Medicare Intravenous Immune Globulin Demonstration

Open Door Forum

November 2013
Today’s Goal

• Get input from key stakeholders on questions related to demonstration design and implementation

• Respond to questions
Legislative Summary

- Mandated by the Medicare Intravenous Immune Globulin Access and Strengthening Medicare and Repaying Taxpayers Act of 2012

- Provides payment for items and services needed for in-home administration of intravenous immune globulin (IVIG) for the treatment of primary immune deficiency disease (PIDD)

- 3-year demonstration period

- $45 million authorized to conduct and evaluate the demonstration (benefit costs and administrative costs)
Legislative Summary

- Limited to 4,000 beneficiaries who have been diagnosed with PIDD and voluntarily enroll to participate
  - Must be enrolled in Medicare Part B
  - Must be covered under Traditional Medicare FFS (not Medicare Advantage)
  - Not in a home health episode
Evaluation

Reports to Congress

• Interim evaluation
• Final Evaluation
  - Impact on beneficiary access
  - Appropriateness of implementing a new payment methodology
Questions for Discussion

Provider/Supplier Issues

• Should billing for demonstration covered nursing services & supplies be permitted by organizations that are not supplying the drug?
  ❏ Would there be situations where two different providers would be billing: one for the drug and one for the administration?
  ❏ Is it reasonable to require the claim for the demonstration service be billed on the same claim as the drug?

• What types of organizations should be eligible to participate in the demonstration?
  ❏ Should eligible organizations have to apply to participate in the demonstration?
Questions for Discussion

Beneficiary Related Issues

• Who should CMS reach out to/inform about this demonstration?
  - How likely are beneficiaries currently receiving IVIG in other sites or SCIG likely to switch to in-home IVIG?

• How can CMS best reach out to beneficiaries and their providers?

• Should CMS have an open enrollment period during which applications would be submitted on an equal basis for consideration, rolling enrollment, or some combination?
Questions for Discussion

Beneficiary Related Issues

- Should a patient’s physician be required to sign a beneficiary’s application to confirm the diagnosis and awareness of the demonstration and locus of service?

- Should the beneficiary’s application specify a particular drug or supplier?
Questions for Discussion

Other Issues

• Is the demonstration likely to impact the supply of IVIG?

• Are there other factors Medicare should consider in designing this demonstration?
For More Information

• CMS Web Site
  - http://innovation.cms.gov/initiatives/IVIG/
  - Announcements and new information posted
  - Sign up for List Serve

• CMS email box
  - IVIGdemo@cms.hhs.gov

• Project Officer:
  - Jody Blatt ((410)-786-6921)