Benefit Design for Hematopoietic Cell Transplantation

Recommendations for designing an effective benefits plan

	Donor Search	Cell Procurement	Cell Infusion/HCT	Travel/Lodging	Length of Stay	Medications	Clinical Trials
Recommended Benefits	Unrelated donor: coverage of tissue typing/testing through NMDP or other approved registry Related donor: coverage of tissue typing No limit on typing/testing costs if potential donors are in covered categories	Unrelated donor: full coverage of procurement; no limit. Related donor: full coverage of procurement, including travel and lodging of selected donor Autologous collection: full coverage of preparation, harvest and storage of cells	Coverage of HCT and subsequent therapeutic infusions for all medically necessary indications	Full coverage of travel/lodging for member and 1 caregiver or member and 2 caregivers (patient <18) Minimum: $10,000 per HCT in travel/lodging coverage for member and 1 caregiver or member and 2 caregivers (patient <18)	No limit on inpatient days or clinic visits	Coverage of all necessary medications throughout the HCT process (no co-payment or co-insurance requirements)	Coverage of clinical trials appropriate to care Minimum: coverage of routine care for patients on clinical trials, per the requirements in the *Affordable Care Act*
Rationale	Amount of testing needed to find donor is based on genetics of patient; 70% of patients need an unrelated donor Limiting or excluding search coverage can negatively affect transplant outcomes and may result in unnecessary and costly complications	Obtaining cells for transplant is a necessary part of process For allogeneic HCT, cost dependent on donor location and type of cells selected for transplant	Transplant indications are expanding rapidly and improving lives of patients with otherwise fatal conditions Limiting access to transplant as treatment may result in increased costs and poor patient outcomes, including death	Patients may have to travel to center able to treat condition and/or within insurance network. Allogeneic HCT stay may be up to 100 days after cell infusion Limiting travel/lodging benefits may create difficulty in affording other necessary medical and/or living expenses	Several inpatient visits are often needed for treatment of primary disease, preparation for transplant and recovery; length of stays varies by disease, condition, graft success and complications Limiting inpatient days is counterproductive to treatment and may be life-threatening.	Access to medications is critical for success of HCT Prohibitive co-payments or co-insurance on medications may result in non-compliance, poor outcomes, graft failure and/or expensive hospital readmissions due to infection or complications	Results of clinical trials improve care for all patients Limiting access to clinical trials slows improvements in standards of care. Paying for identical care outside of a trial has identical cost without gaining future benefit from trial outcomes
Administrative Guidance	Place search and procurement into separate benefits to ensure funds are available for each phase of activity Visit marrow.org/payor to find overview of donor search costs	Place search and procurement into separate benefits to ensure funds are available for each phase of activity	Include all transplant benefits under general medical benefit spending; do not implement a separate transplant-only benefit and spending limit	Use discounted housing options offered by transplant centers Adopt IRS reimbursement guidelines for taxable amounts or allow flexible spending of patient allocation. Patient reports to IRS; 1099 form. Consider reloadable debit cards		Understand off-label use of medications is common for cancer care Review medication list and test claims to assess coverage and co-payments/ insurance costs before patient is discharged from initial hospitalization	

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

© National Marrow Donor Program 2012

NP00572; MAR 2012