COVID-19 Monoclonal Antibodies Payment Considerations

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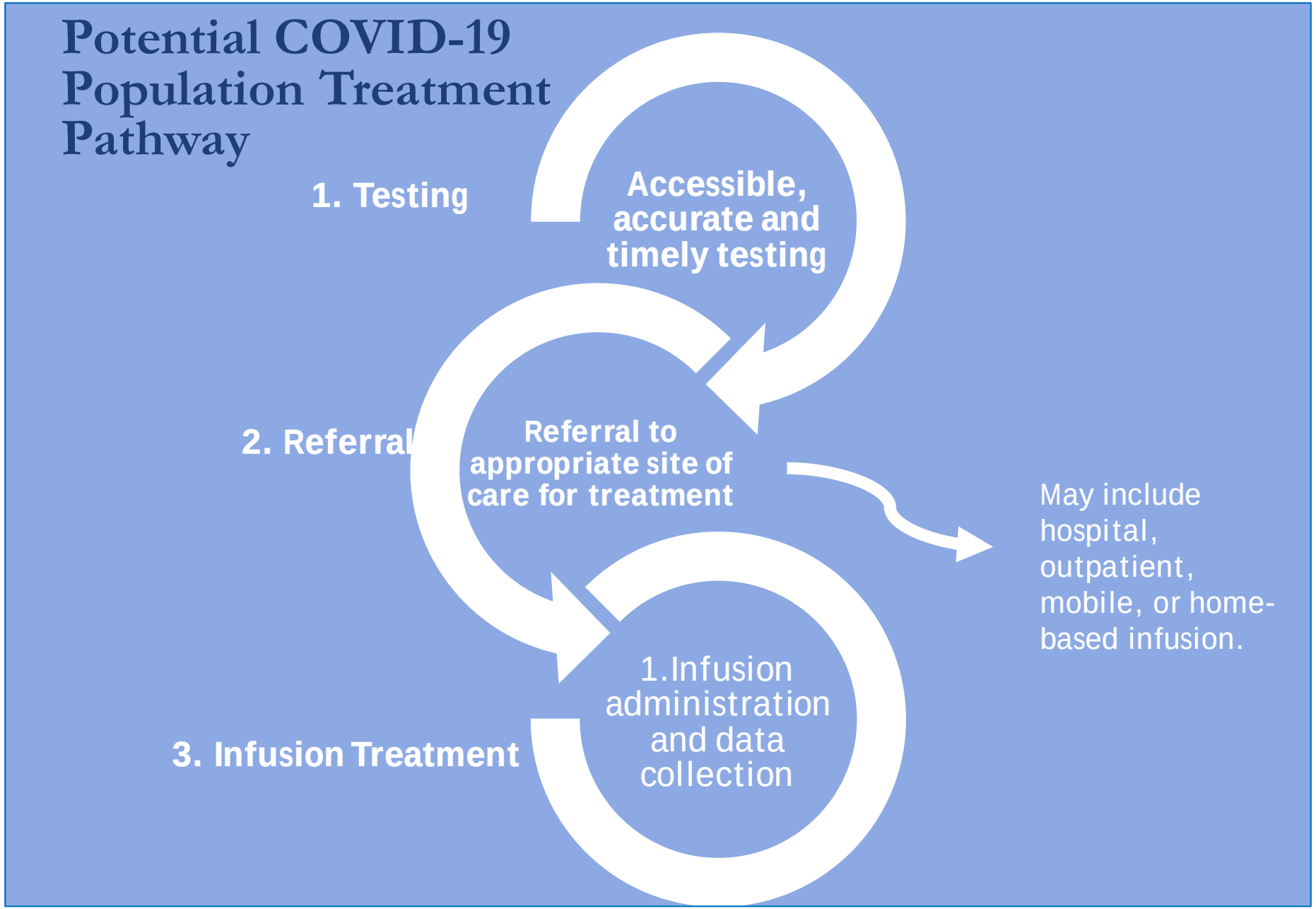
December 17, 2020

Potential COVID-19 Population Treatment Pathway



Payment Issues Affecting COVID-19 Outpatient Care

- *Uncertainty surrounding the appropriate base payment mechanism.* Medicare has chosen to apply an outpatient reimbursement rate for complex chemotherapy infusion and monitoring across all settings of care, with no copays (under its CARES Act vaccination authority). This base payment of $309.60 may not be adequate for all sites. For example, some sites, such as long-term care facilities, mobile or home infusions, or new COVID-19 focused infusion centers may have high costs in setting up new infusion services and may need to provide higher intensity care on each case in order to safely deliver COVID-19 treatments. CMS requires Medicaid coverage, but state payment approaches are not clear.
- *Lack of support for longitudinal data collection and analysis of treatment outcomes may hinder effective risk-stratification for new (recently diagnosed) COVID-19 patients.* With new mAbs treatments receiving emergency authorization, providers and payers have limited evidence-based guidance to be able to match the right treatment for the right patient.
- *Fragmented payment may prevent effective delivery of services across the continuum of services that could improve outcomes for new COVID-19 patients.* If payment is fragmented across payers and sites of care, there is a risk that providers will not have the capacity to invest in timely referral networks for treatment after testing, the safe and effective delivery of new infusion services.

Payment at Different Sites of Care

Site of Care	• Implementation Considerations	Payment Rate Considerations* *Medicare's $309.60 rate is equal to existing outpatient reimbursement rates of more complex chemotherapy drugs. Private insurers will likely follow Medicare's approach, using the Medicare rate or a multiple of the Medicare rate, approximately $700 or slightly higher.
Hospital outpatient and standalone infusion centers	• Health care organizations will likely have to hire or repurpose existing staff to provide additional infusion capacity; and may face challenges with meeting the safety needs of non-COVID patients. • Large infusion systems and hospital systems may be well suited to participate in data collection and sharing, as well as registries; many systems are doing so already.	• Unlike chemotherapy drugs, these antibodies are one-time infusions and the drugs are provided at no costs. • Given the potential number of volume of patients requiring counseling services in outpatient settings, current Medicare E/M rates may not be entirely sufficient to effectively coordinate care. • Current Medicare reimbursement may not reflect all efforts associated with safe and effective infusion delivery, such as hiring staff or purchasing PPE; developing new infusion centers; and providing infusion services for both COVID and non-COVID patients.
Home Infusion, Temporary Standing Infusion Sites and Administration in Long-term Care Facilities	• In existing home-infusion models, a home infusion company obtains orders from the physician; acquires, prepares, and delivers the drug to the home; and arranges skilled staff to administer the drug and monitor for adverse events. • May provide less costly, safer access for patients who might face complications, delays, or high costs from transport to an outpatient infusion center. • May be a strategy to provide infusions to rural and other underserved locations. • Will require specialized nurses and transportation of equipment and personnel to the site of care.	• Current Medicare reimbursement may not reflect all efforts associated with safe and effective infusion delivery, such as hiring staff, and transportation costs for staff and medication, especially since economies of scale may be limited. • This model is primarily used for other monoclonal antibodies by commercial and Medicare Advantage insurance plans, because of greater payment flexibility compared to traditional Medicare.

Payment Strategies to Support Enhanced COVID-19 Care

- Payment to providers should adjust to support effective access to antibody treatment for all high-risk COVID-19 patients.
- CMS should collaborate with states and HHS to track access to COVID-19 treatments and identify gaps.
- The federal government should consider funding deployable antibody administration capacity to hotspots and underserved areas.
- CMS and private payers should consider whether there should be further adjusting of payment rates for test return time.
- Public and private reimbursement should support a limited core data platform or registry for high-risk COVID-19 patients, to improve evidence on how to best use antibodies.

Thank You!

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