Advocacy & Policy: An EPIC Combination

Jessica Knutson & Susan Leppke
National Marrow Donor Program/Be The Match

November 9, 2018
Learning Objectives

✓ Become leaders in the community on health policy issues that affect transplant patients
✓ Explain the impact of advocacy efforts on the health policy initiatives
✓ Summarize critical reimbursement coding and billing updates that will impact your transplant center in 2019

Grab your cape.
## Disclosures

The following faculty and planning committee staff have the following financial disclosures:

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Goldstein</td>
<td>Stanford Health Care</td>
<td>Novartis, Honorarium, Consultant; GLG, Fees, Consultant</td>
</tr>
<tr>
<td>Becky Dame</td>
<td>Be The Match Patient Advocate</td>
<td>None</td>
</tr>
<tr>
<td>Jessica Knutson</td>
<td>Be The Match</td>
<td>None</td>
</tr>
<tr>
<td>Susan Leppke</td>
<td>Be The Match</td>
<td>None</td>
</tr>
<tr>
<td>Naomi Cazeau</td>
<td>Memorial Sloan-Kettering Cancer Center</td>
<td>None</td>
</tr>
<tr>
<td>Katie Schoeppner</td>
<td>Be The Match</td>
<td>None</td>
</tr>
</tbody>
</table>
Panelist: Gary Goldstein

Business Manager for the adult BMT program at Stanford Health Care, where he oversees business operations for the Blood & Marrow Transplant and adult CAR-T therapy programs.

Grab your cape.
Panelist: Becky Dame

Transplant Nurse, Information Specialist, and Be The Match Advocacy Ambassador

Grab your cape.
Public policy is just as important as medical research in saving lives.
What is Advocacy

Advocacy is: using your voice to help save lives.

Advocacy activities include: contacting lawmakers, writing emails, making phone calls, social media, and in-person visits to elected officials.

Grab your cape.
Who is an advocate?

YOU.

Grab your cape.
Why is Advocacy Important?

• Many legislative changes in healthcare impacting pharmaceuticals, health professionals, hospitals and the patients we serve

• Members of Congress are overwhelmed – so many issues, so little time

• Offices rely on YOU for information on what’s important
How do legislators make decisions?

- How large is the problem?
- What impact does it have on my district?
- What other organizations care about this issue?
- Do my constituents care about this issue?
- Does the issue affect me personally?
- What is the cost?

Grab your cape.
If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the Washington office have on his/her decision?

- In-Person Issue Visits from Constituents: 94%
- Contact from Constituents' Reps: 94%
- Individualized Email Messages: 92%
- Individualized Postal Letters: 88%
- Local Editorial Referencing Issue Pending: 87%
- Comments During Telephone Town Hall: 87%
- Phone Calls: 84%
- Letter to the Editor Referencing Your Boss: 84%
- Visit From a Lobbyist: 83%
- Form Email Messages: 56%

(n = 190-192)
Source: Congressional Management Foundation 2015 survey of congressional staff, including Chiefs of Staff, Communications Directors, Legislative Directors, and Legislative Assistants.
How to be an advocate

› In-person meeting

› Personal emails

› Social Media

› Phone calls

› Town Halls

Grab your cape.
Who represents you?

Governor/President

U.S. Senators (2)

State Representative

Member of Congress

You

State Senator

City Council/Mayor

Grab your cape.
Congress authorizes the National Marrow Donor Program to be the nation’s registry. Determines federal funding for the C.W. Bill Young Cell Transplantation Program and the National Cord Blood Inventory. The Protect Access to Cellular Transplant Act (PACT Act, HR 4215) will align blood and marrow transplant payment policy with solid organ payment policy for Medicare patients. Congress authorizes the National Marrow Donor Program to be the nation’s registry.
What Can **YOU** Do to Help Your Patients?

- **Take Action!**
- **Stay Up To Date**
- **Meet with Congress in District**
- **Social Media**
- **Legislative Fly-ins**
- **Connect Us**

Grab your cape.
ACCESS TO CARE
The PACT Act HR 4215

Transplant centers lose thousands of dollars on each Medicare beneficiary they treat.

Financial losses incurred by transplant centers when treating Medicare patients threatens ability to continue to provide these transplants.

Will require donor search and cell acquisition costs be reimbursed separately and at a reasonable cost rate —significantly improving reimbursement.

Grab your cape.
SUPPORT THE
Protect Access to Cellular Transplant Act

Help us reach our co-sponsor goal!

0 25 50

Grab your cape.
HR 4215 Co-Sponsors: Bipartisan Support

<table>
<thead>
<tr>
<th>PRIMARY SPONSORS</th>
<th>CO-SPONSORS</th>
</tr>
</thead>
</table>

Breakdown:
- 1 Republican
- 15 Democrats, 11 Republicans

Grab your cape.
Ask

› Please co-sponsor HR 4215 to protect access to cellular therapy.
› Work with leadership to pass HR 4215 immediately.
How to Take Action:

Urge Your Members of Congress to Cosponsor H.R. 4215

Medicare reimbursement for cellular transplants – like bone marrow, blood stem cells and cord blood – continues to fall far short of what it costs to provide care. Each passing month without resolution endangers the future of lifesaving treatments for those Americans with deadly blood cancers and blood diseases.

Hospitals are currently losing money on every Medicare patient that requires a cellular transplant. Hospitals are forced to choose between treating cancer patients or losing tens of thousands of dollars, an unsustainable situation that will inevitably result in blood cancer patients suffering reduced access to quality care.

Please contact your Members of Congress today! Urge them to cosponsor the Protect Access to Cellular Transplant (PACT) Act (HR 4215) to improve Medicare payment policy for lifesaving blood stem cell transplants.

Instructions:

1. Enter your contact information.

Grab your cape.
Text BTM to 52886

Thanks for your interest, take action here: https://bethematch.p2a.co/Tj743p
MsgDtaRtsMayAply Reply HELP for help, STOP to cancel

Grab your cape.
H.R. 4215

Text BTM to 52886
Help us protect patient access to care.

 Advocates | Whitney, Sara, Paul, Rhett, Megan, Cynthia, Iorie, Laurie, Stacy, David, Maureen, Nolan, Deena, Sarah, Kelsey, Kathleen, Elyssa, Lillian, Lynn, Susan,

Grab your cape.
Big Wins

• **+$2.5 Million** for C.W. Bill Young Cell Transplantation Program

• **+$4 Million** for National Cord Blood Inventory

• **+21 Co-sponsors** for HR 4215

17,031 Actions

Grab your cape.
Advocacy Panel

Gary Goldstein, Business Manager, Blood & Marrow Transplant Program, Stanford Health Care

Becky Dame, RN  Be The Match Advocacy Leadership Ambassador

Grab your cape.
HEALTH POLICY UPDATES
Medicare Coverage: Allogeneic HCT

- Currently, Medicare’s NCD does not address lymphoma
- “Local approach” avoids lengthy, national NCD reconsideration
- NMDP is working directly with Medicare Administrative Contractors (MACs)
Medicare Coverage: Allogeneic HCT

NGS Local Coverage Analysis
ICD-10 Diagnosis Codes that are Covered

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C81.01 - C81.09</td>
<td>Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck - Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C81.11 - C81.19</td>
<td>Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck - Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C81.21 - C81.29</td>
<td>Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck - Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C81.31 - C81.38</td>
<td>Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck - Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C81.41 - C81.49</td>
<td>Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck - Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C81.71 - C81.79</td>
<td>Other Hodgkin lymphoma, lymph nodes of head, face, and neck - Other Hodgkin lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C81.91 - C81.99</td>
<td>Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck - Hodgkin lymphoma, unspecified, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C82.01 - C82.09</td>
<td>Follicular lymphoma grade I, lymph nodes of head, face, and neck - Follicular lymphoma grade I, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C82.11 - C82.19</td>
<td>Follicular lymphoma grade II, lymph nodes of head, face, and neck - Follicular lymphoma grade II, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C82.21 - C82.29</td>
<td>Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck - Follicular lymphoma grade III, unspecified, extranodal and solid organ sites</td>
</tr>
</tbody>
</table>

Resources:
NGS Local Coverage Article
NGS Local Coverage Article Coding Guide

Grab your cape.
Lymphoma Coverage Expansion: Update

Success with CGS (Ohio and Kentucky):
• Expanded coverage document coming soon
• Noridian and Palmetto efforts underway
• Success with targeted outreach will result in 31 states having coverage

Phase 1 Goal

Grab your cape.
Next Steps: Transplant Programs

- Share if you have a potential KOL
- Share if you have a good MAC Med Director contact
- Share the current NGS LGA with your MAC

Grab your cape.
REIMBURSEMENT
Reminder: Donor Search & Cell Acquisition

• Medicare **never pays separately**
  • Both search & acquisition included in DRG or APC payments

• Costs must be held until transplant
  • Requires manual tracking
  • Reported through **Revenue Code 0815**
  • Cancelled transplant costs captured in cost report
Revenue Code 0815

Why is it important to report charges on revenue code 0815?

Medicare Rate-Setting

Provider Submits Transplant Claim

- Reimbursement
- Future Payment Development (2+ years)

Grab your cape.
CY 19 OPPS Big Win!

- CY 19 Hospital Outpatient Prospective Payment System (OPPS) final rule dropped on November 2, 2018

- **ASK:** CMS should use additional, correctly coded cases for rate-setting in C-APC 5244

- **SUCCESS:** An additional $12,247 per allogeneic case for CY 2019

<table>
<thead>
<tr>
<th></th>
<th>Proposed Rule</th>
<th>Final Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$26,645.86</td>
<td>$37,892.76</td>
</tr>
<tr>
<td></td>
<td>36 cases</td>
<td>49 cases</td>
</tr>
</tbody>
</table>

Grab your cape.
## CMS FY19 IPPS Final Rule Update

### FY19 Payment Rates

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>Weight</th>
<th>Base Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS-DRG 014 Allogeneic Bone Marrow Transplant</td>
<td>11.9503</td>
<td>$71,701</td>
</tr>
<tr>
<td>MS-DRG 016 Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy</td>
<td>6.5394</td>
<td>$39,236</td>
</tr>
<tr>
<td>MS-DRG 017 Autologous Bone Marrow Transplant without CC/MCC</td>
<td>4.3811</td>
<td>$26,286</td>
</tr>
</tbody>
</table>
# Medicare IPPS Overview

## MS-DRG 014 Allogeneic HCT
- 954 cases
- Most common diagnoses:
  - AML, MDS, CML, ALL, MM, DLBCL

## MS-DRG 016 Autologous HCT w/ CC/MCC
- 2,097 cases
- Most common diagnoses:
  - MM, DLBCL, T-cell lymphoma, mantle cell lymphoma, amyloidosis

## MS-DRG 017 Autologous HCT w/o CC/MCC
- 135 cases
- Most common diagnoses:
  - MM

Grab your cape.
CMS IPPS Success!

HCT Inpatient MS-DRG Payment Rate Trend

Grab your cape.
CMS FY19 IPPS Final Rule Update

• CMS finalized their proposal to rename MS-DRG 016 to “Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy”

• In addition to the payment, CMS approved a separate New Technology Add On Payment (NTAP) for both Kymriah® and Yescarta®
  • The NTAP payment is limited to a cap which is set at 50% of the product cost or in this case $186,500. This is the cap and not a guarantee
  • Outlier payment may also be possible
CMS FY19 IPPS Final Rule Update

- CMS did not address allogeneic HCT payment policy in the final rule
  - NMDP continues to advocate the importance of separate payment for donor search and cell acquisition costs (HR 4215, the PACT Act)

- CMS did address a non-covered edit for allogeneic HCT for multiple myeloma
  - CMS confirmed that multiple myeloma is a covered indication for allogeneic HCT under the current NCD CED
  - CMS will update the ICD-10 Medicare Code Editor software to include ICD-10 codes C90.00 (Multiple myeloma not having achieved remission) and C90.01 (Multiple myeloma in remission).
Medicare Coding & Billing: Donor Source

**All** allogeneic HCT cases need to be reported with a donor source code

<table>
<thead>
<tr>
<th>Related Donor HCT (7th digit 2)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30243G2</td>
<td>Allogeneic related bone marrow via percutaneous venous central line infusion</td>
</tr>
<tr>
<td>30243X2</td>
<td>Allogeneic related cord blood via percutaneous venous central line infusion</td>
</tr>
<tr>
<td>30243Y2</td>
<td>Allogeneic related peripheral stem cells via venous central line infusion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unrelated Donor HCT (7th digit 3)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30243G3</td>
<td>Allogeneic unrelated bone marrow via percutaneous venous central line infusion</td>
</tr>
<tr>
<td>30243X3</td>
<td>Allogeneic unrelated cord blood via percutaneous venous central line infusion</td>
</tr>
<tr>
<td>30243Y3</td>
<td>Allogeneic unrelated peripheral stem cells via venous percutaneous central line</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donor Lymphocyte Infusion (DLI)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30243Q0</td>
<td>Percutaneous venous infusion of autologous white cells via central line</td>
</tr>
<tr>
<td>30243Q1</td>
<td>Percutaneous venous infusion of non-autologous white cells via central line</td>
</tr>
</tbody>
</table>

Grab your cape.
Donor Source Codes

The good news: TCs reported donor sources 98% of the time in FY17

The not so great news: Unknown donor source codes

<table>
<thead>
<tr>
<th>Related</th>
<th>Unrelated</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td>484</td>
<td>132</td>
</tr>
</tbody>
</table>

Bottom line: CMS needs TCs to report specific donor sources to accurately understand the case mix and costs associated with allogeneic HCT

Grab your cape.
CY19 OPPS Payment Rates

Medicare OPPS Reimbursement

- AlloHCT
- Auto/Allo HCT Until 2017 (when split occurred)

Grab your cape.
NEW RESOURCES
NEW Reimbursement Resource Center

Grab your cape.
NEW Resources

NMDP Billable Services: Related Donor Services

The following medical services are purchased by the National Marrow Donor Program® (NMDP)/Be The Match® in order to provide each NMDP/Be The Match service for related donors. This detailed list of items and respective codes represent our interpretation of the 2018 American Medical Association Current Procedural Technology (CPT) codes. These CPT codes are provided for reference only and do not include all components and costs of services provided by the NMDP/Be The Match. Certain codes may not be recognized by particular payers, including The Centers for Medicare & Medicaid Services (Medicare). It is recommended that transplant centers consult their payer contracts for instructions on how to submit NMDP/Be The Match invoices.

NMDP/Be The Match fees, shipping and courier arrangement listed are only valid if donor and recipient are in the United States. Prices are only valid once a signed agreement is received by NMDP/Be The Match. For transplant centers outside the United States, please contact pricing@nmdp.org.

<table>
<thead>
<tr>
<th>NMDP/Be the Match Service</th>
<th>CPT Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workups Reaching Harvest</td>
<td>N/A</td>
<td>Generating requests to contact and test potential donors or cord blood units; repeat searches of NMDP/Be The Match file.</td>
</tr>
<tr>
<td>Fresh Blood Sample Includes shipping to transplant center (TC)</td>
<td>36415, 99000</td>
<td>Collection of venous blood by venipuncture, also called “Pre-Collection Sample Draw” or CTIDM Sample Draw.</td>
</tr>
<tr>
<td>Buccal Swab Sample Includes shipping to TC</td>
<td>N/A</td>
<td>Solicit and transportation of buccal swab sample from prospective related donor (NMDP or TC).</td>
</tr>
</tbody>
</table>

Do Not Bill Donor Coding and Billing Guide

Allogeneic Hematopoietic Cell Transplant (HCT) Donor Billing

Transplant centers (TCs) cannot bill the donor or the donor’s insurance provider for any donor search and cell acquisition charges associated with the recipient’s allogeneic hematopoietic cell transplant (HCT). This resource contains general guidance on how TCs can code and bill for donor services.

General Billing Instructions, Payer Relations and Tips

1. All donor-related charges, including those for donor search and acquisition costs and NMDP/Be The Match invoice fees, should be held and included on the recipient’s transplant procedure claim itself using revenue code 0815 (inpatient or outpatient setting) as a line-item charge. Some providers may also elect to also use the HCPCS/CPT code 38204.

2. A complete recipient transplant bill should contain the following: acquisition charges, cost report days, and utilization days for the donor’s hospital stay (if applicable) and/or charges for other encounters in which stem cells were obtained from the donor.
   a. NMDP/Be The Match highly recommends that TC’s adopt a process to identify, hold and itemize all donor-related charges until the transplant procedure. This will ensure that services furnished, the charges, and that the person receiving the service (donor or recipient), can be readily identified and reported in the stem cell/bone marrow acquisition cost center.

3. Transplant centers CANNOT charge the donor’s days of care against the recipient’s utilization record. For cost reporting purposes, the utilization record includes the covered donor days and charges as Medicare days and charges.

4. Ensure that commercial contracts are updated with language that reflects advancements in cell acquisition and the TC’s current practices.

Grab your cape.
## NEW Resources (cont.)

**FastTrack™ Search**

### Histocompatibility CPT Code Crosswalk

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmatory Testing (CT) Blood Sample</td>
<td>38415</td>
<td>Collection of venous blood by venipuncture</td>
</tr>
<tr>
<td></td>
<td>86592</td>
<td>Syphilis test - non treponemaal, qualitative (eg, VDRL, RPR, ART)</td>
</tr>
<tr>
<td></td>
<td>86644</td>
<td>Cytomegalovirus (CMV)</td>
</tr>
<tr>
<td></td>
<td>86703</td>
<td>HIV-1 and HIV-2, single result</td>
</tr>
<tr>
<td></td>
<td>86704</td>
<td>Hepatitis B core antibody (HBcAb), total</td>
</tr>
<tr>
<td></td>
<td>86790</td>
<td>Virus, not elsewhere specified</td>
</tr>
<tr>
<td></td>
<td>86803</td>
<td>Hepatitis C antibody</td>
</tr>
<tr>
<td></td>
<td>86900</td>
<td>Blood typing, serologic; ABO</td>
</tr>
<tr>
<td></td>
<td>86901</td>
<td>Blood typing, Rh (D)</td>
</tr>
<tr>
<td></td>
<td>87340</td>
<td>Hepatitis B surface antigen (HBsAg)</td>
</tr>
<tr>
<td>Infectious Disease Marker (IDM) Testing at CT</td>
<td>87521</td>
<td>Hepatitis C, amplified probe technique, includes reverse transcription when performed</td>
</tr>
<tr>
<td></td>
<td>86753</td>
<td>Antibody, protozoa, not elsewhere specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>CPT Code</th>
<th>Required Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Molecular Pathology</td>
<td>HLA</td>
<td>81372</td>
<td>Class I typing, low resolution; compare A, B, C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>81378</td>
<td>Class I and II typing, high resolution; A, B, C, and DRB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>81382</td>
<td>Class II typing, high resolution; one locus, each - DRB1, DRB3/4, DQB1, DQA1, DPA1, DPB1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38812</td>
<td>Single antigen A/B/C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38813</td>
<td>Multiple antigens A/B/C</td>
</tr>
<tr>
<td>Tier 2 Molecular Pathology</td>
<td>Other Non-HLA Factors</td>
<td>381403</td>
<td>Killer cell immunoglobulin-like receptor (KIR) gene family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>381400</td>
<td>CDS ClL-2 deletion mutation</td>
</tr>
<tr>
<td></td>
<td>Antibody Screening</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>86821</td>
<td>Lymphocyte Culture, mixed (MLC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38807</td>
<td>Serum screening for cytotoxic percent reactive antibody; standard method</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38808</td>
<td>Serum screening for cytotoxic percent reactive antibody; sickle method</td>
</tr>
<tr>
<td></td>
<td></td>
<td>86828</td>
<td>Antibody to human leukocyte antigen (HLA), solid phase assay (e.g., microspheres or beads); ELISA, flow cytometry; qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens</td>
</tr>
<tr>
<td></td>
<td></td>
<td>86829</td>
<td>Antibody to human leukocyte antigens (HLA), solid phase assay (e.g., microspheres or beads); ELISA, flow cytometry; qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens</td>
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<tr>
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<td>86830</td>
<td>Antibody to human leukocyte antigens (HLA), solid phase assay (e.g., microspheres or beads); ELISA, flow cytometry; antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I</td>
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<td></td>
<td>86831</td>
<td>Antibody to human leukocyte antigens (HLA), solid phase assay (e.g., microspheres or beads); ELISA, flow cytometry; antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II</td>
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<td></td>
<td></td>
<td>86832</td>
<td>Antibody to human leukocyte antigens (HLA), solid phase assay (e.g., microspheres or beads); ELISA, flow cytometry; antibody identification by qualitative panel using complete HLA phenotypes, HLA Class III</td>
</tr>
</tbody>
</table>

**Grab your cape.**
Take Action

Stay up-to-date by joining the Advocacy Action Network.
BeTheMatch.org/Advocacy

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Thank you!

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