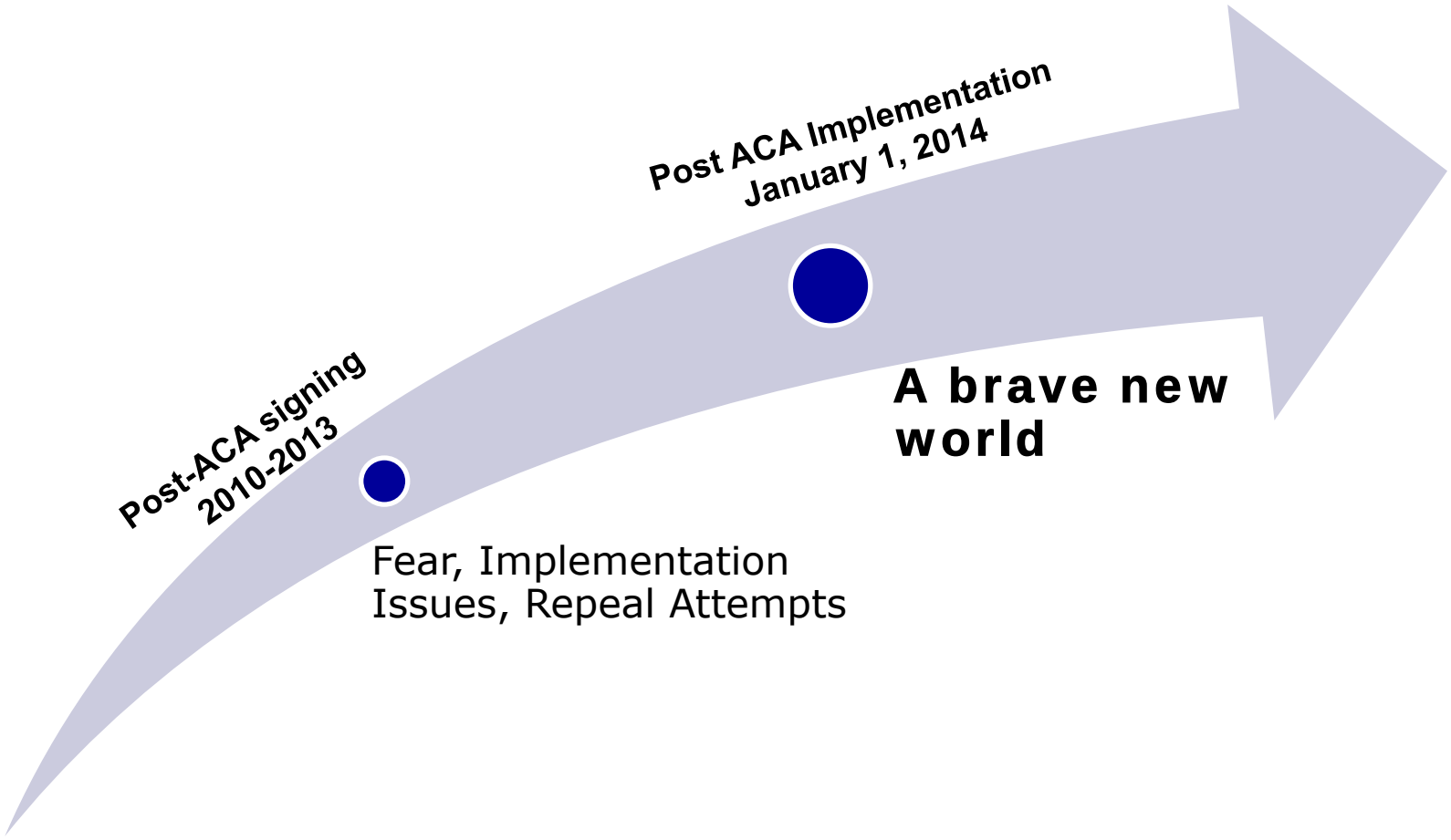


You're not the only one who's confused

NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

Perspective Shift



Today's Focus: Stem Cell Transplant

NMDP focuses on allogeneic stem cell transplant.

SCT is a proxy for other complex or specialized care.

High-cost	Comparatively low volume	Specialized providers and care settings

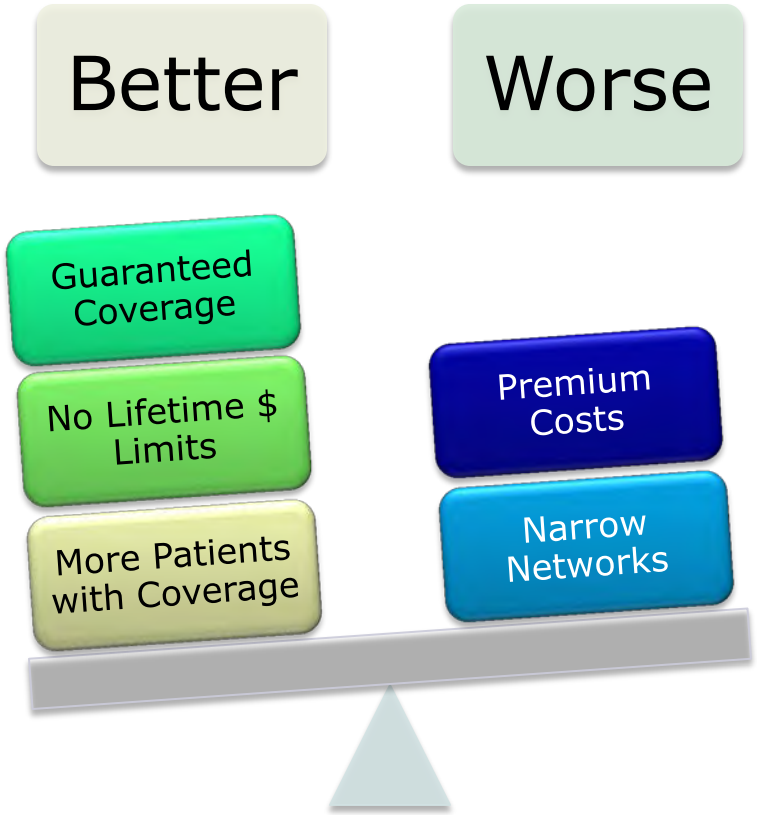
Today's presentation can be used to understand how to analyze other clinical areas of concern.

Key Provisions & Emerging Issues

Top 5 Provisions that Matter to SCT

1. Essential Health Benefits (EHB)
2. Patient Protections
3. Clinical Trial Coverage
4. Exchange (HIX) Enrollment
5. Medicaid Expansion

Overall = Positive Outlook



On the whole, should be a positive change for our SCT patients.

The Biggest Win: Increased Access to Transplant

Affording transplant is almost impossible with health insurance coverage

Increased access through:

- Expansion of Medicaid eligibility
- Health Insurance Exchanges
- Subsidies to help with premium costs (at risk!)

More transplant eligible patients should have coverage at the time of diagnosis

NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

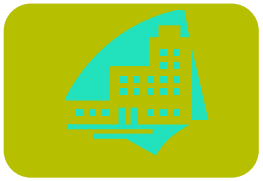
The Biggest ACA-Related Concerns

Affordability

Narrowing Networks

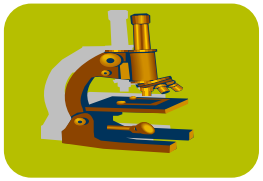
1. Essential Health Benefits

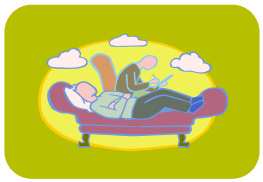
- Requires coverage of many high-level care categories
- Components of BMT are covered in the categories


Hospitalization

Emergency Services


Pediatric Care


Laboratory Services


Mental Health


Rehabilitation


Maternity Care


Ambulatory Patient Services

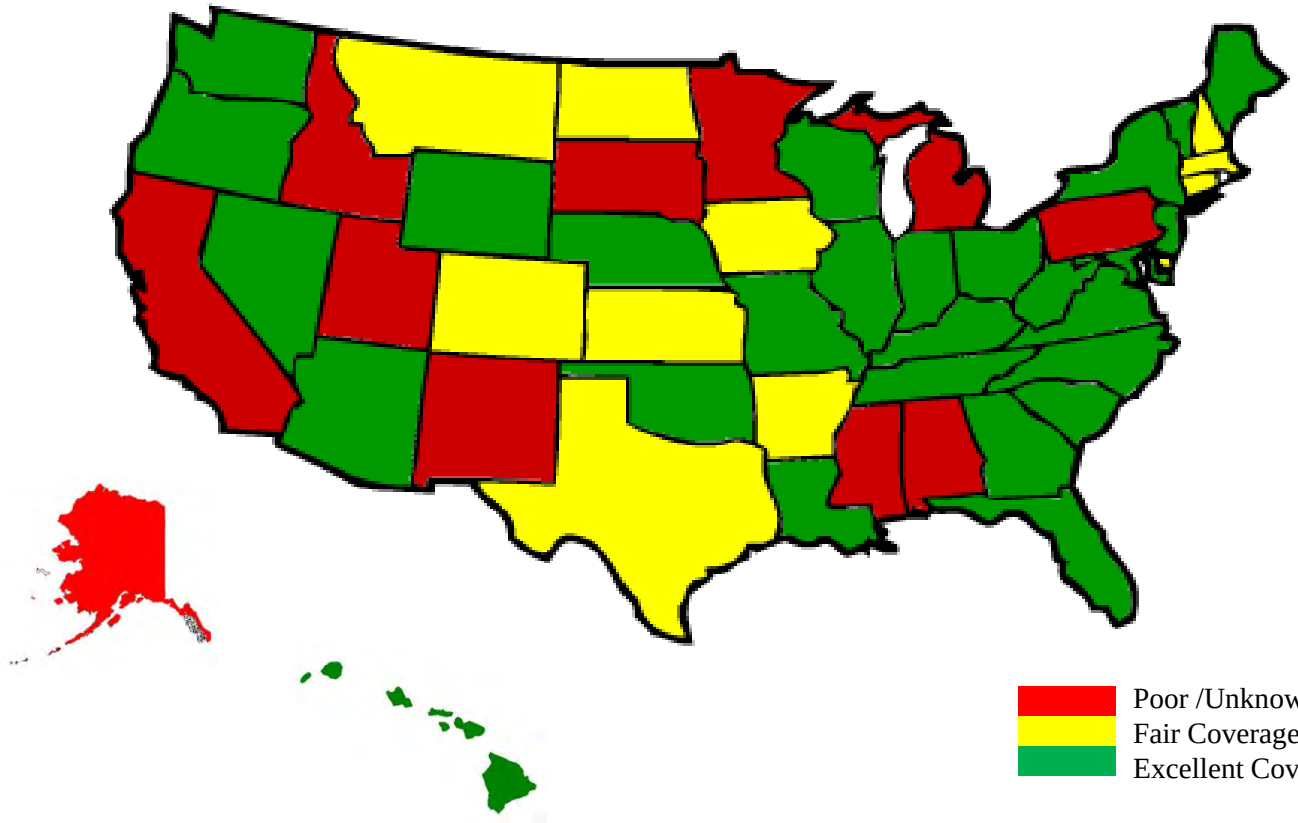

Preventative & Wellness Care

EHB Benchmark Plans

- EHBs in Wisconsin ≠ EHBs in Texas ≠ EHBs in Minnesota.
- *Key point*: Federal baseline with state interpretation.
- All states had to choose a current (2012) plan that included the Federal EHB categories as a benchmark.
- Local plans had to mirror benefits.

KFF.org

Analysis of SCT in State Benchmark Plans



Unknown – future legal challenge of certain components?

Poor /Unknown Coverage (n=11)
Fair Coverage (n=12)
Excellent Coverage (n=28)

40 states have a detailed mention of SCT in their EHB benchmark plans

NATIONAL MARROW DONOR PROGRAM®
BE THE MATCH®

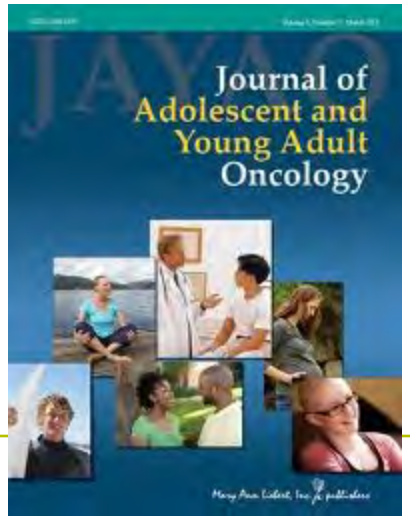
2. Patient Protections: No Lifetime and Annual Limits

- **Applies to dollar value for EHBs**
  - Annual Limits can be applied to non-EHB benefits
- Grandfathered plans can maintain **annual** limits
- No one can maintain **lifetime** total dollar limits
  - Exception: Hold-over individual plans for 2014 (& beyond?); some student health plans

- Emerging Issue: Transplant benefits with $ limit
  - EHBs are not supposed to be subject to $ limits
  - May be grandfathered plans with old benefit language

2. Patient Protections: Children, Dependents, Pre-Existing

- Elimination of pre-existing condition clauses for children (up to age 19) and adults
- Coverage of dependents up to age 26
- Very helpful for adolescent and young adult (AYA) BMT patients – in the past, faced issues trying to secure coverage once 18 or when moving off of parental plan
- Will assist donors, too

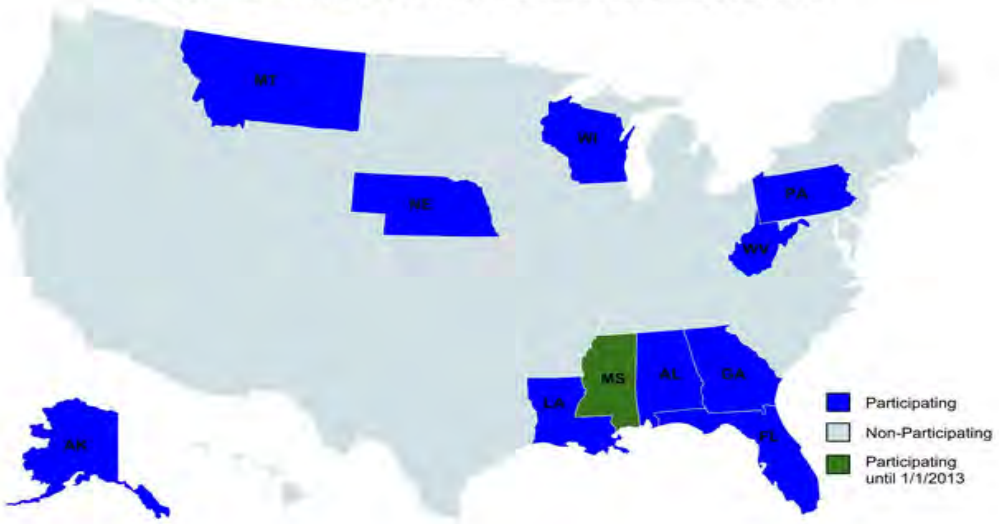


2. Patient Protections: External Review of Denied Service

- If a claim or authorization is denied, insurer must share:
  1. Process for additional internal review
  2. Right to an external review and how to request it
  3. Information on state's Consumer Assistance Program
- TBD: impact on the administrative process or authorization timelines.
- Emerging Issue: Qualifications of external reviewers
  - Contracted organizations of medical directors
  - May not have hematology or transplant experience

www.Externalappeal.com
HHS External Appeal Website

States/Territories Participating In The HHS-Administered Federal External Review Process



States

Alabama
Alaska
Florida
Georgia
Louisiana
Mississippi (until 1/1/2013)
Montana
Nebraska
Pennsylvania
West Virginia
Wisconsin

Territories

American Samoa
Guam
Northern Mariana Islands
Puerto Rico
U.S. Virgin Islands

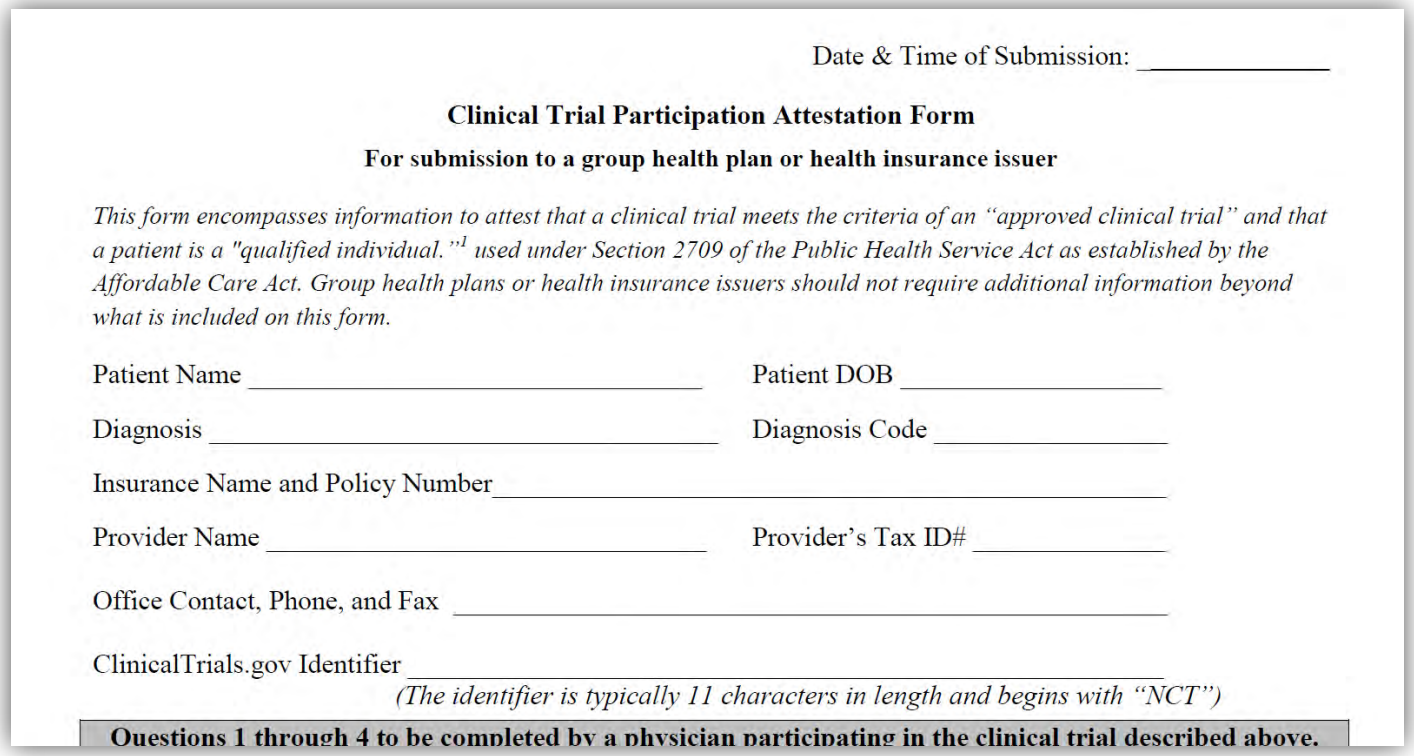
MAXIMUS
FEDERAL SERVICES

3. Clinical Trials

- 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?
- ASBMT Workgroup Publication forthcoming

ASCO Clinical Trial Resource

http://www.asco.org/insurance-coverage-clinical-trial-participants



Date & Time of Submission: _____

Clinical Trial Participation Attestation Form

For submission to a group health plan or health insurance issuer

This form encompasses information to attest that a clinical trial meets the criteria of an "approved clinical trial" and that a patient is a "qualified individual."[1] used under Section 2709 of the Public Health Service Act as established by the Affordable Care Act. Group health plans or health insurance issuers should not require additional information beyond what is included on this form.

Patient Name _____ Patient DOB _____

Diagnosis _____ Diagnosis Code _____

Insurance Name and Policy Number _____

Provider Name _____ Provider's Tax ID# _____

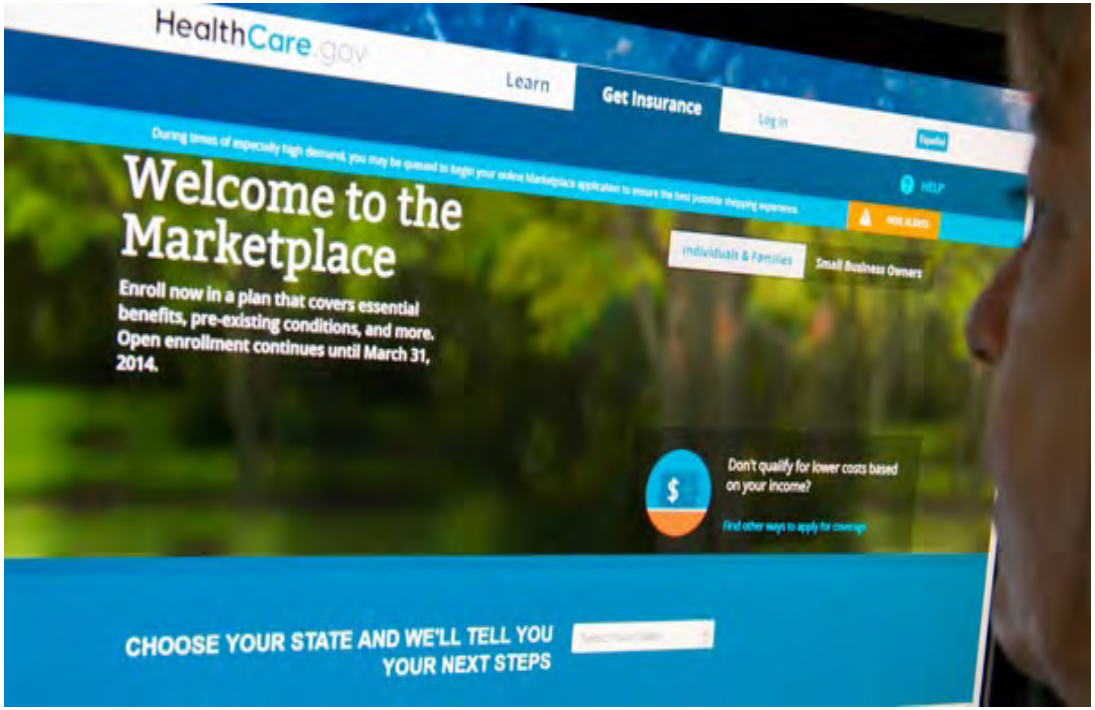
Office Contact, Phone, and Fax _____

ClinicalTrials.gov Identifier _____

(The identifier is typically 11 characters in length and begins with "NCT")

Questions 1 through 4 to be completed by a physician participating in the clinical trial described above.

4. Exchange Enrollment



Exceeded goal of 7 million

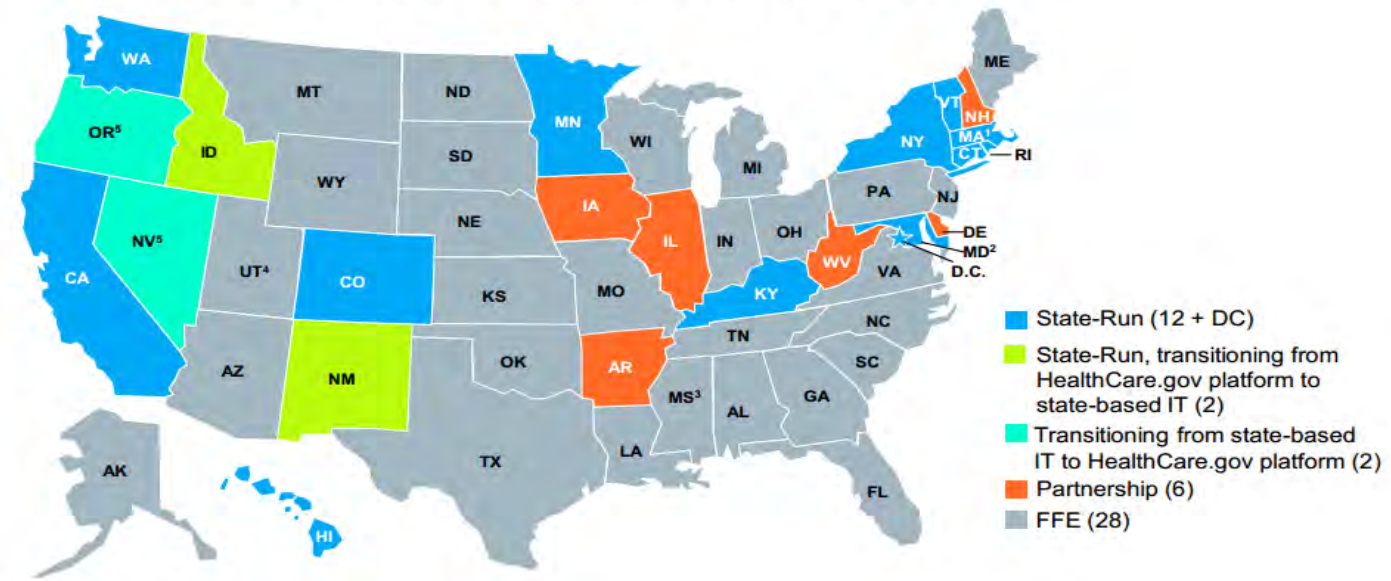
New Medicaid enrollment is at 7.2 million

2014 Open Enrollment begins November 15th

Exchange Landscape

With 2014 Open Enrollment at a Close, States Reconsider Exchange Operational Models for 2015

2015 INSURANCE EXCHANGE OPERATIONAL MODEL



Source: *Avalere State Reform Insights*, June 13, 2014
FFE = Federally-Facilitated Exchange
MPM = Marketplace Plan Management
[1]Massachusetts is using a dual approach to establishing its 2015 exchange. While it will use hCentive to create a new state-based platform, it is simultaneously preparing to use the HealthCare.gov platform.
[2]Maryland abandoned its own 2014 enrollment platform and will instead use Connecticut's IT for its 2015 exchange.
[3]Mississippi is operating a state-based SHOP exchange, but relying on the FFE for its individual exchange.
[4]Utah is operating a MPM model for its individual exchange and relying on its small group exchange for its SHOP.
[5]While NV has indicated it will retain all non-IT exchange operations in 2015 and intends to run its own exchange platform again in 2016, OR seems to be relinquishing greater control over exchange functions, announcing it will only retain management over front-end consumer outreach and some plan management.

Avalere | 1

NATIONAL MARROW DONOR PROGRAM®
BE THE MATCH®

Co-op Enrollment: Surprising Success

Gained Large Market Share:
-Maine: 80%
-Kentucky: 60%
-Montana: 40%

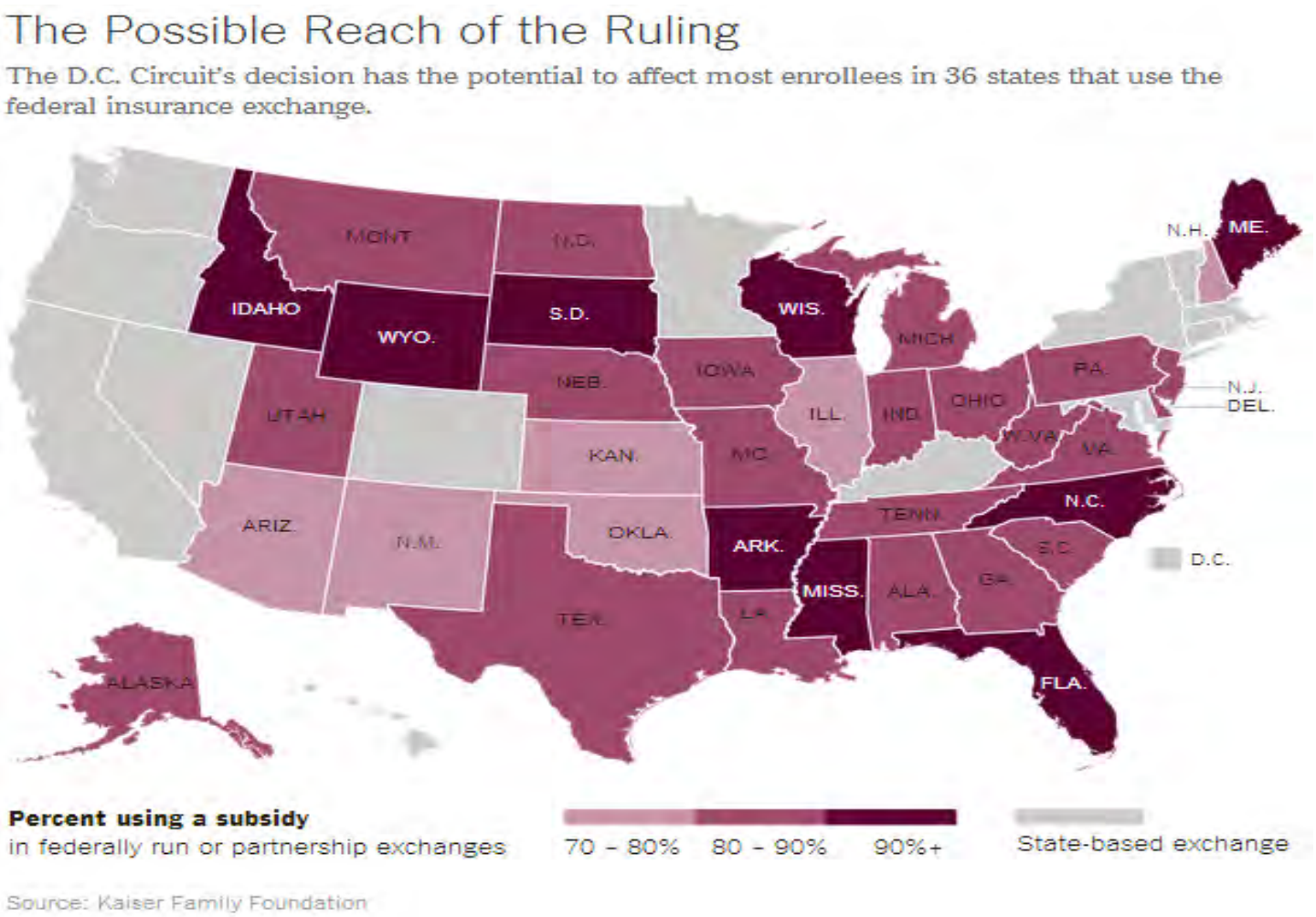
Premiums in 2013 were avg 8.4% lower than competitors.

Successful states expanding into neighbor markets for 2015 – New Hampshire, West Virginia, Idaho

NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

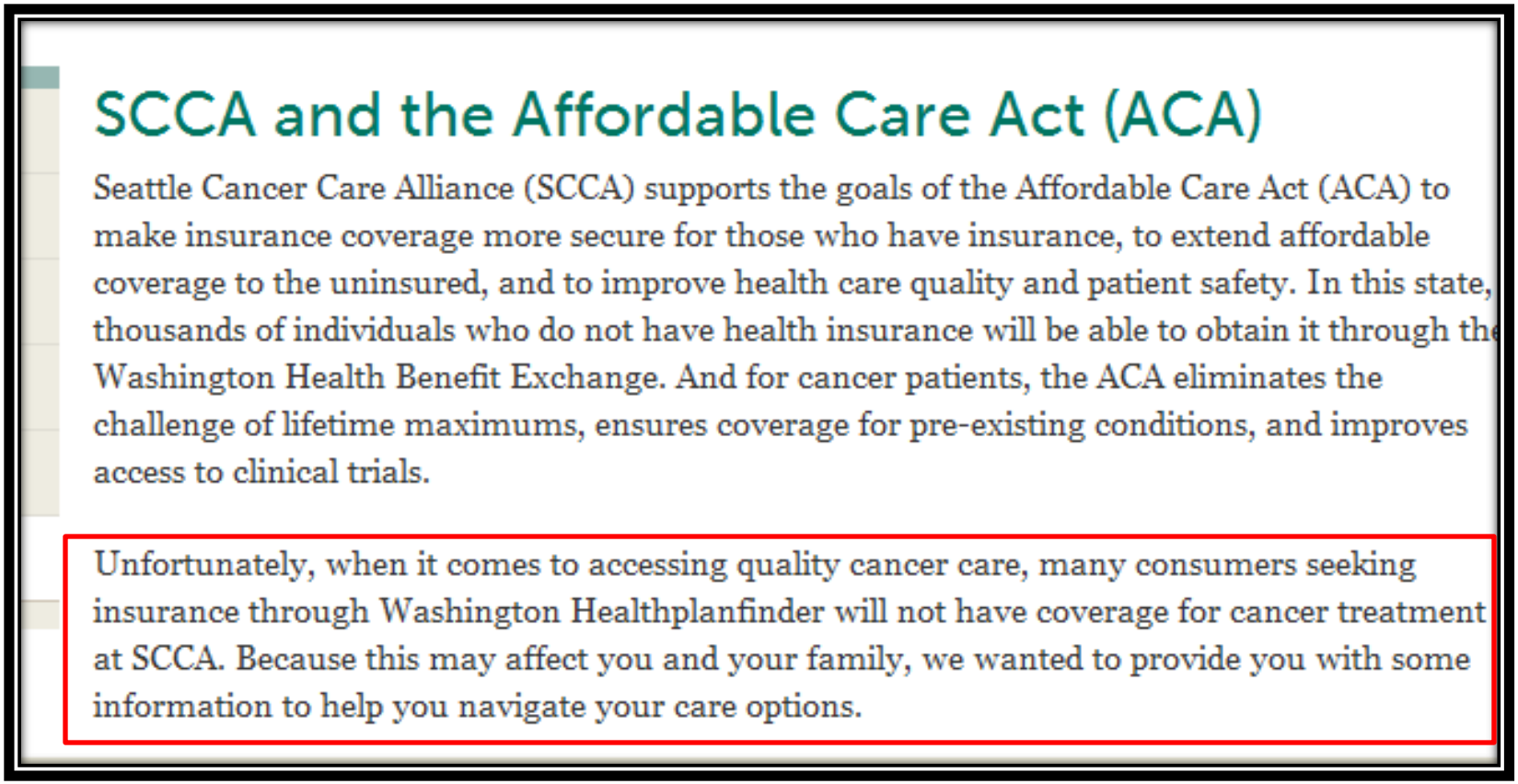
Exchange Subsidies in the Courts



HIX = Narrow Networks?

- To make exchange plans affordable, may dramatically reduce network size.
- **This could mean there is no Allo SCT provider.**
- Minnesota:
  - Of 13 plans offered in Twin Cities area in 2013, only **9** have an Allo SCT program in network

Widespread Concern about COE Access



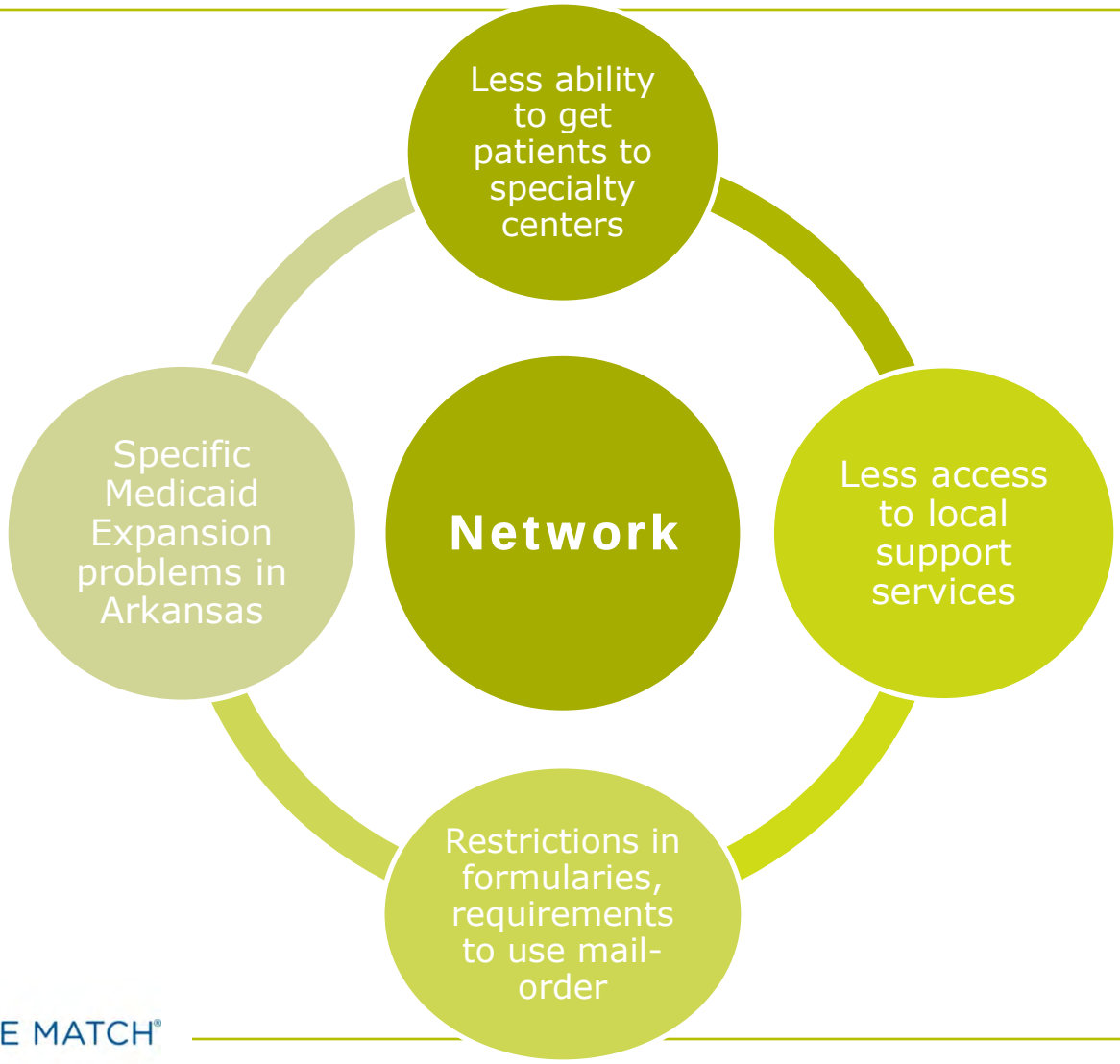
SCCA and the Affordable Care Act (ACA)

Seattle Cancer Care Alliance (SCCA) supports the goals of the Affordable Care Act (ACA) to make insurance coverage more secure for those who have insurance, to extend affordable coverage to the uninsured, and to improve health care quality and patient safety. In this state, thousands of individuals who do not have health insurance will be able to obtain it through the Washington Health Benefit Exchange. And for cancer patients, the ACA eliminates the challenge of lifetime maximums, ensures coverage for pre-existing conditions, and improves access to clinical trials.

Unfortunately, when it comes to accessing quality cancer care, many consumers seeking insurance through Washington Healthplanfinder will not have coverage for cancer treatment at SCCA. Because this may affect you and your family, we wanted to provide you with some information to help you navigate your care options.

http://www.seattlecca.org/SCCA-Affordable-Care-Act.cfm

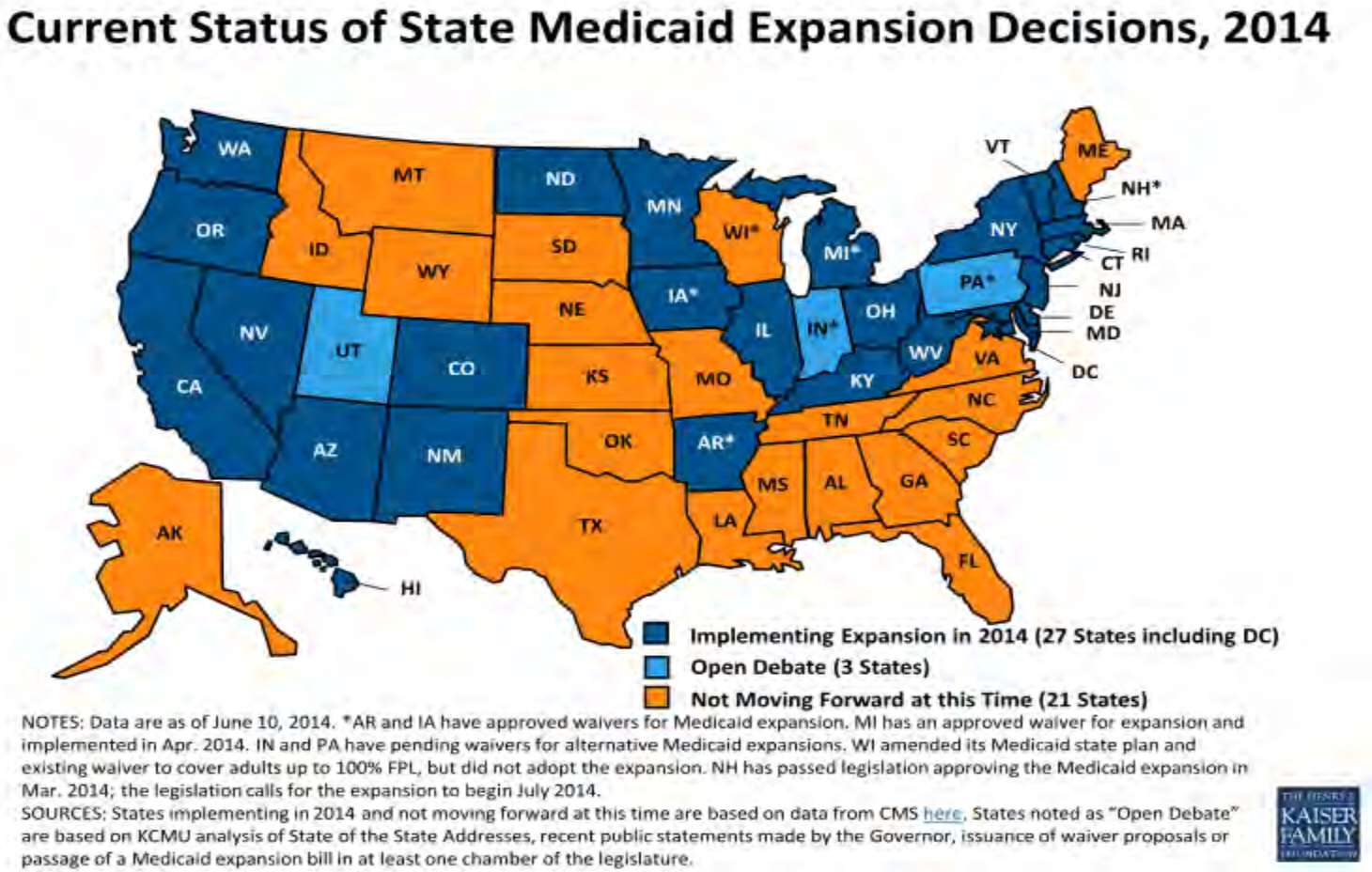
What we are hearing from our Network



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?
- If a center uses single case rate agreements, will patients know this an option?
- Network adequacy and out-of-network options will get more scrutiny from HHS in future.

5. Medicaid Expansion Decisions



NOTES: Data are as of June 10, 2014. *AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and implemented in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS here. States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

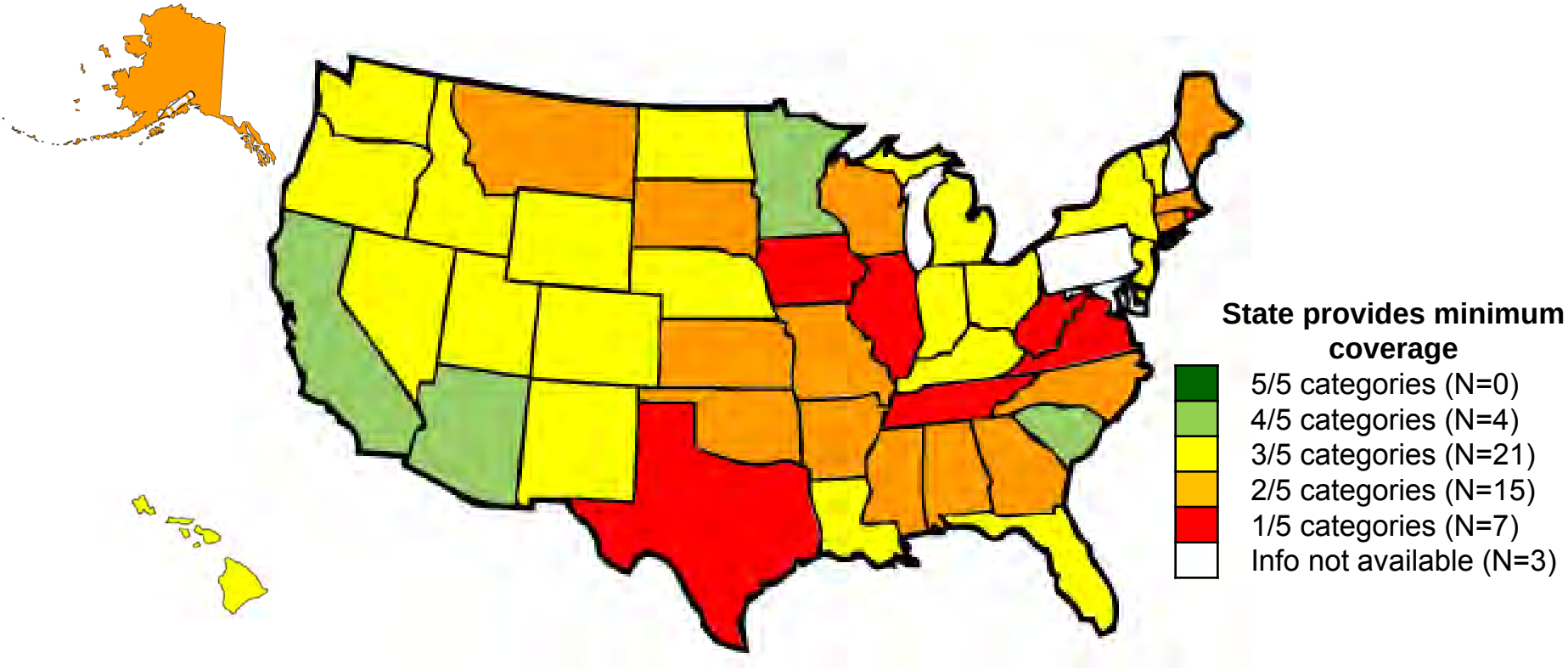
The Non-Expansion Expansion

- Rollover from HIX shopping to Medicaid eligibility
- Two groups:
  1. Eligible for pre-ACA Medicaid (kids, parents, disabled)
  2. Eligible for Expansion Medicaid
- Actuarial anecdote:
  - States with expansion = net positive for funding
  - States w/o expansion = budget crisis due to wave of new enrollees eligible under current limits.
    - Examining expansion or subsidizing enrollment in HIX

Medicaid and SCT

- **Bottom line = more access, less delay in eligibility**
- However, Medicaid continues to be a poor payer overall
  - Lack of donor search coverage
  - Limited coverage of certain donor options – cord blood
  - Reimbursement rates often far below cost
- Patients in a state without a TC face barriers:
  - Other states not required to accept out-of-state Medicaid
  - Travel and lodging benefits limited or non-existent
- **Expansion does not fix any benefit issues.**

Medicaid Benefit Rating

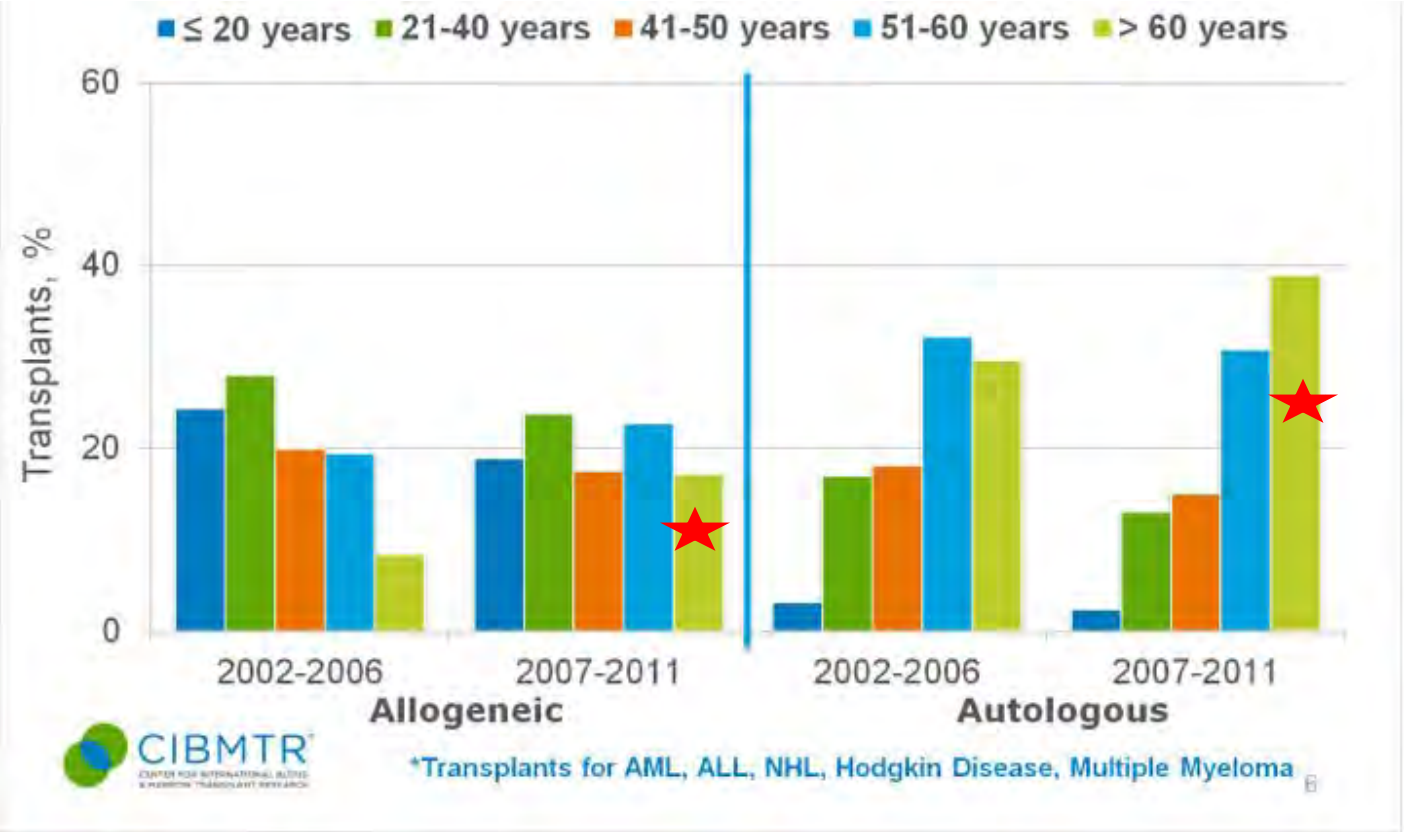


Source: JM Pruessler, SH Farnia, EM Denzen, NS Majhail. “Variation in Medicaid Coverage for Hematopoietic Cell Transplantation”. JOP July 2014

Non-ACA Changes

Medicare Coverage and Reimbursement

Increase in Medicare Transplants



Medicare = age 65+; under 65 if ESRD; disability
Medicaid = low income; disability; children & adults

Current Medicare Reimbursement

- Inpatient (IPPS):
  - MS-DRG 014: Allogeneic Transplant Base: $57,000

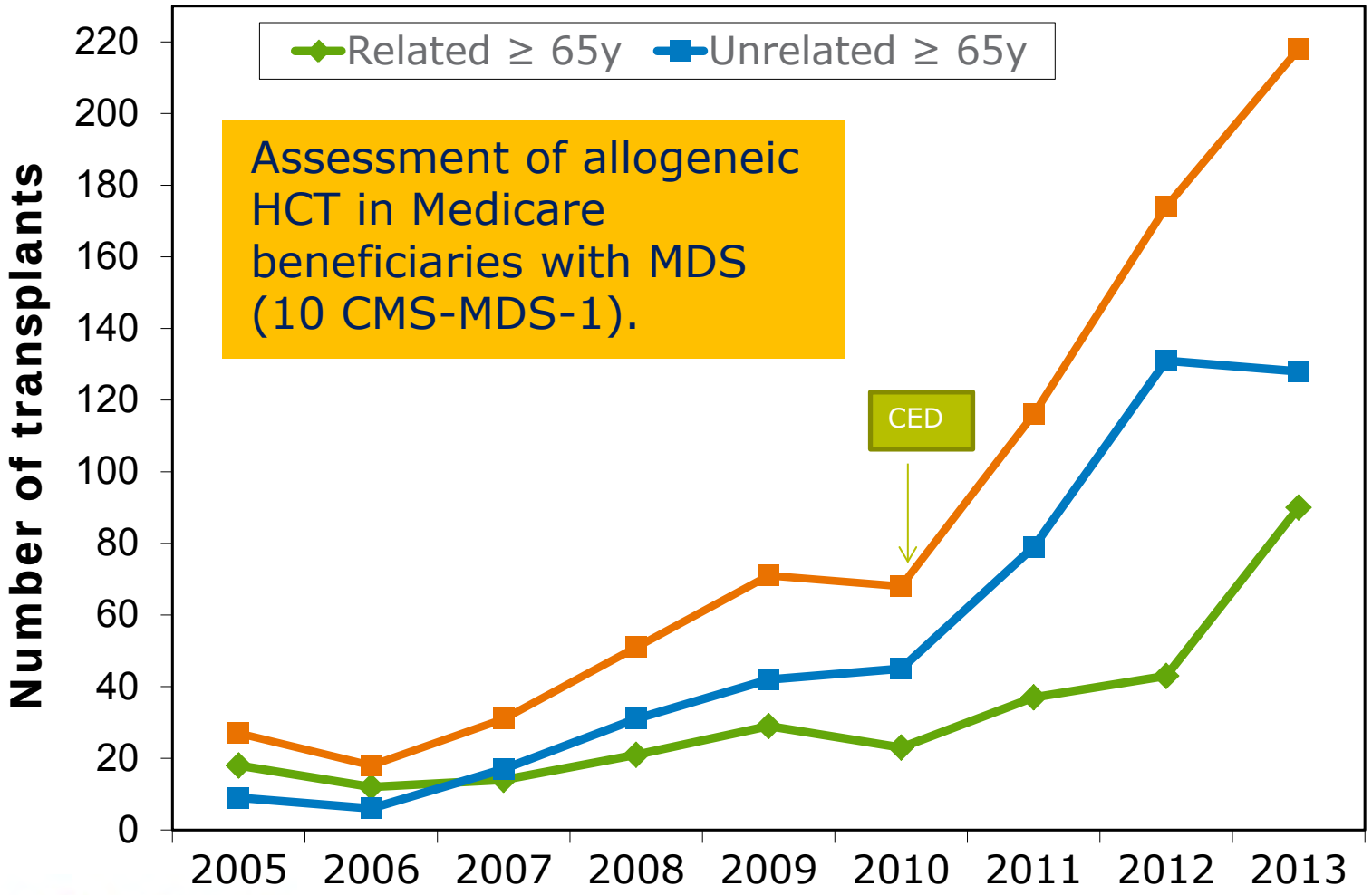
- Outpatient (OPPS):
  - CPT 38240, Allo Transplant. APC 112, CY14 : $3,065.68

These rates include payment for donor search & acquisition.

- NMDP invoices, TC labs and testing of siblings, etc.

Bottom line: Most TCs are losing an average of $40,000 per Medicare case on the initial hospitalization alone.

MDS CED Resulted in Greater Access for Beneficiaries



NATIONAL MARROW DONOR PROGRAM®

BE THE MATCH®

ICD-10

- Implementation: October 1, 2015
  - Potential to move straight to ICD-11 in 2017
- ICD-10 SCT Crosswalks developed by NMDP
  - Available as a resource for you
- No conversion for current donor codes:
  - 00.91 – Live Related Donor
  - 00.92 – Live Non-Related Donor
  - 00.93 – Cadaver Donor

Cost Control = Effectiveness Research

What works?

- Clinical Effectiveness

What works best?

- Comparative Effectiveness

What has the best value?

- Cost Effectiveness

HSR & Payer Policy Partnership

Goal: produce resources that help decision-makers understand the cost, value and quality of transplant.

- Engaging academic experts in cost-effectiveness analysis

Several publications in 2013-14

- Variation in Medicaid Coverage for HCT; JOP July 2014

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

Value = Return on Investment

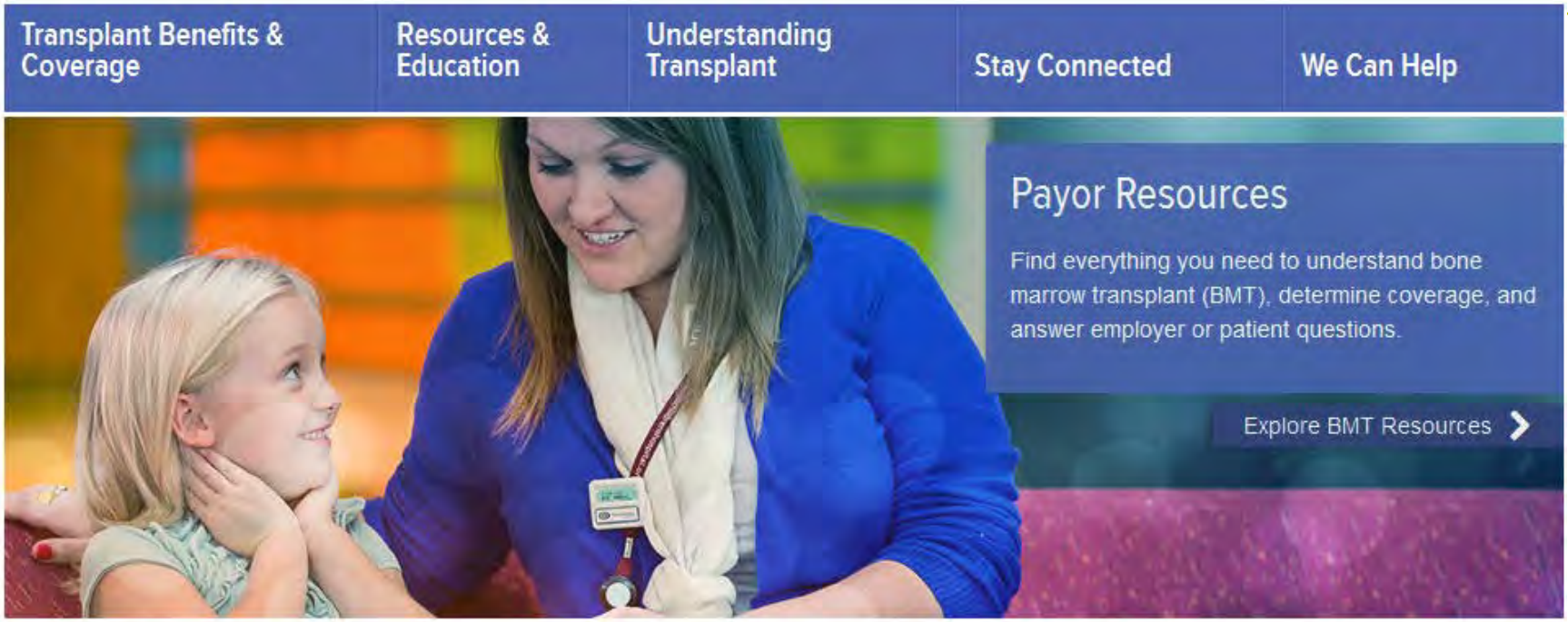
Questions to Integrate into Daily Activities:

- How do we demonstrate our value as a field?
- How do TCs demonstrate their value to a network?
- How does the NMDP demonstrate our value to the TCs?

Resources and Q&A

http://payor.bethematchclinical.org

Payer Resource Website



Learn About BMT

From the donor search through the transplant process, find the tools and educational resources to help you learn what you need to know.

- Educational Programs
- Understanding Transplant

Benefits and Coverage

Access easy-to-use tools to assist in understanding costs, recommended benefit design, and coding.

- Transplant Coverage

Stay Informed

Stay up-to-date on new resources, events, and updates.

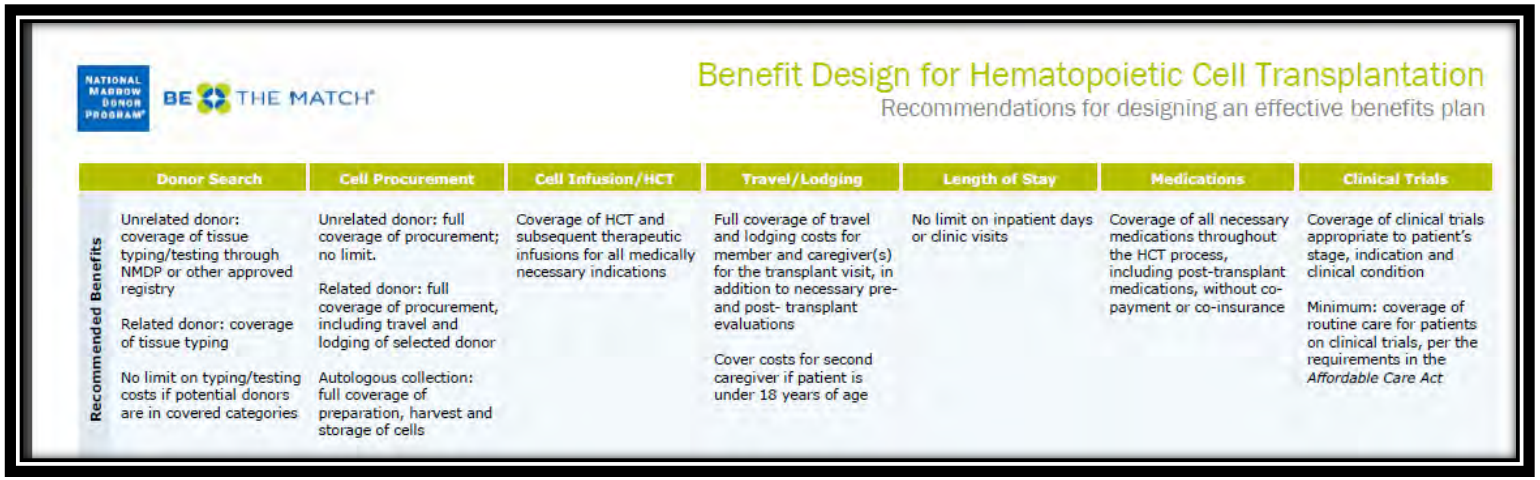
- Subscribe to E-news
- Partner with Us

Advisory Group on Financial Barriers to Transplant (AGFBT)

- On-going discussion about key BMT issues.
- Multi-disciplinary team:
  - Payor Representatives
  - Physicians
  - Transplant Networks
  - Administrators
- Payer/Network Organizations:
  - Anthem WellPoint
  - OptumHealth
  - Aetna
  - Cigna LifeSource
  - LifeTrac
  - Multiplan
  - BCBS of TX

Product of AGFBT: Recommended SCT Benefits

- Recommended benefits table available on both websites
- Adopted into NCCN & NBGH *Employer's Guide to Cancer Treatment & Prevention*
- In-press with BBMT and available online as of July 14:
  - *Optimal Benefits for HSCT: A Consensus Opinion*



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 Related donor: coverage of tissue typing No limit on typing/testing costs if potential donors are in covered categories	Unrelated donor: full coverage of procurement; no limit. Related donor: full coverage of procurement, including travel and lodging of selected donor Autologous collection: full coverage of preparation, harvest and storage of cells	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 Cover costs for second caregiver if patient is under 18 years of age	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 Minimum: coverage of routine care for patients on clinical trials, per the requirements in the *Affordable Care Act*

Defining Quality and Value in SCT 2014

- Focus of the 2014 Payer 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 payers agree to use the same measures?

- Next session planned for July 2015, Minneapolis
- Please contact me if you're interested in participating

Contact Information

Alicia Silver, MPP

Payer Policy & Legislative Relations

Alicia.Silver@nmdp.org

612-884-8669