NATIONAL MARROW DONOR PROGRAM® BE THE MATCH®

January 14, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-2408-P: Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care

Dear Administrator Verma:

On behalf of the National Marrow Donor Program® (NMDP)/Be The Match®, we thank you for the opportunity to provide our comments on the proposed rule entitled, "Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care" (Proposed Rule).

For the thousands of Americans diagnosed every year with life-threatening blood cancers like leukemia and lymphoma, a cure exists. NMDP manages the largest and most diverse marrow registry in the world through a competitively-bid contract with the Health Resources and Services Administration (HRSA). Each year, the Congress appropriates funds to operate this federal program, which is designated by the Congress as the C.W. Bill Young Cell Transplantation Program (Program). Since the mid-1980s, Congress has reauthorized the Program with virtually unanimous support. Today, there are 19 million U.S. volunteers listed on the registry that are willing to donate, in addition to more than 249,000 cord blood units, making the cure available through transplant a reality for thousands of Americans each year.

As the steward of this critical federal public health program, we work to identify and eliminate barriers faced by those patients in need of one of these life-saving transplants. In addition to being a core component of our contracts with HRSA, assisting with third-party payer matters is a function of the Office of Patient Advocacy as outlined by Congress in the statute authorizing the Program. NMDP also partners with nearly 200 hospital transplant programs in assisting them with efforts to protect access to transplant.

NMDP supports the Centers for Medicare and Medicaid Services' (CMS) goals of reducing burden and increasing flexibility in the Medicaid Managed Care program, but cautions the agency that increased flexibility cannot come at the expense of appropriate and timely patient access to comprehensive medical services.

Network Adequacy Standards

Current Medicaid Managed Care rules allow states with substantial flexibility to define time and distance standards for each provider specialty as they deem appropriate. Many of the provisions of the 2016 managed care final rule just became effective in 2018, so it is preemptive to evaluate the impact of the rule on states' ability to develop and maintain adequate provider network standards. Although using a quantitative standard to set network adequacy requirements is helpful, it will not guarantee access to care for patients with a blood cancer if a certain specialty (such as hematology) is not included or defined appropriately. This could create access disparities for patients with complex diseases where they may have great access to primary care where an initial diagnosis of a disease may be given, but they are unable to get timely care for their disease with the appropriate specialist for more complex treatment (such as a bone marrow, cord blood, and peripheral blood stem cell transplants (collectively known as hematopoietic stem cell transplants (HCT)), if the closest specialty provider is not considered in-network. We urge CMS to implement a federal minimum standard for networks if the agency makes further changes to the network adequacy requirements to ensure patients retain access to highly specialized medical services regardless of where the patient lives.

NMDP is also concerned about the impact of the proposal to allow states' to define "specialists" as they deem appropriate. NMDP works closely with 183 transplant centers to facilitate HCTs and support all patients, including patients in areas where a transplant center is not located in their state. Allowing individual states to define specialists in ways that are not uniform or consistent could lead to inconsistent application of standards even among neighboring states and can ultimately lead to substandard networks and inadequate patient access to care. This is extremely problematic when patients have to seek care or see providers in another state. If a patient must cross state lines to access an appropriate HCT or cellular therapy, uniform standards should apply to the specialist regardless of where care is provided.

We are especially worried about limitations on access to curative HCT and cell therapy which is not uniformly available across states. We encourage CMS to take the lead and identify and/or designate specific provider types as specialists that states may use to establish their network adequacy standards so that access to care is not a barrier for patients.

Thank you again for providing us with the opportunity to provide comments on the proposed rule. We welcome the opportunity for discussion with the Agency on these important issues that impact patient access to life-saving care. If you have any questions, please free to contact me with any questions at blindber@nmdp.org or (763) 406-8566 or Susan Leppke, Director, Health Policy at sleppke@nmdp.org or (763) 406-8522.

Sincerely,

Brian L. Lindberg, JD
Chief Policy Officer