



The Affordable Care Act: Communicating with BMT Patients

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National Marrow Donor Program /Be The Match

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All phones lines have been muted

Mission

Saving lives with cellular therapy through
science, service, and support

Learning Objectives

At the conclusion of this webinar, attendees will be able to:

- Describe the ACA including emerging issues and its implication for BMT patients
- Formulate discussions about the ACA with patients to increase patient self-advocacy
- Summarize information that patients should be asking their doctor and financial coordinator

Continuing Education

- **Nurses** – The National Marrow Donor Program is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (COA).
Up to 1.0 contact hours may be claimed for this educational activity.
- **Medical Technologists** – The NMDP is approved as a provider of continuing education in the clinical laboratory sciences through the ASCLS PACE Program. ASCLS PACE® 1861 International Drive, Suite 200, McLean, VA 22102.
Up to 1.0 contact hours may be claimed for program #115-028-14.

Webinar Evaluation

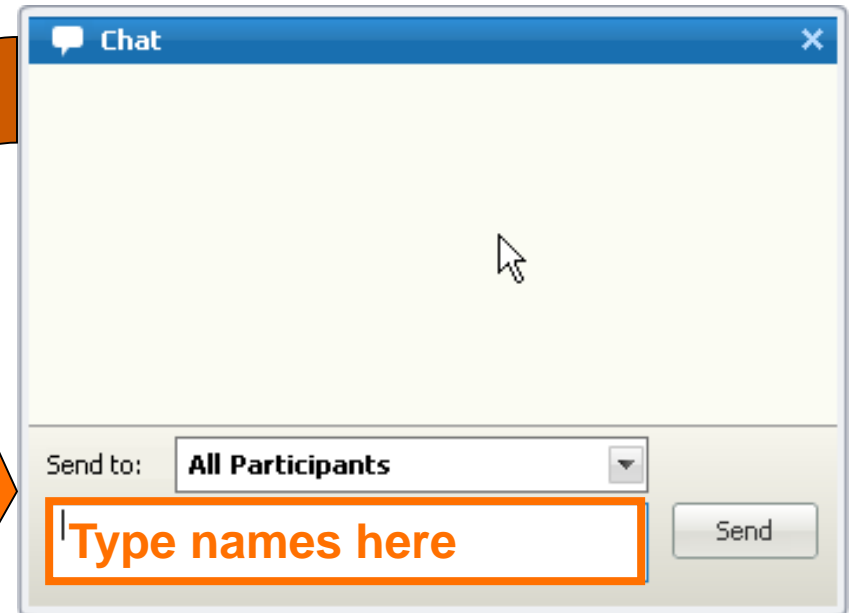
- Attendees will receive an email following the webinar with a link to the evaluation. All attendees completing the program evaluation forms will receive a statement of continuing education.

Attendance

If you have multiple attendees on one phone line, inform us by using Chat.

Access the toolbar at the top of your screen. Click on the  icon.

Type their name(s) and center name.

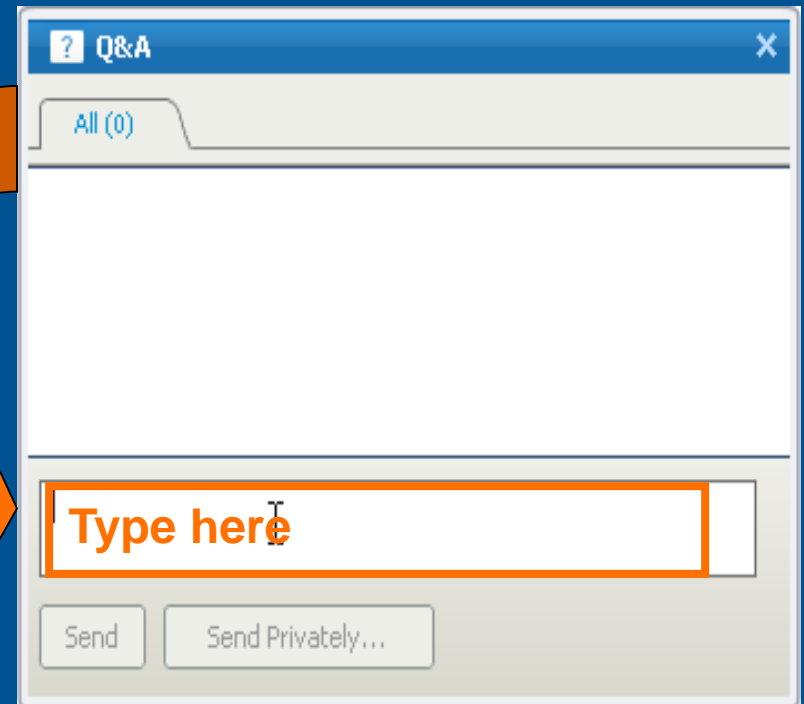


To Ask a Question

If you have a question, while the presentation is in full screen mode, click on the question mark icon on the top toolbar



Then type your question in Q & A box towards the bottom.

A screenshot of a 'Q&A' window. The window has a title bar with a question mark icon and the text 'Q&A'. Below the title bar is a tab labeled 'All (0)'. The main area of the window is empty. At the bottom, there is a text input field with the placeholder text 'Type here' in orange. Below the input field are two buttons: 'Send' and 'Send Privately...'. A large orange arrow from the toolbar points to this window.



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Financial Disclosures – None

Overview of Today's Webinar

Introduction to the ACA

Key Provisions & Emerging Issues

Patient Engagement

Resources

Question and Answer

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*

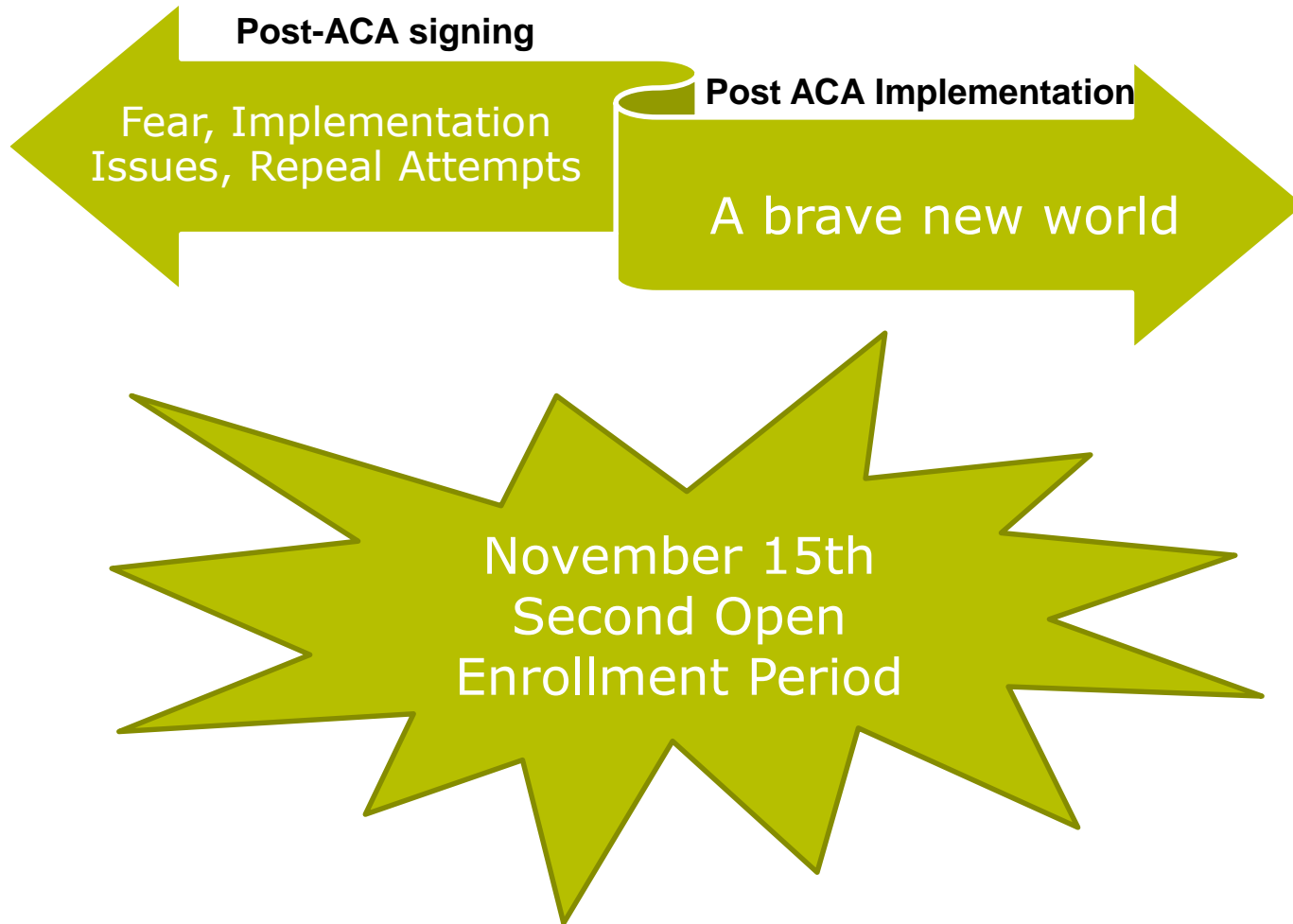


You're not the only one who's confused

Health Care
Reform?



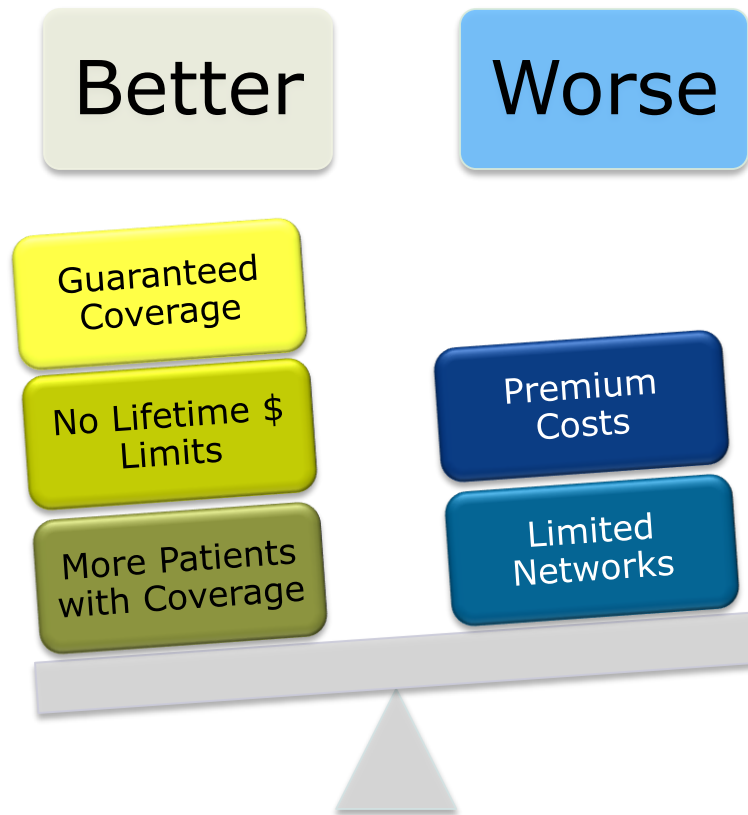
Perspective Shift





Key Provisions & Emerging Issues

Overall, what does the ACA mean for Transplant?



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

The Biggest Win: Increased Access to Transplant

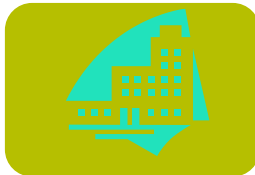
- Affording transplant is almost impossible without health insurance coverage
- Increased access through:
 - Expansion of Medicaid eligibility
 - Health Insurance Exchanges
 - Subsidies to help with premium costs
- Bottom Line = More transplant eligible people should have coverage at the time of diagnosis

The Biggest Concerns: Affordability & Networks



Essential Health Benefits

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



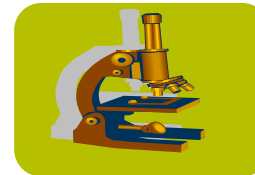
Hospitalization



Emergency Services



Pediatric Care



Laboratory Services



Mental Health



Rehabilitation



Maternity Care

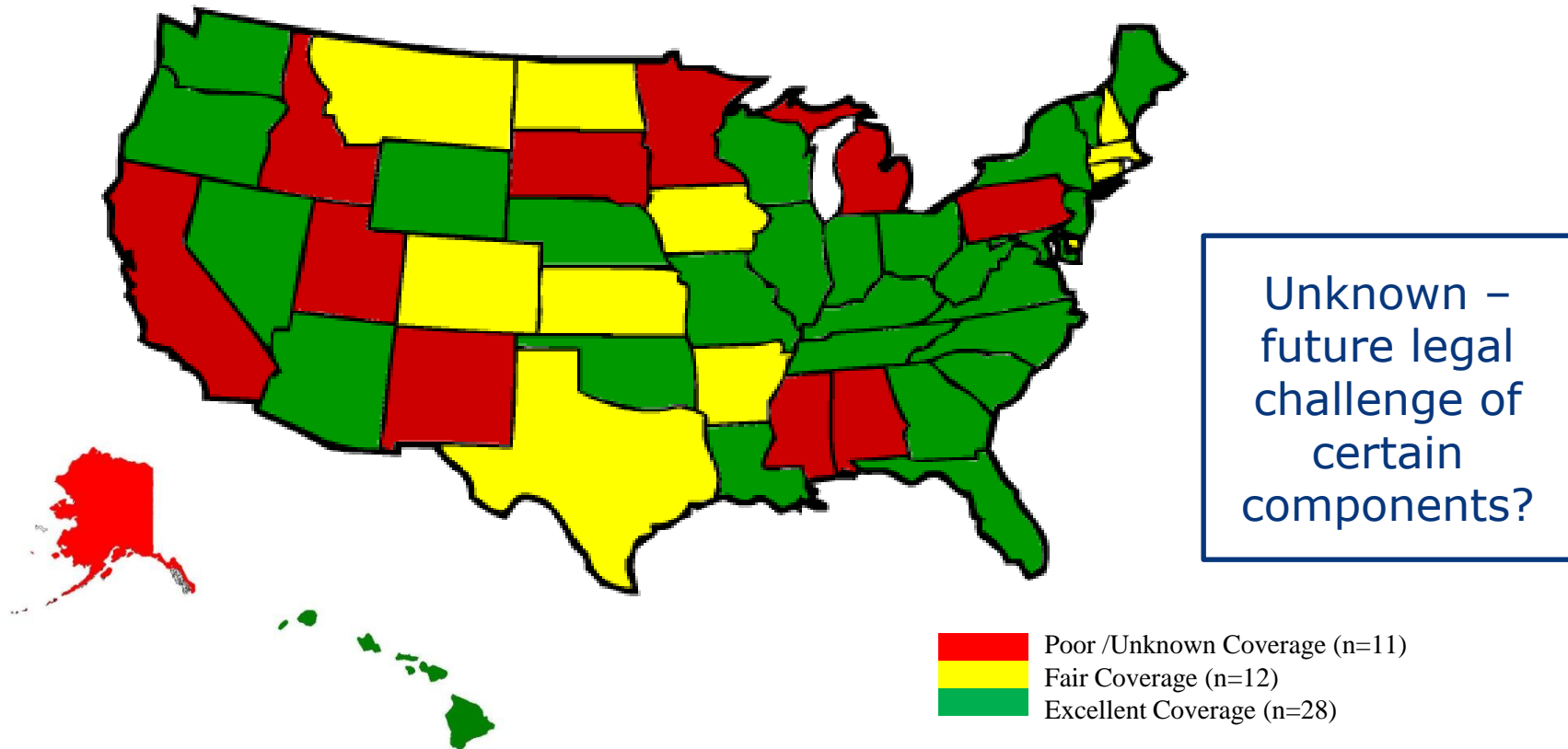


Ambulatory Patient Services



Preventative & Wellness Care

Analysis of BMT in State Benchmark Plans



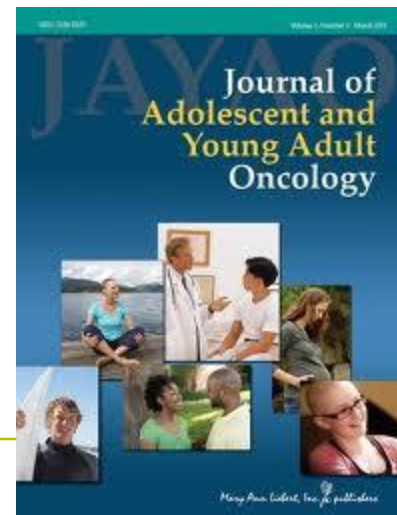
40 states have a detailed mention of BMT in their EHB benchmark plans

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

Children and Dependents

- Elimination of pre-existing condition clauses for children (up to age 19)
- 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



Removal of Pre-Existing Conditions Exclusion and Waiting Period

- Removal of Pre-Existing Condition Exclusion
 - Beneficial for former transplant recipients
 - Beneficial for donors, too
- Emerging Issue: Waiting Periods
 - Oregon: attempted to put 24 month wait on transplants
 - Washington State: 90 day wait period being challenged
 - Up to 90 days allowed by law when patients have not had prior insurance
 - Interpretation: Cannot start patient evaluation during waiting period



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?

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.

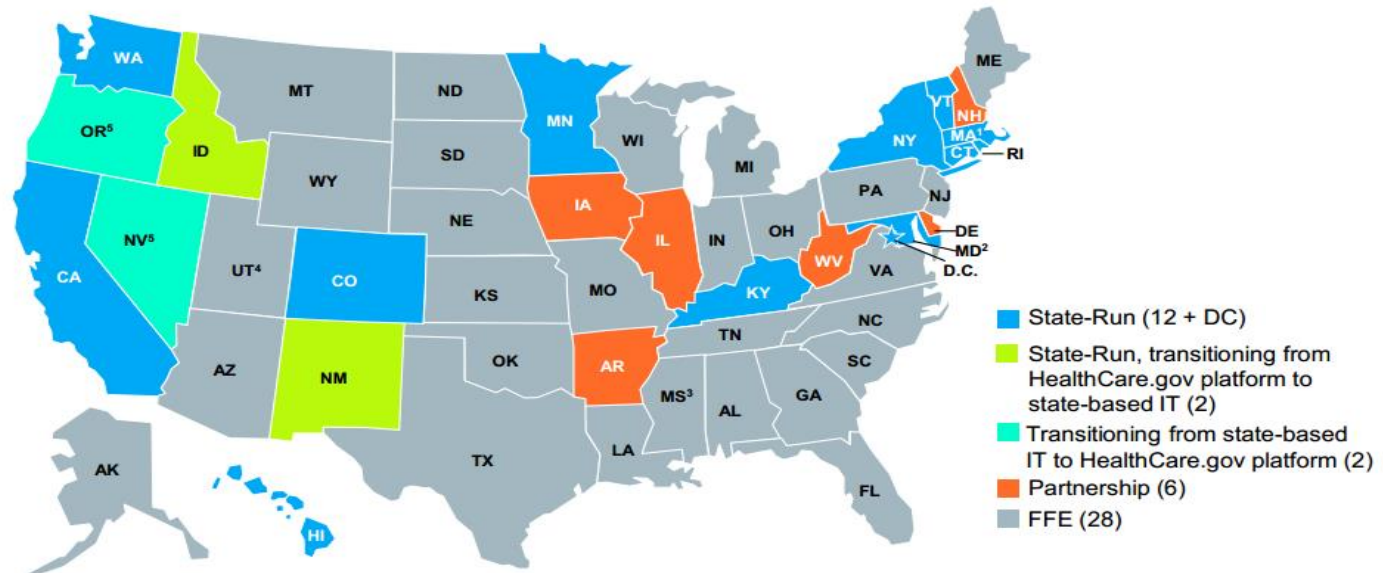
External Review of Denied Service

- If a claim or authorization is denied, insurer must tell you:
 1. Process for additional internal review
 2. Right to an external review and how to request it
 3. Information on your state's Consumer Assistance Program (if applicable)
- 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
 - Advice: Request a review by Hem/Onc or BMT physician

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

¹Massachusetts 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.

²Maryland abandoned its own 2014 enrollment platform and will instead use Connecticut's IT for its 2015 exchange.

³Mississippi is operating a state-based SHOP exchange, but relying on the FFE for its individual exchange.

⁴Utah is operating a MPM model for its individual exchange and relying on its small group exchange for its SHOP.

⁵While 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.



Exchange Enrollment



Exceeded goal of 7 million

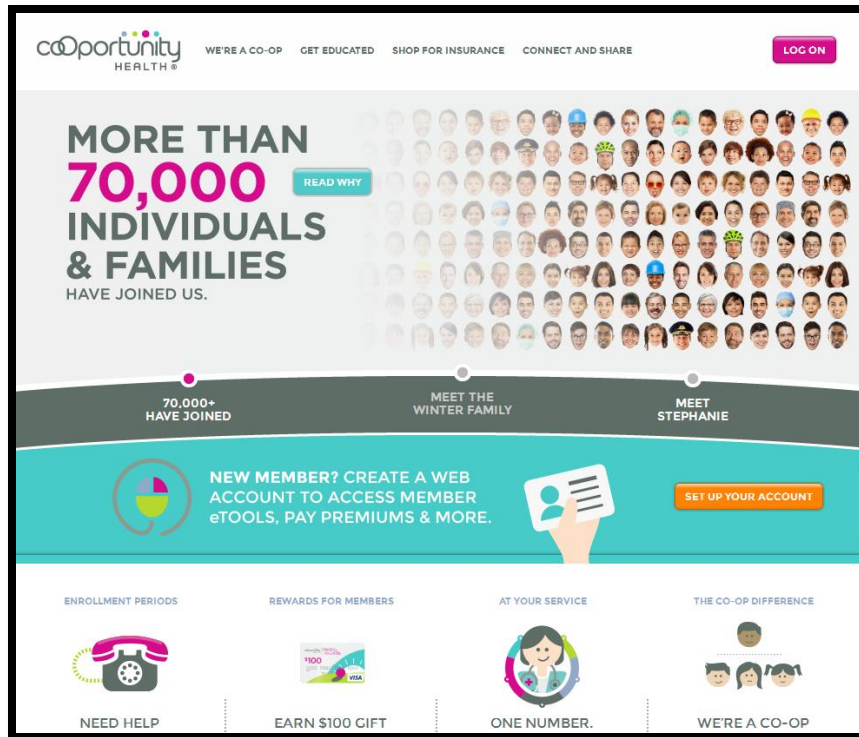


New Medicaid enrollment is at 7.2 million



2014 Open Enrollment begins November 15th

Co-op Enrollment: Surprising Success



CoOpportunity Health (IA,NE):
50,000 members

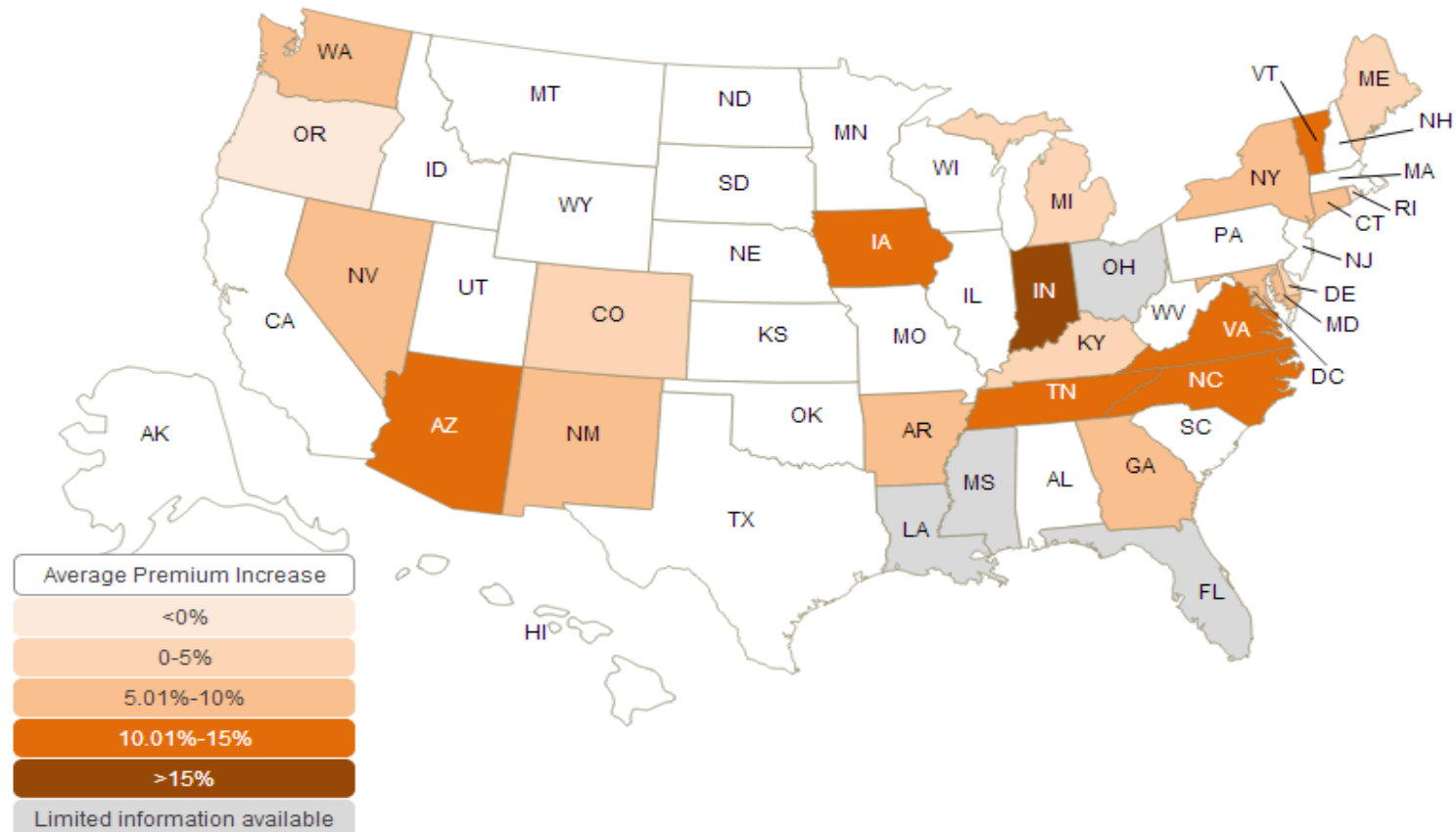
Gained Large Market Share:

- 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

2014 Exchange Rates



* Data as of August 1, 2014. California has reported a 2015 weighted average rate increase of 4.2%, however specific filings are not yet available.

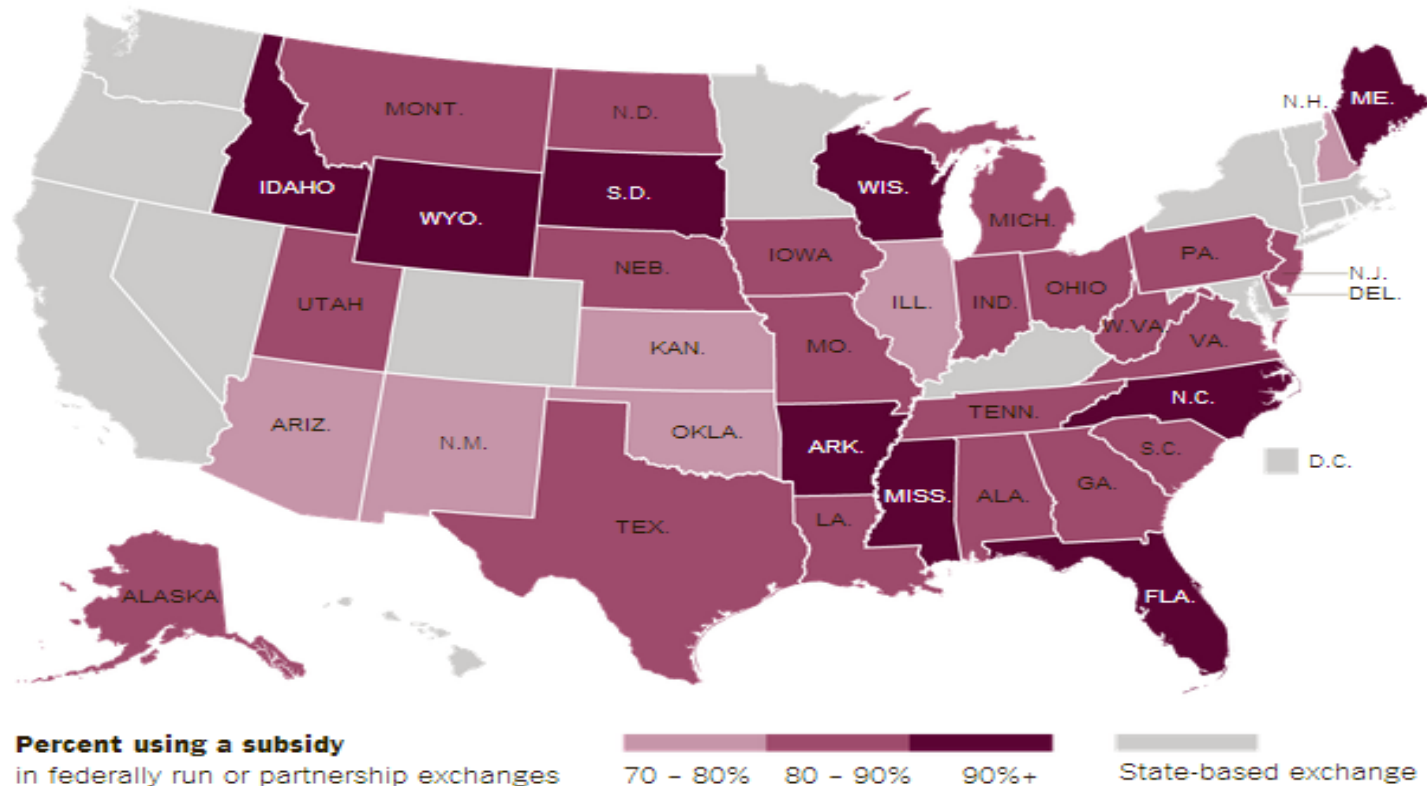
** Louisiana is only reporting bids from insurers that are requesting 10% and higher rate increases at this time

Source: State insurance department websites

Exchange Subsidies in the Courts

The Possible Reach of the Ruling

The D.C. Circuit's decision has the potential to affect most enrollees in 36 states that use the federal insurance exchange.



Source: Kaiser Family Foundation

Narrow Networks

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



Unknown:

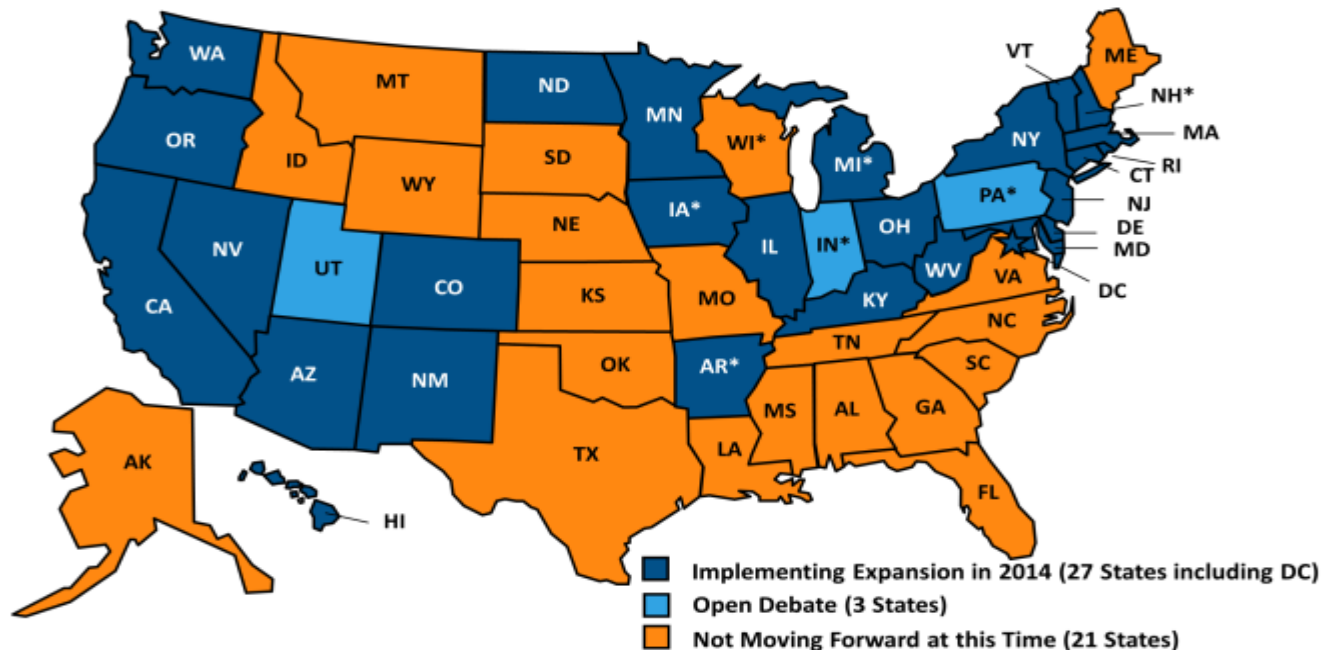
How will narrow network issues be handled?

- When a patient is in a narrow 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?
- Major cancer organizations are challenging networks
- Network adequacy and out-of-network options will get more scrutiny from HHS in future



Medicaid Expansion Decisions

Current Status of State Medicaid Expansion Decisions, 2014



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.

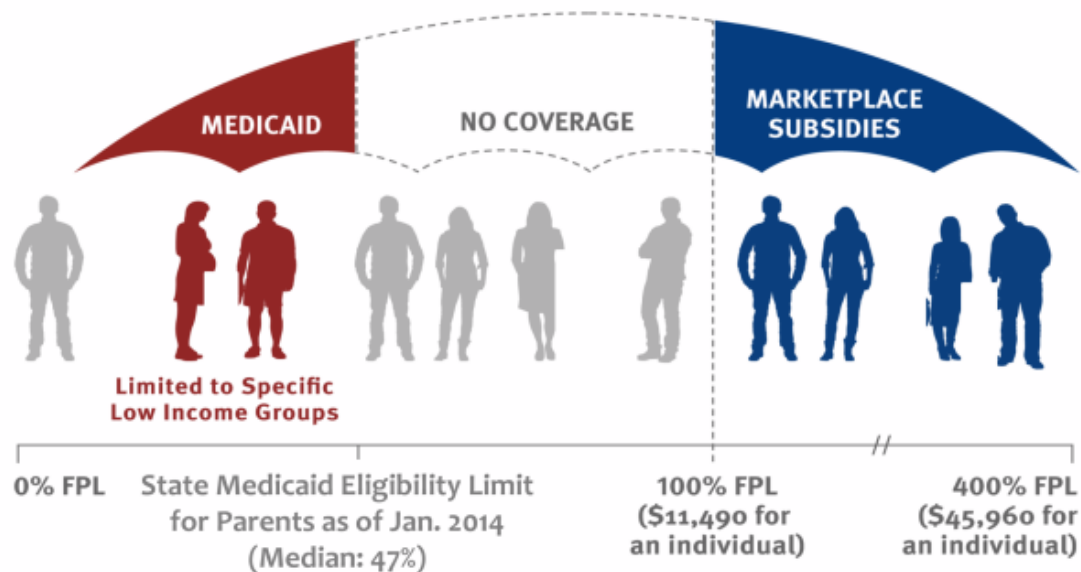
SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here](#). States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid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



Gaps in Coverage in Non-Expansion States

Figure 3

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.



NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid.

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Beware Benefit Confusion

- Different requirements and applicability of ACA provisions based health insurance type:
 - Grandfathered vs. non-Grandfathered
 - Individual (i.e. those available on the Exchanges)
 - Small Group Fully Insured (less than 50 lives)
 - Large Group Fully Insured
 - Self-Insured
 - **Individual hold-over plans**
 - **Early renewal 2013 plans**
- **Don't make assumptions about patient benefits**





Patient Engagement

Patient Engagement

Question:

Now that you are all experts on everything ACA, how can you talk to your patients and their families about their questions, confusion and concerns?

Patient Engagement

Questions Patients Should Ask

Allogeneic Unrelated Donor

- Does my health plan pay for the donor search ?
- Does my health plan pay for finding and shipping cord blood?

Covered Costs

- Does my health plan cover all parts of the transplant process? If not, what doesn't it cover?
- Does my health plan pay for all of the prescription medicines I will need before and after a transplant?
- Does my health plan provide travel or lodging benefits?
- What is my maximum out-of-pocket cost?

Patient Engagement

Questions Patients Should Ask

Network Considerations

- Where can I find a list of in-network transplant centers?
- If I don't have a transplant center in-network, does my plan provide any coverage for me at an out-of-network transplant center?

Medicare Transplants

- Will Medicare cover transplant for my disease?



Resources

Resources

- Mapping the Maze (new fact sheets coming soon on the BeTheMatchClinical.org Network website)
- [Cancer Insurance Checklist](#)
- NMDP/Be The Match State Database (Fall 2014 on the Network website)
- NMDP/Be The Match Payer Policy team

Questions?

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www.network.bethematchclinical.org/reimbursement

To learn more: BeTheMatchClinical.org

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Reimbursement Support

As a Network member, you can use the experience and expertise of our Payor Policy Team to ensure your center receives proper reimbursement. We offer free resources and educational programs that address coverage, benefits, and reimbursement issues. In addition, we can answer questions on coding, help you navigate Medicare and Medicaid transplant coverage, and speak at your exhibits or conferences.

[Sign up](#) to receive notice of new reimbursement resources and events from our Payor Policy team.

BMT Financial E-Forum

Join the [BMT Financial E-Forum](#) to connect with other transplant center financial staff to discuss coverage, billing and other financial issues related to marrow and blood stem cell transplantation.



Summer Learning Series

Blood and Marrow Transplant for Sickle Cell Disease

- Increase your understanding of resources that help patients, families and health professionals understand and explore BMT as a curative treatment for sickle cell disease.
- Date: September 16, 2014

Questions email: nmdpeducation@nmdp.org