CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
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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
  - ❑ Update of report : “Analysis of Supply, Distribution, Demand, and Access Issues Associated with Immune Globulin Intravenous (IGIV),” (ASPE 2007)

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

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