Medicare Coverage and Reimbursement Update

February 13, 2015

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Rocky Billups, Sarah Cannon
Agenda: Updates and Discussion

- Coverage
- Reimbursement
- Q & A
First, a little about you...

(This is where we try to use the audience response system and hope for the best!)
At my center, Medicare patients are ___ of our patient mix:

a. A small amount (under 10%)
b. A growing amount (10-20%)
c. A big portion (21-30%+)
d. A whole lot (above 30%)
Growth in Transplants in Medicare (≥65) Population

*Transplants for AML, ALL, NHL, Hodgkin Disease, Multiple Myeloma
My knowledge about Medicare for HCT is:

a. Very strong: I feel confident about what our program is doing.

b. Strong: We’re on the right track, but I still double check things regularly.

c. Ok: I’m starting to get it, but need some guidance.

d. Not so great: I’m new to HCT and/or Medicare and need some help.

e. I work in Pediatrics and wish these people would stop talking about Medicare!
Reimbursement Resource Center
http://network.bethematchclinical.org/reimbursement

Let us know what you need!
Sign-up for Monthly Newsletter

Option 1: Online (Easy!)

Stay Connected

- Reimbursement E-News: Sign up to receive monthly emails about new reimbursement resources from our Payer Policy team.
- Financial E-Forum: Join the BMT Financial E-Forum to connect with other transplant center financial staff to discuss financial issues related to BMT.

Payer Website

Our Payer website provides information and resources to share with your health insurance plans and other payers.

Option 2: Visit the Payer Policy table right after this session. (Easier!)
Medicare Coverage
Sickle Cell Disease is:

a. Explicitly covered by Medicare for HCT
b. Explicitly not covered by Medicare for HCT
c. Neither. It is in a category of diseases that are left to contractor discretion.
For “silent” coverage indications:

a. My center performs HCT on these patients, even if reimbursement status is unknown.

b. My center performs HCT on these patients only if they are able to act as a guarantor (deposit and/or signed ABN).

c. My center will not perform HCT on patients with diseases that have unclear reimbursement status.

d. I don’t know our policy on these indications.
Medicare Coverage

• Current National Coverage Determination has limited indications

• TCs reluctant to go forward with indications that do not have coverage clarity
  • MDS CED allowed for increased access

• **ASBMT/NMDP have approached CMS with proposal to expand coverage:**
  • Sickle Cell Disease
  • Lymphoma
  • Myleofibrosis
  • Multiple Myeloma (modify coverage guidelines)
MDS Example Shows CED Increases Access Dramatically

US Allogeneic Transplants for MDS in patients older than 65, 2005 - 2013

CED opens
Opportunities for Input – Please stay alert!

The National Coverage Determination Process

Maximum 6 Months (Without TA or MedCAC)

30 days

National Coverage Request → Public Comments Due

Staff Review → Draft Decision Memorandum Posted

Public Comments Due

Maximum 9 Months (With TA or MedCAC)

Preliminary Meetings with CMS → AHRQ Technology Assessment (TA)/ MedCAC → Staff Review

30 days

Maximum 60 days

Final Decision Memorandum and Implementation Instructions
Review: Clinical Trial Policy May Provide Interim Coverage

• CMS reminded us about ACA clinical trials policy:
  • If an indication is in the ‘silent’ category and has a *federally approved or sponsored clinical trial*, Medicare patients are eligible.
  • Need to follow Medicare clinical trials policy for claims processing.
  • If it is an indication that is expressly non-covered (i.e. MM for allo transplant), it will not be covered or reimbursed.
MDS CED Update

• MDS is covered for HSCT by CMS if done under Coverage with Evidence Development (CED)
  • This means patients have to be part of an approved study.

• Currently two arms being run by the CIBMTR:
  • Observational: 913 patients at 95 centers
  • HSCT/non-HSCT: 48 patients at 29 centers (as of 12/31/14)

• As of today, we expect both paths to remain open.
Medicare
Reimbursement
I consider our Medicare billing activities to be in my scope as a program leader.

a. Strongly agree
b. Agree
c. Neutral
d. Disagree
e. Strongly Disagree
As the program leader, I have access to review the financials of my program:

a. Yes, I have full access to financial and payer reports.
b. Yes, but on a limited scope when I ask for them.
c. No, I do not have access to this type of information.
As the program leader I participate in the annual review of my program’s chargemaster:

a. Yes, I fully participate in the review.
b. Yes, but on a limited scope.
c. No, I do not participate in the review.
The 1-slide Explanation of the Medicare Reimbursement Issue

- TCs not reporting full charges on BMT claims
- Medicare using broken methodology to compute your costs.

Not enough $
Current Medicare Reimbursement

• Inpatient (IPPS) Payment Base, FY15:
  • MS-DRG 014: Allogeneic: $64,432
  • MS-DRG 016: Auto w/ MCC/CC: $34,477
  • MS-DRG 017: Auto w/o MCC/CC: $24,402

• Outpatient (OPPS):
  • Allo and Auto Transplant. APC 112, CY15 : $2,844.69

These rates include payment for donor search & acquisition.
  - NMDP invoices, TC labs and testing of siblings, etc.

Bottom line: Most TCs are losing significant amounts of money per Medicare transplant.
Reasons to pay attention to coding: #1


- Mission: Detect and prevent fraud and abuse

  - "We will review Medicare payments to hospitals for bone marrow or stem cell transplants to determine whether the payments were made in accordance with Federal rules and regulations... *Bone marrow or stem cell transplants are covered under Medicare only for specific diagnoses.* Procedure codes must be accompanied by the diagnosis codes that meet specified coverage criteria. **Prior OIG reviews have identified hospitals that have incorrectly billed for bone marrow or stem cell transplants.**"
Reasons to pay attention to coding: #2

• **ICD-10** will become standard in October 2015
• Medicare (national) is only ‘hard coding’ the MDS diagnosis codes into the code editor because of CED.
  • Volume of codes in ICD-10 = several hundred
• MACs will be responsible for creating the coding and edits for the rest.
• ICD-10 crosswalk on the NMDP RRC website.
  • Revised and expanded in January 2015
  • Resource for use with your local MAC. Opportunity for positive and proactive outreach.
  • Please let us know if you find an issue!
0819 is:

a. The revenue code used to report acquisition charges for allo HCT.

b. The number of Medicare transplants that happen annually.

c. The number of times I expect to check my cell phone during this presentation.
Why is the same DRG used for Related and Unrelated Allo HSCT?

a) Medicare has a limit to the total number of DRGs.
b) Only $\frac{3}{4}$ of transplant claims have donor source codes, so Medicare has been unable to split it.
c) The resources used are the same.
# Allogeneic Transplant Reporting Summary

## Inpatient Data – 0819 and Donor Code

<table>
<thead>
<tr>
<th>Data Year</th>
<th>2007</th>
<th>2009</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Allogeneic Transplants (MS-DRG 014)</td>
<td>329</td>
<td>495</td>
<td>545</td>
<td>752 (600 from non-exempt)</td>
<td>957 (702 from non-exempt)</td>
</tr>
<tr>
<td>% reporting 0819</td>
<td>38%</td>
<td>68%</td>
<td>72%</td>
<td>75%</td>
<td>72.8%</td>
</tr>
<tr>
<td>Median 0819 charges reported (w/o $0 claims)</td>
<td>$8,000</td>
<td>$48,000</td>
<td>$51,800</td>
<td>$50,349</td>
<td>$56,380</td>
</tr>
<tr>
<td>% reporting Donor Codes</td>
<td>N/A</td>
<td>69%</td>
<td>72%</td>
<td>75%</td>
<td>73.1%</td>
</tr>
</tbody>
</table>

What we’re doing to improve reimbursement: *Advocacy in D.C.*

- Legislative meetings focused on beneficiary access issues that may stem from inadequate reimbursement to transplant programs.
- In the process of a detailed analysis of Medicare cost reports
  - Focus: understanding how HSCT dollars flow through the cost report.
  - Goal: Present CMS with technical issues and an implementable proposed solution.
  - *We will be in contact if/when public comments and support are needed.*
What you can do: *Focus on Reporting*

**Challenge to the Community:**
95% by 2016

What does this mean?

- **Goal:** *95% of all claims submitted to CMS will have accurate information*
  - Capture full cost of providing the transplant
  - Allogeneic: Have charges related to donor costs reported under Rev Code 0819

Why?

- 73% reporting is not enough to make additional impact.
- To create real change in the payment system, need focus and effort from all programs.
- The NMDP has no direct ability to affect data reporting.
The Goal, Simplified:

Starting this coming October (2015/FY2016), 95% of allogeneic HCT/BMT claims must contain the correct information.

- Changes will be reflected in the FY2018 (Oct 17) payment rates.

Key items:

- Revenue Code 0819: Full donor charges
  - Purpose: Increase what the DRG pays.
- Donor Source Code: Related or Unrelated
  - Purpose: Allow for future splits of the Allo DRG to better reflect your resource use (i.e. Related Allo vs. Unrelated Allo)
  - Note: There is currently no ICD-10 code conversion of the current codes. We have requested a new solution.
Need everyone’s support – even small TCs.

Claims from these providers are **NOT** used for rate-setting:

- City of Hope
- Sylvester
- Moffitt
- Dana Farber
- Memorial-Sloan Kettering
- Roswell Park
- Fox Chase
- MD Anderson
- Seattle Cancer Care Alliance
Accepting the Challenge: Admin SIG Medicare Reimbursement Taskforce

• 2014 Activities:
  • Monthly calls to review issue and brainstorm solutions
  • Assisted in agenda development for Medicare 101
  • Acted as small group coaches for Medicare 101
  • Individual follow-up with centers needing assistance

• Membership:
  • Rocky Billups – Sarah Cannon
  • Kathy Marshall – Sanofi
  • Myrlena Lee – Carolinas Healthcare
  • Sherri Chatterson – Spectrum Health
  • Eric Presson – Baylor
  • Jan Sirilla – Ohio State

Interested in getting involved? Contact Rocky Billups:
Rocky.Billups@sarahcannon.com
**Reference Data: Allogeneic Transplant Reporting Summary**

<table>
<thead>
<tr>
<th>2013 Inpatient Data</th>
<th>ADCC/DRG- Exempt Centers</th>
<th>“Regular”/DRG Applicable Centers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRG 14 Transplants</td>
<td>256</td>
<td>723</td>
<td>979</td>
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<tr>
<td>Total Charges</td>
<td>$56,213,004</td>
<td>$254,508,773</td>
<td>$310,631,777</td>
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<tr>
<td>Mean Charge/Transplant</td>
<td>$219,000</td>
<td>$352,000</td>
<td>$317,000</td>
</tr>
</tbody>
</table>

## Autologous Transplant Reporting Summary

### Inpatient Data

<table>
<thead>
<tr>
<th>2013 Data</th>
<th>ADCC/DRG-Exempt Centers</th>
<th>“Regular”/DRG Applicable Centers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRG 16 – w/ MCC/CC</td>
<td>256</td>
<td>1763</td>
<td>2019</td>
</tr>
<tr>
<td>Total Charges</td>
<td>$56,213,004</td>
<td>$326,288,093</td>
<td>$382,501,097</td>
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<tr>
<td>Mean Charge/Transplant</td>
<td>$219,000</td>
<td>$185,000</td>
<td>$189,450</td>
</tr>
<tr>
<td>DRG 17 – w/o MCC/CC</td>
<td>19</td>
<td>205</td>
<td>224</td>
</tr>
<tr>
<td>Total Charges</td>
<td>$3,412,066</td>
<td>$29,171,696</td>
<td>$32,583,762</td>
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<tr>
<td>Mean Charge/Transplant</td>
<td>$179,000</td>
<td>$142,300</td>
<td>$145,463</td>
</tr>
</tbody>
</table>

Grand total = 2,243 autologous transplants; $415,084,859; $185,000/transplant

Medicare Total Spending on HSCT: Auto and Allo

2013

• 3,222 transplants
• $720 million in charges
• $206 million in reimbursement (base rate)

Total Medicare spending on all care: $585 Billion
Center-Specific Data Analysis

• As part of our efforts to understand reporting issues, analyzed claims on a center level.

• Publicly available information from CMS files

• Can only see high-level information – number of cases, % of claims with donor-code and/or 0819 code attached, total dollar charges reported.
  • Only for centers with more than 11 FFS Medicare SCTs

• Purpose = identification of centers that may need assistance.
0819 Honor Roll - 100% Reporting

FY2013 Data – FY2015 Medicare FFS MedPar File

- City of Hope
- Ohio State James Cancer Hospital
- University of Washington/SCCA
- MUSC Medical Center (SC)
- Oregon Health & Science University
- Mount Sinai
- University of Minnesota
- Karmanos Cancer Center
- Brigham and Women’s Hospital
- University of Chicago
- Presbyterian St. Luke’s Medical Center

See NMDP staff at the break for your certificate!
Medicare for HCT 101

• First session offered in September 2014
• 30 invited attendees:
  • Those that expressed interest previously
  • Centers with identified reporting needs
• Walked through all Medicare rules related to the transplant DRGs
  • Proposed and final rules
  • Coverage guidance
  • Billing and claims guidance
  • Rate-setting
  • “How to find things on the Medicare website”
Medicare for HCT 101 – next opportunity

April 17, 2015
Minneapolis, MN
1-day session

• Focus: Medicare rules, coverage and billing for HCT
• Target audience: TC Financial staff (others welcome)
• Registration: No fee for 1-2 people from each center
• Limited scholarships for attendees without travel budgets
• Contact Kristen Bostrom for registration information:
  • bostrom@nmdp.org
  • (612) 465-7825
Questions?