Insurance Guide for Navigating Access to STRIDE2 Medicare CED Clinical Trial

Introduction to this guide

Getting a patient's insurance to cover a clinical trial and then getting reimbursement for clinical trial services can be a challenge for health professionals. There are many rules to follow, and the patient may not always know the details of their health plan's benefits. This guide will help health professionals navigate the common issues around access to the Medicare-approved STRIDE2 clinical trial so that they can ask the right questions and make use of the right resources available. The most frequently asked questions about STRIDE2 have been about eligibility, coverage, and reimbursement. Patient eligibility for clinical trials is necessary for clinical trial coverage, and coverage is necessary for reimbursement. The guide is designed to flow through these three steps in order, but can be also used to identify problems.

Coverage with Evidence Development (CED)

The CED policy is a way for Medicare to provide coverage for Medicare beneficiaries who are eligible for approved clinical trials. CED clinical trials are multicenter studies and provide a robust mechanism for Medicare to systematically collect outcomes and cost data to measure cost-effectiveness of newer treatments versus standard-of-care. Medicare uses this information to develop national coverage policies.

CED clinical trial enrollment is not limited to only Medicare beneficiaries, but Medicare coverage of CED clinical trials is limited to only Medicare beneficiaries. Though prior authorization approval is not necessary for eligible Medicare beneficiaries, Medicare still has the authority to reject claims. It is important to remain informed about any changes to the study protocol or eligibility criteria to avoid claim rejection. More information can be found on the Medicare CED Website for SCD.

When a patient does not have Medicare, which is available for 65+ patients and individuals who have been receiving Social Security disability benefits for at least 24 months, then they must navigate coverage of clinical trials through their own insurance provider.

Eligibility/Enrollment

The patient must be **eligible** to participate and **enrolled** in a clinical trial before the patient's insurance will agree to cover the clinical trial. Check out the STRIDE2 Protocol located on the BMT CTN Public Website under "Protocols" then 1503- STRIDE2.

Issue	Recommendation	Resources
The patient has already been HLA typed, prior to enrollment.	The patient can be HLA-typed if they have not started related typing or unrelated donor search; check eligibility criteria.	STRIDE2 Protocol, section 2.3.1.2, "Exclusion Criteria – Initial Screening"
The patient has not found a donor yet, prior to enrollment.	The patient should not know donor status prior to enrollment; check eligibility criteria.	STRIDE2 Protocol, Section 2.3.1.2, "Exclusion Criteria – Initial Screening"
The patient already has a matched donor, prior to enrollment.	*The patient is not eligible for the study; check eligibility criteria.*	STRIDE2 Protocol, Section 2.3.1.2, "Exclusion Criteria – Initial Screening"

Coverage

Once the patient is deemed eligible and has enrolled in the clinical trial, then a **coverage** mechanism for the clinical trial should be verified through the patient's insurance provider.

Issue	Recommendation	Resources
The patient has only Medicaid coverage.	Secure prior authorization from Medicaid case review office.	○ About Medicaid coverage and authorizations ○ Transplant Prior Authorization Form
	Check for Medicare eligibility through Social Security disability benefits.	○ Disability application checklist ○ How to get Medicare for disability
	Check state Medicaid benefits for coverage of HCT.	○ About Medicaid benefits
	Check state Medicaid benefits for coverage of clinical trials.	○ Policy brief: Medicaid coverage of clinical trials
	Reach out to state Medicaid office medical director.	○ Regional Medicaid contacts ○ Contact information database search ○ Template letter to Medicaid ○ Medicaid Demonstrations Project
The patient has both Medicare and Medicaid coverage.	If patient has full dual eligibility, secure prior authorization from state Medicaid office.	○ Medicare-Medicaid coordination office
	Medicare is the primary payer; Medicaid is payer of last resort. Check the patient's benefits to see what is covered under their state's Medicaid.	○ Dual coverage level categories
The patient has Medicare Advantage (MA).	Patients with Medicare Advantage are covered in CED clinical trials.	○ MA plans must cover what Medicare covers
	Check benefits for coverage of HCT.	○ (varies by health plan and patient)

The patient has commercial coverage.	Check benefits for coverage of clinical trials.	○ (varies by health plan and patient)
	Secure prior authorization.	○ Commercial authorization process
	If the health plan is an ACA individual marketplace plan, then coverage of routine costs in clinical trials is mandated by law.	○ Clinical trial coverage for individual marketplace plans
The prior authorization was denied.	Make sure that the prior authorization request was properly filled out with the right codes and trial number.	○ More on authorization and coverage
	Every patient has the right to appeal denials. Make sure to include a letter regarding the benefits of the trial and/or medical necessity.	○ Clinical trial attestation form ○ Steps to an internal appeal ○ Peer-to-peer review steps ○ Template letter to Medicaid
	Request an external review.	○ Patient's rights to an external review ○ Federal external review process

Reimbursement

Once the patient is deemed eligible, is enrolled, has acquired approval for coverage, and clinical trial services have been rendered, the patient's claims must follow coding and billing guidance in order for the insurance provider to **reimburse** the hospital for services provided under clinical trial.

Issue	Recommendation	Resources
The transplant claim was rejected.	Check to make sure the clinical trial number is included on every claim, the right code edits are used, and payer-specific billing guidance is followed	○ Medicare clinical trial FAQ ○ More on Medicare clinical trial coding
The donor search claim(s) was rejected.	Donor search and cell acquisition charges should be included as a line item on the transplant claim using revenue code 0815. If the patient's transplant is cancelled, these costs should still be reported on the annual cost report.	○ MLN Matters Resource– Revenue Code 0815 ○ HCT CED Claims Processing
The patient's HLA typing claim(s) was rejected.	Patient typing costs should be billed on the transplant claim using revenue code 0815. If the patient's transplant is cancelled, these costs should still be reported on the annual cost report.	○ CMS billing guidance – jump to 90.3.1 ○ MLN Matters Resource– Revenue Code 0815
Medicaid is rejecting claims as the secondary payer.	Before Medicaid will reimburse claims as a secondary payer, Medicare must first reject those claims.	○ Medicaid secondary payer policy ○ Medicare-Medicaid coordination office
	If a prior authorization was NOT requested prior to transplant, then Medicaid may approve during the retroactive period – check with the state's Medicaid office.	○ More on Medicaid waivers, demonstration evaluations

Contact Information

Regarding STRIDE2 protocol and eligibility criteria:

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Regarding STRIDE2 coverage and reimbursement:

NMDP/Be The Match Public and Payer Policy Department

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Addendum A: Template Letter to Medicaid

To whom it may concern:

The Blood and Marrow Transplant Clinical Trials Network (BMT CTN) is a National Institutes of Health funded network established in 2001 to study transplantation for malignant and non-malignant hematologic diseases with the intent that multiple sites in the US would participate in this network to advance care of these patients.[1]

The BMT CTN was recently contacted by HOSPITAL/CENTER NAME, a hospital which is an active clinical site for BMT CTN 1503: *A Study to Compare Bone Marrow Transplantation to Standard of Care in Adolescents and Young Adults with Severe Sickle Cell Disease.* The hospital cited denial of the transplantation authorization request on the grounds that transplant was considered an "experimental/investigational" treatment due to the therapy's provision within a clinical trial setting. As the Protocol Officer for the study, I wanted to share the following information regarding the intent and design of the 1503 study. Bone marrow transplantation should not be considered experimental/investigational for the treatment of sickle cell disease, despite its inclusion in the current clinical trial. By way of background, BMT CTN 1503 was developed upon completion of a phase II trial for bone marrow transplantation that used an identical transplant conditioning strategy (i.e., similar inclusion criteria, transplant conditioning regimen and graft-versus-host disease prophylaxis regimen)[2]. Additionally, bone marrow transplant for children and young adults is being done to the extent that a recent publication involved ~1000 patients[3] and another publication that focused on matched unrelated donor transplantation for sickle cell disease[4]. There were 405 transplants for sickle cell disease in the United States for the period 2013 – 2015 that were reported to the Center for International Blood and Marrow Transplant Research, which collects data on all allogeneic transplants performed in the United States, implying this treatment is no longer considered "experimental" for this disease.

BMT CTN 1503 is a study to compare bone marrow transplantation to standard of care in adolescents and young adults with severe sickle cell disease. Bone marrow transplantation when an HLA-matched related or unrelated donor is available is considered curative treatment for sickle cell disease. Standard of care consisting of regular red blood cell transfusion with or without hydroxyurea and supportive care for recurrent pain is also widely practiced for those patients who do not have an HLA-matched sibling or unrelated donor.

This study (BMT CTN 1503) is the first ever to compare survival between two accepted treatment options in a rigorous manner. The study is designed such that adolescents and young adults with severe sickle cell disease are assigned to their treatment arms based on availability of a HLA-matched related or unrelated donor. Those

with a suitable donor are assigned to the donor arm and expected to undergo bone marrow transplant. Those without a donor are assigned to the no donor arm and expected to continue with hydroxyurea, regular red blood cell transfusion, and pain management.

Therefore, although BMT CTN 1503 is a prospective study, the study is comparing survival and disease-related outcomes between *two treatment options that are both considered to be standard of care; neither treatment is experimental or investigational practice.* This study will yield invaluable information to guide future treatment recommendations; as an example, if the risk of death from bone marrow transplant exceeds 15% – 20%, two years after the transplant, it is highly unlikely that this treatment, although offered with curative intent, is likely to result in survival advantage compared to treatment with hydroxyurea, regular red blood cell transfusion, and pain management.

We include a list of literature supporting the use of bone marrow transplantation for the purpose of treating certain individuals with sickle cell disease on the following page.

Thank you very much for considering this important study for the benefit of patients on Medicaid in the State of PATIENT'S STATE OF RESIDENCE.

Please do not hesitate to contact me with additional questions or concerns.

Sincerely,

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Supporting literature

1. Steering Committee of the Blood and Marrow Transplant Clinical Trials Network. The Blood and Marrow Transplant Clinical Trials Network: An Effective Infrastructure for Addressing Important Issues in Hematopoietic Cell Transplantation. Biology of Blood and Marrow Transplantation. 2016; 22 (10): 1747 - 1757
2. Krishnamurti L et al. Results of a multicenter pilot investigation of bone marrow transplantation in adults with sickle cell disease (STRIDE). Blood. 2015; 126: 543a
3. Gluckman E et al. Sickle cell disease: an international survey of results of HLA-identical sibling hematopoietic stem cell transplantation. Blood. 2017; 129: 1548 – 1556
4. Shenoy S et al. A trial of unrelated donor marrow transplantation for children with severe sickle cell disease. Blood. 2016; 128: 2561 – 2567
5. Angelucci E et al. Hematopoietic stem cell transplantation in thalassemia major and sickle cell disease: indications and management recommendations from an international expert panel. Haematologica. 2014; 99: 811 – 820
6. Bernaudin F et al. Long-term results of related myeloablative stem-cell transplantation to cure sickle cell disease. Blood. 2007; 110: 2749 – 2756

Addendum B: Peer-to-peer Appeal Process for STRIDE2

1. Include the local study team, referral MD, social work (transplant and SCD as appropriate) and assist the patient/family in the appeal process and review appeal documents
2. Request a peer-to-peer review after the standard appeal process has been exhausted
3. Talking points during the peer-to-peer discussion:
    a. BMT is not experimental in this study – it is a comparison of survival after two acceptable therapies for adults with severe SCD
    b. CED/CMS URL link for BMT-CTN exception should be included in the appeal
    c. Limited enrollment to the donor arm in any individual location – will not open a 'floodgate' of transplant cases with a projected total of 60 individuals nationwide
    d. Long-term economic advantages of successful BMT compared with standard of care
    e. Outcome of the comparison of BMT with standard care in this study will establish whether or not BMT is suitable for this indication – NIH supported, peer-reviewed, multi-center trial meets standard for setting future medical practice
    f. Offer to employ disease experts, referring MD, or other local experts acceptable to the peer review process for strengthening the appeal/independent confirmation of these arguments in favor of authorization
    g. Be respectful, listen empathically to the medical director concerns, avoid confrontation
4. Request a final decision in 1 week