

Recommendations for designing an effective health insurance benefit set for hematopoietic cell transplantation (HCT)

Benefit Category	Recommendations
Allogeneic Donor Search Process	<p>Recommendation: Full coverage of tissue typing of patient, potential related donors, and unrelated donors through Be The Match® or other approved registry.</p> <p>Rationale: 70% of patients do not have a fully matched sibling donor. Limiting or excluding search coverage delays transplant and can result in unnecessary and costly complications. Information about average costs and processes can be found at Payor.BeTheMatchClinical.org</p> <p>Administrative Guidance: Place search and procurement benefits in separate categories to ensure availability for each stage. Requiring proof of donor insurance policy denial for typing will unnecessarily delay the process; all policies prohibit coverage of costs when a member is acting as a donor. The Medicare claims processing manual indicates that donors should never be billed for transplant costs.</p>
Cell Procurement or Acquisition	<p>Recommendation: Full coverage of cell source acquisition and transport, including travel and lodging of related donor for harvest procedure.</p> <p>Rationale: Obtaining the cell source is a necessary part of the transplant process. For allogeneic unrelated HCT, cost of procurement is dependent on donor location and type of cells selected for transplant.</p> <p>Administrative Guidance: Place search and procurement benefits in separate categories to ensure availability for each stage.</p>
Cell Infusion or Transplant	<p>Recommendation: Full coverage of HCT and subsequent therapeutic infusions for all medically necessary indications, including full coverage of all relevant hospital stays.</p> <p>Rationale: HCT indications are expanding rapidly and improving the lives of patients with otherwise fatal conditions. Limiting access to HCT as a treatment option may result in increased costs and poor patient outcomes, including death.</p> <p>Administrative Guidance: HCT and the associated services fit within the definition of Essential Health Benefits as defined by the Department of Health and Human Services and therefore should not be subject to an annual dollar limitation. For information on transplant indications, visit CIBMTR.org. Limitation of bed days or hospital days on an annual basis is counterproductive to treatment and may be life-threatening. Several inpatient visits are needed for treatment of primary disease, preparation for transplant and recovery. Length of stay varies by disease, condition, cell or graft source success and complications. Utilization of a standard transplant authorization form can streamline requests and reduce processing time. A standard form can be found at Payor.BeTheMatchClinical.org</p>
Medications	<p>Recommendation: Full coverage, without co-pay or co-insurance, of all necessary medications throughout the HCT process, including the post-transplant period with access to in-person pharmacies not just mail order pharmacies.</p> <p>Rationale: Access to medication is critical for success of HCT. Prohibitive co-payments or co-insurance may result in non-compliance, poor outcomes, graft failure and/or expensive hospitals readmissions due to infection or complications.</p> <p>Administrative Guidance: Off-label use of medications is common for the treatment of cancer care of all types, including hematologic malignancies and HCT. Have health plan case management team review list of prescribed medications and work with the patients Pharmacy Benefit Manager (PBM) to issue a test claim prior to discharge.</p>
Clinical Trials	<p>Recommendation: Full coverage of routine care in clinical trials appropriate to the patient's disease, treatment stage and clinical condition.</p> <p>Rationale: Limiting access to clinical trials slows improvements in standards of care. Paying for identical care outside of a clinical trial has identical cost without gaining future benefit.</p> <p>Administrative Guidance: As of 2014, the Affordable Care Act requires coverage of all routine costs associated with clinical trials that meet sponsorship or approval requirements.</p>

The recommendations in this guide were developed by a stakeholder group convened by the National Marrow Donor Program®, including: transplant physicians, representatives from national health insurance companies and transplant networks, and administrators from hospitals with HCT programs.



Benefit Design for HCT