

ASTCT-NMDP ACCESS Initiative Poverty Committee Update

Washington D.C.

August 24 & 25, 2023

ACTIONABLE PRIORITIES

- **Identify** HCT and cellular therapy recipients at high risk of adverse outcomes due to socioeconomic adversity and **develop patient-, center-, and policy-related initiatives** to improve their access and survival

FOCUS AREAS

- Reducing barriers to access through Medicaid
- Understanding access barriers using Kaiser dataset
- Developing TCT advocacy *swat posse*





Transplantation and Cellular Therapy

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In Press, Journal Pre-proof [?](#) What's this? [↗](#)



Assessing Medicaid coverage for hematopoietic cell transplantation and chimeric antigen receptor T-cell therapy: A project from the ASTCT-NMDP ACCESS Initiative

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Medicaid Coverage for Cell Therapy Patients: Day 1

Ellie Beaver, Sr. Manager, Health Policy

Agenda

- Day 1
 - Overview of Medicaid scan results
 - Key takeaways
- Day 2
 - Policy intervention proposals
 - Top intervention targets
 - Engaging ACCESS members
 - Accelerating Kids Access to Care Act (AKACA)



Medicaid Policy Analysis

Background

- The ACCESS Workgroup, a collaboration between NMDP and ASTCT to address non-HLA barriers to transplant, commissioned a 50-state + DC scan of state Medicaid programs for the following coverage policies.
 - Coverages policies for allogeneic and autologous stem cell transplant
 - Coverage policies for FDA-approved CAR-T therapies
 - Travel and lodging benefits
 - Payment methodology for donor search and cell acquisition costs
- Manatt Health was contracted to execute the scan.
- The scan was completed in May of 2023.
- Results were presented to ACCESS Workgroup members over the summer of 2023.

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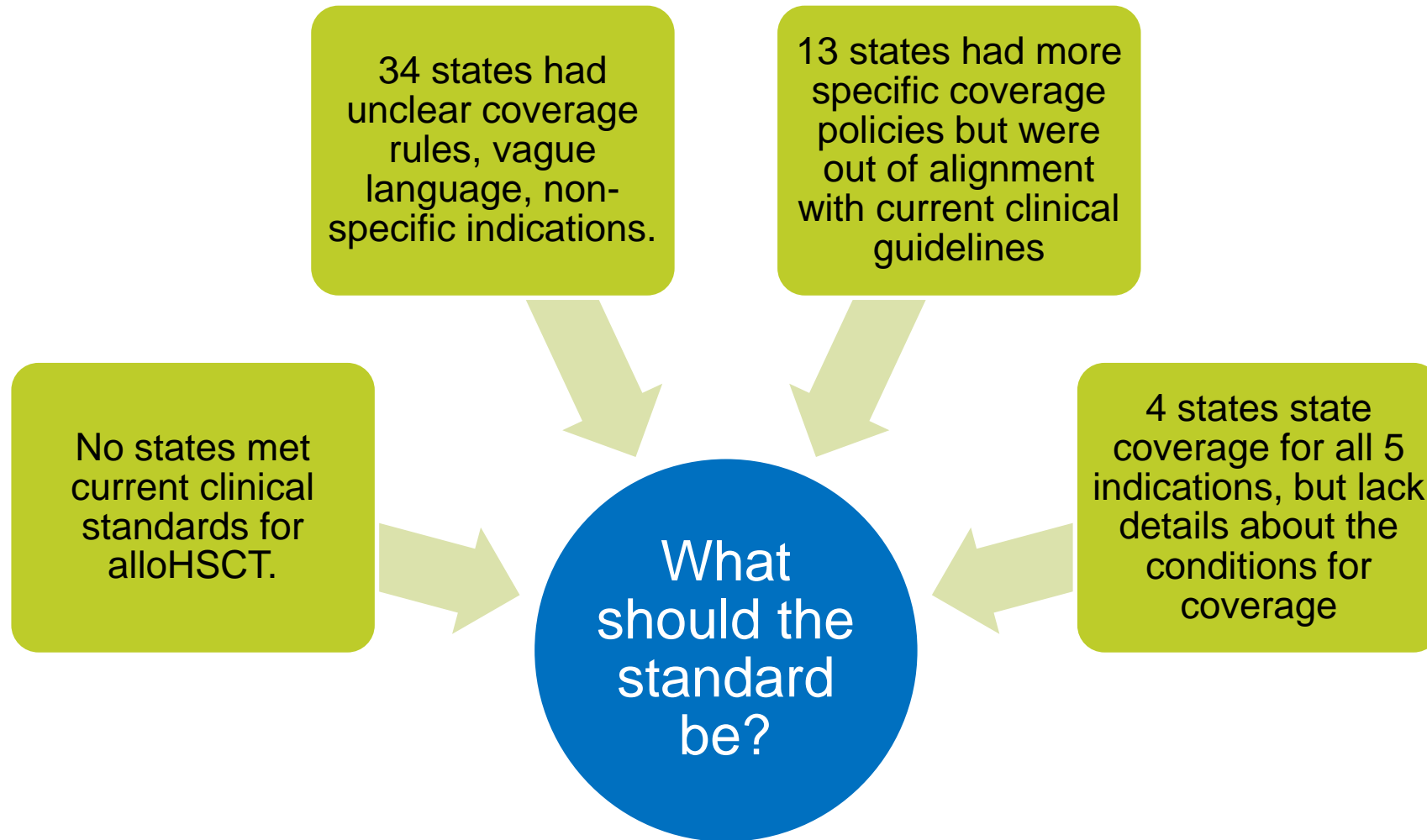
Manatt analyzed key state *Medicaid fee-for-service (FFS)* coverage and reimbursement issues related to stem cell transplants and CAR T-cell therapies

Research Scope

- Coverage of **stem cell transplants** for the following indications:
 - Allogeneic and Autologous
 - ◆ Acute Leukemia (AML, ALL)
 - ◆ Lymphoma
 - ◆ Multiple Myeloma
 - Allogeneic
 - ◆ Sickle Cell Disease
 - ◆ Myelodysplastic Syndrome (MDS)
- How coverage compares to the FDA label for certain CAR Ts used to treat **multiple myeloma, pediatric ALL and lymphoma.**
- Travel expenses, lodging expenses, meal expenses and companion expenses.
- Limits on such coverage (such as dollar caps) and whether enrollees must pay for the services out-of-pocket and seek reimbursement.
- Additional payment for donor costs for allogeneic stem cell transplants.
- Methodologies for determining the amount of such additional payments.

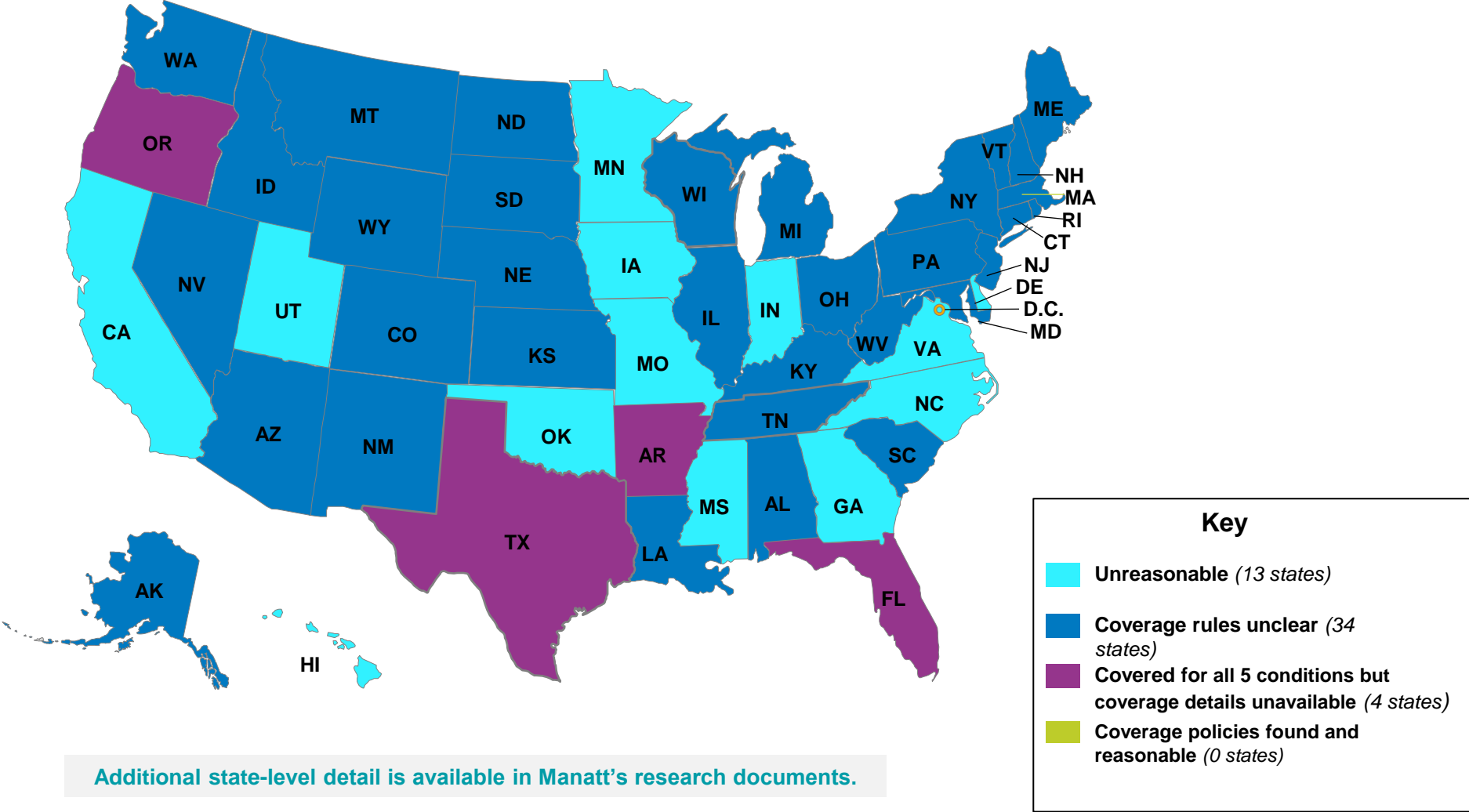
Note: Manatt's analysis focused on state policies, not those developed by or applied to Medicaid managed care organizations. CAR Ts examined consisted of Yescarta for lymphoma, Carvykti for multiple myeloma, and Kymriah for pediatric acute leukemia.

Scan Findings: Coverage for alloHSCT



AlloHCT Coverage Policies Overview

Of the states that had fully developed coverage policies, **all** had at least one unreasonable coverage condition.



CAR T Therapies Coverage Policies Overview

- Most state CAR T coverage policies* were reasonable, more so than the stem cell transplant policies
- Many states cover CAR T therapies in accordance with the FDA label
 - Some states have unreasonable restrictions not based on the FDA label
 - E.g. Prohibition of coverage if patients previously received a CAR T or had undergone a stem cell transplant
- Additionally, some states had discriminatory usage requirements, such as no coverage for those with HIV or hepatitis B or C

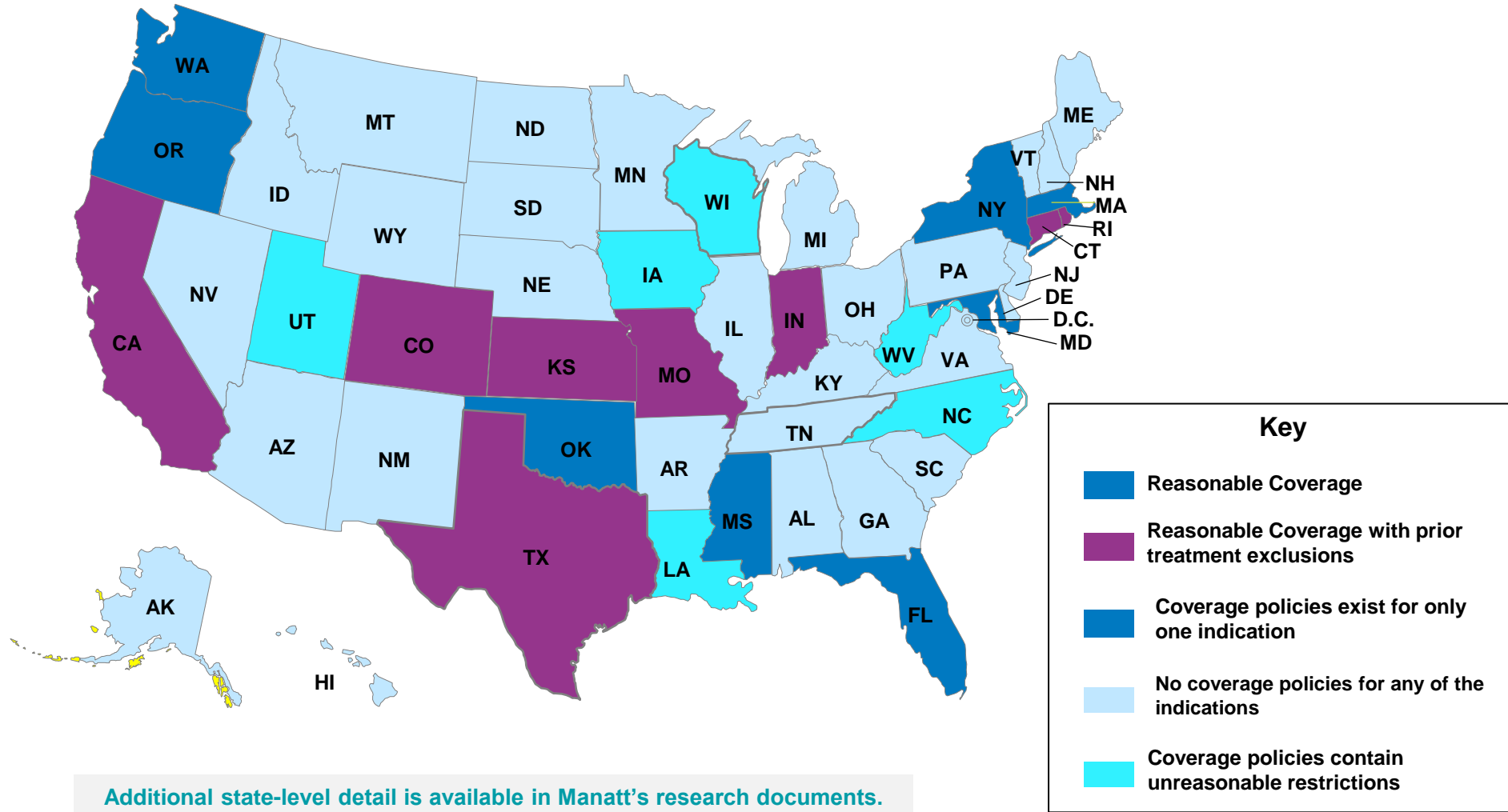
*The data analysis was based on Yescarta for lymphoma, Carvykti for multiple myeloma, and Kymriah for pediatric acute leukemia

CAR T Therapies Coverage Policies Overview

Most state CAR T coverage policies were **reasonable**.

However, several states did have coverage restrictions that ASTCT clinicians identified as **inappropriate**.

In addition, many states **prohibit coverage of CAR Ts if a patient had previously received another CAR T or had undergone a stem cell transplant**, a restriction that is not in the FDA label.



Scan Findings: Medicaid Travel Benefits

All states cover transportation to Medicaid-covered services. The type of transportation offered varies by state and is dependent on cost-effectiveness and the Medicaid beneficiary's needs.

- Every state **covers out-of-state travel**, though some have more stringent requirements that must be met.
 - In Alabama, Medicaid beneficiaries must have their provider justify the need for out-of-state services and provide evidence that such services cannot be obtained in the state.
 - Georgia only allows out-of-state travel for treatments that are not normally provided by in-state medical providers.
- **Nearly all states say they cover airfare**; others may also cover travel by commercial airplane but do not specify this in their policies.
- **Most states provide mileage and gas reimbursement** for travel by personal car when the Medicaid beneficiary, their attendant or another volunteer can drive to the appointment or treatment.
 - Iowa will cover car rental expenses when it is the most economical choice given the Medicaid beneficiary's needs and the Medicaid beneficiary is able to drive themselves or has someone who is available to drive them.

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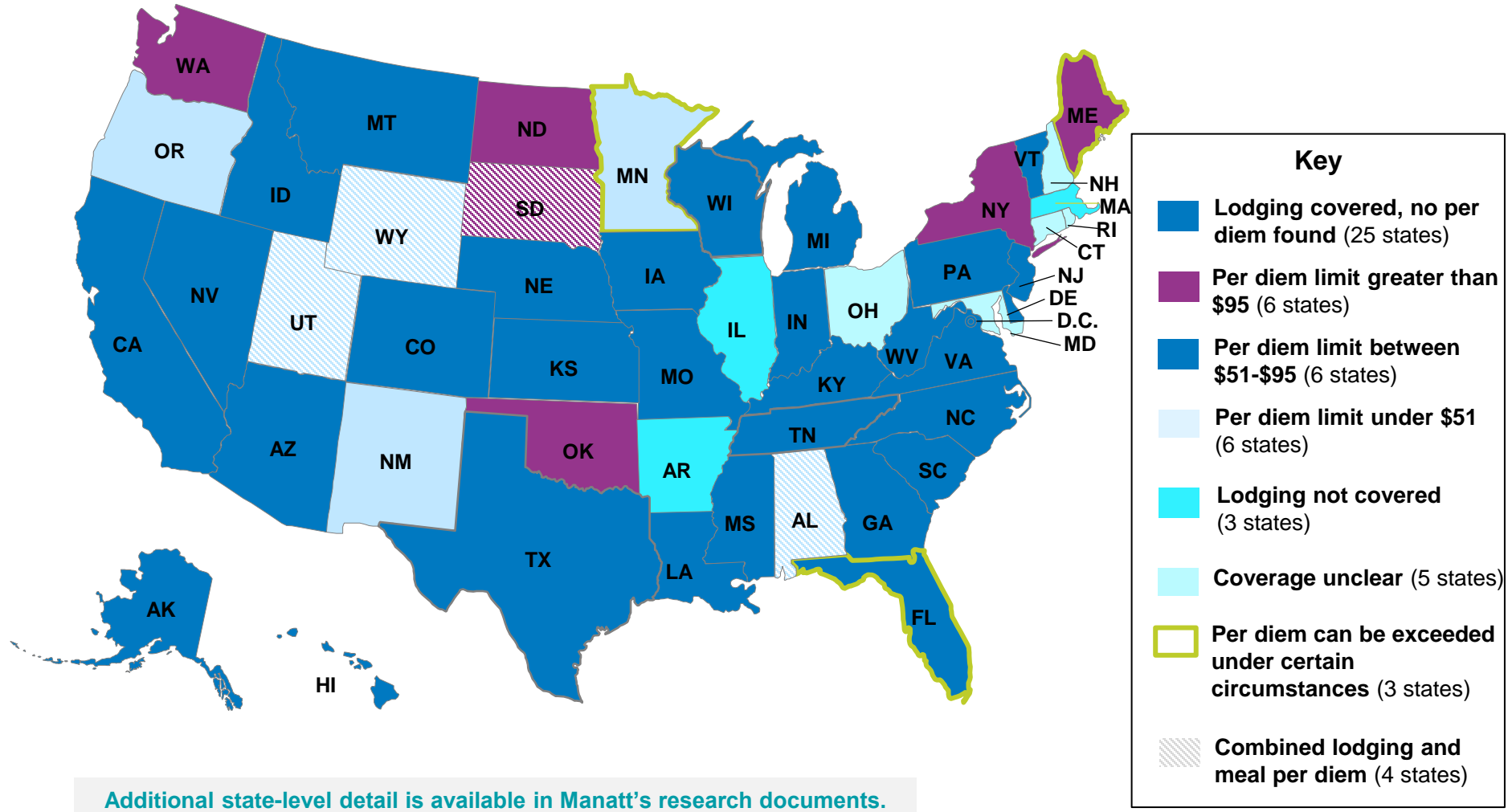
drive to the appointment or treatment.

- Iowa will cover car rental expenses when it is the most economical choice given the Medicaid beneficiary's needs and the Medicaid beneficiary is able to drive themselves or has someone who is available to drive them.

Lodging: Per Diem Limits

Nearly all states cover lodging expenses related to travel for Medicaid-covered services.

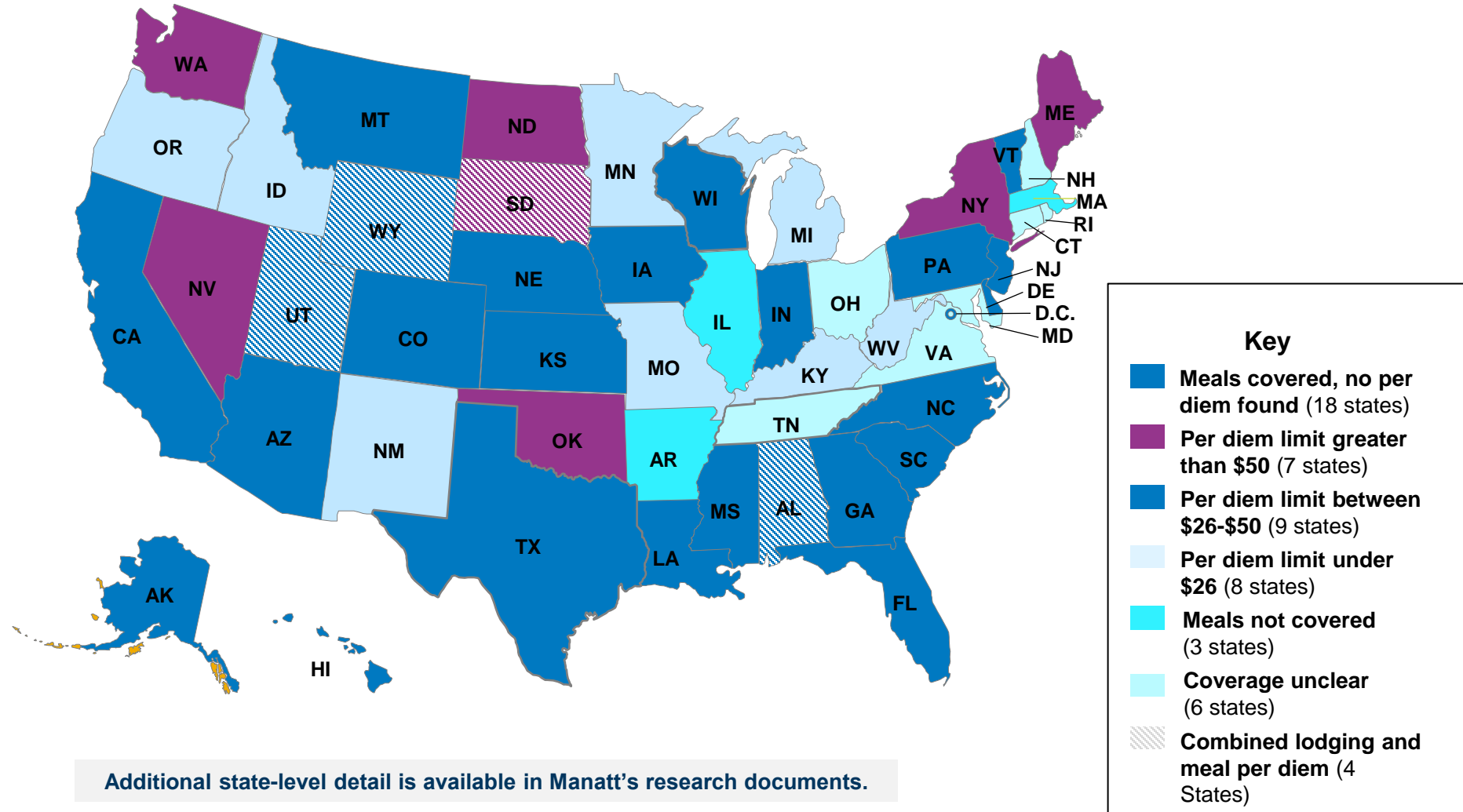
Lodging reimbursement is often limited to instances when lodging is more economical than additional round trip transportation to the medical facility or the beneficiary needs to be nearby the medical facility.



Meals: Per Diem Limits

Nearly all states cover meal expenses related to travel to Medicaid-covered services.

Meal reimbursement is often limited to instances when the Medicaid beneficiary **must travel a significant distance or be away from their residence overnight** to receive treatment or attend an appointment.



Other Findings for Travel, Lodging, Meals Benefits



Nearly all states cover attendant expenses.

Expenses covered for Medicaid beneficiaries age 18 and under and as medically necessary for adult Medicaid beneficiaries.



The payment process for travel related expenses varies greatly across states;

Lack of access to prepaid travel services in some states may limit Medicaid beneficiaries' access to treatment.



Most states have some prior authorization requirements in place for travel and lodging services.



Less than half of states require authorization for all travel services.

Scan Findings: Payment for Donor Costs

States that provide additional reimbursement for donor costs have varying payment methodologies such as cost basis, percentage of charges, charge or cost-based reimbursement subject to a cap and other methodologies.

Donor Cost Payment Methodology	Payment Methodology Description	States With Methodology
Cost Basis	Payment approximately equals the acquisition costs that are reported by the hospital or reasonable costs . Similar to Medicare reimbursement.	CA, MD, MI, OK, WV
Percentage of Charges	Payment is a percentage of charges that the provider bills for stem cell acquisition.	AR, WA, WI, WY
Charge or Cost-Based Reimbursement, Subject to a Cap	Payment based on charges or costs , but reimbursement is subject to a cap .	IL, LA, MS, MO, NV, OR
Other Methodologies	Payment methodology other than based on costs or charges.	HI, IA, OH, VA

Conclusions and Next Steps

Conclusions

- Medicaid coverage for alloHSCT is vague or misaligned with current practice
- Car-T coverage policies are better, but could be improved
- Travel, lodging, meals benefits vary widely and are most likely not serving patients well
- Payment for donor costs spans the spectrum

For Tomorrow

- In-depth discussion about the next steps
- Think about your experience with your state Medicaid program
 - Specific examples of barriers
 - Practices or processes that cause delays in time to transplant

Scan summary slides will be shared with the ACCESS group this afternoon