



Moving Forward: Helping Employers and Other Payers Make Informed Decisions about Benefit Design

Liz Danielson, MHA
Director of Payer & Employer Initiatives, NCCN



About NCCN

- A not-for-profit alliance of 23 academic cancer centers across the U.S.
- Widely considered the arbiter of high-quality cancer care
- Develops and makes available evidence-based information and programs to:
 - Improve the quality of patient care
 - Influence and improve the quality of decisions between physicians and patients about appropriate and effective cancer care
- NCCN Guidelines and other resources are widely used by physicians, nurses, pharmacists, billing staff, managed care organizations and patients
 - NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)
 - NCCN Drugs & Biologics Compendium (NCCN Compendium®)
 - NCCN Guidelines for Patients®



NCCN Guidelines®

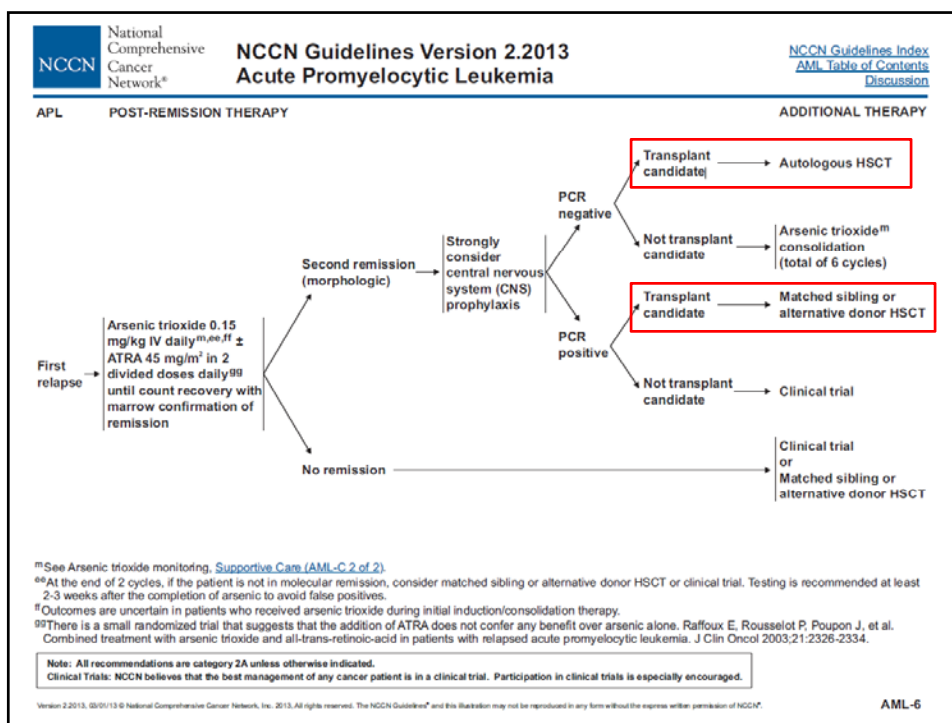
- Comprehensive, credible, up-to-date and transparent
- Cover the vast majority of cancers (about 98% by incidence)
- Address treatment, risk reduction and supportive care
- 47 multidisciplinary panels with 25-30 experts per panel, supported by NCCN's PhD scientists, nurses and administrative staff
- 975 panel members volunteered almost 20,000 hours in 2012 to review evidence, develop and update content; annual or more frequent review
- Each recommendation classified by level of evidence & consensus
- Transparent process and full disclosure of all panel members' potential conflicts of interest
- Guideline development costs entirely covered by NCCN Member Institution dues – no external funds are accepted
- Widely used as the basis for insurance coverage policy and quality evaluation (CMS, United Healthcare, Aetna, other MCOs)



NCCN Guidelines: Relevance to HSCT

Several NCCN Guidelines address when HLA testing and referral to transplant is appropriate:

- ALL
- AML
- CML
- Hodgkin lymphoma
- Myelodysplastic syndrome
- NHL (several types)
- Multiple myeloma
- Also in Adolescent & Young Adult Guideline



NCCN National Comprehensive Cancer Network®

NCCN Collaboration with the National Business Group on Health – Influencing Payer Policies

“Employer’s Guide to Cancer Treatment and Prevention” - Project Goals

- Develop a comprehensive, evidence-driven approach to designing cancer-related benefits
- Provide an easy-to-use set of tools to help employers evaluate and design their benefit plans and select vendors and evaluate effectiveness
- Where possible, evaluate the incremental cost or savings associated with these benefits through an actuarial analysis
- Create awareness and adoption by benefit consultants and managed care organizations
- Future: Extend awareness and adoption in the public sector (health care exchanges, Federal and State employee benefits, Medicare and Medicaid, if possible)

6



About the National Business Group on Health

- Represents approximately 340 large, self-funded employers, including two-thirds of the Fortune 100; offices in Washington, DC
- The nation's only non-profit organization devoted exclusively to:
 - Finding innovative and forward-thinking solutions to large employers' health care and related benefits issues
 - Speaking for large employers on national and state health issues
- NBGH members provide health care coverage to over 50 million U.S. workers, retirees and their families, including approximately 17 million children

7



Why This Project Is Important for Employers

- Cancer affects employers' health benefit costs, as well as affecting loss of employees' knowledge, expertise and productivity, whether employee is the patient or a caregiver.
- Employers are concerned about cancer but most haven't made it a priority: Most employers and benefit consultants lack knowledge and resources to gain expertise and take action.
- The Toolkit provides clear, easy-to-use resources, including benefit recommendations, objectives, rationale and other guidance.
 - Easy to compare with current benefits
 - Easy to assess when benefit changes make sense
 - Request for proposal (RFP) tools aid in vendor selection
 - Guidance regarding vendor accountability
 - Guidance regarding communication with employees

8

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Employer's Guide: Approach and Plan

- **Health Care Benefits Plan (2011)**
 - General Medical, including behavioral health
 - Pharmacy
 - Care Management
- **Health and Productivity (2012)**
 - Short-Term Disability (STD)
 - Family Medical Leave (FML)
 - Employee Assistance Programs (EAP)
- **Health Promotion/Wellness (2013)**
 - Beneficiary Communications
 - Cancer Risk Reduction/Prevention
 - Wellness

Working group consists of staff from NBBGH and NCCN, supported by an Advisory Committee that includes representatives from all stakeholder groups:

- Cancer centers (physicians)
- Employers/benefit managers
- Patient advocates
- Managed care plans
- PBMs
- Pharmaceutical industry
- American Cancer Society
- Benefit consultants
- Disability & EAP vendors

Advisory Committee approves all deliverables.

All resources developed through this collaboration are available free of charge to all.

NCCN GUIDELINE CONCORDANCE

9

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Key Medical Benefit Recommendations

- Benefit plan should include access to a “centers of excellence” program for bone marrow/stem cell transplants, that employs a rigorous qualification process for both adult and pediatric programs.
- In addition to covering pre-transplant, transplant and post-transplant care as recommended by the transplant center, the benefit plan should cover donor search and typing costs, including:
 - Full cost of biological sibling typing;
 - Full cost of unrelated donor search, including typing and testing of potential donors, through the National Marrow Donor Program (NMDP) or other approved registry;
 - Full cost of related donor procurement, including travel and lodging of the selected related donor for the donation process; and
 - Full cost of donor cell product procurement for the unrelated donor.

10



Key Medical Benefit Recommendations

- Benefit plan should include travel and lodging assistance to help those who must travel to receive a transplant or cancer treatment at a plan-designated COE.
- Benefit plan should cover services that are components of a second opinion for individuals with a diagnosis or suspected diagnosis of cancer.
- Benefit plan should provide coverage for routine costs of care when a patient is enrolled in an approved cancer clinical trial. Level of coverage should be the same as for comparable services provided outside of a clinical trial.
- Benefit plan should include hospice coverage for individuals with an estimated life expectancy of 12 months or less to live if their disease runs its usual course.

11



Key Medical Benefit Recommendations

- Benefit plan should cover nutrition counseling and medical nutritional therapy for individuals with a diagnosis of cancer.
- Benefit plan should cover dental prevention services and treatments in the medical plan when such services are required prior to, during or after cancer treatment or SCT, and when not otherwise covered by the dental benefit.
- Benefit plan should cover standard fertility preservation treatments when a medically necessary treatment may cause infertility.
- Stop-loss insurance should apply benefits in a way that is consistent with the company's health care plan, including coverage of clinical trials and off-label use of drugs. Approved clinical trials should not be excluded under "experimental and investigational" language.

12

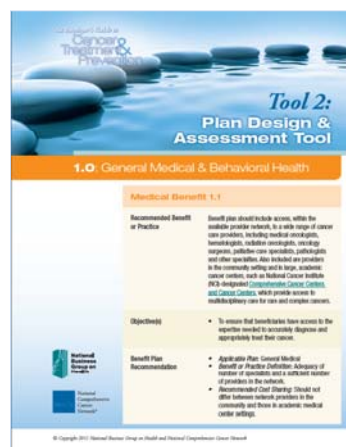
Key Pharmacy Benefit Recommendations

- Reasonable out-of-pocket thresholds should be established so that cost is not a significant barrier for patients to obtain their medications. (Max of \$100 per script and aggregate \$200 per month)
- Medical plans, pharmacy benefit plans and specialty pharmacy benefit plans should cover evidence-based cancer treatment, whether paid under the medical or pharmacy benefit. This includes coverage for off-label use of drugs and biologics when supported by evidence, as indicated in NCCN Guidelines.
- Benefit plan should establish parity of patient cost-sharing between the medical and pharmacy benefits.

13

To Access the Tools:

www.businessgrouphealth.org/cancer/resources



Tools are also available at www.nccn.org/network/nbgh

14

