ATTENTION MEDICARE PATIENTS AND HEALTHCARE PROVIDERS

The Centers for Medicare and Medicaid Services (CMS) has published its final rule for next year that will affect all sites of care for Medicare patients.

2006 Reimbursement Rates

Hospital Outpatient Setting

Hospitals will be reduced from the current reimbursement of $80.68 per gram for all brands of IGIV to $42.56 per gram for lyophilized brands and $56.30 per gram for liquid brands. Hospitals may also bill a $75 pre-administration fee per infusion in 2006 only.

Physician Offices, Infusion Centers and Home Care Settings

Reimbursement will continue at the current rate, $42.56 per gram for lyophilized brands and $56.30 per gram for liquid brands. Providers may bill a $69 pre-administration fee per infusion in 2006 only.

Background

Since January 1, 2005, the Immune Deficiency Foundation (IDF) has received hundreds of phone calls, e-mails and letters from Medicare patients that have not been able to receive their lifesaving therapy in their physician office, infusion centers or home care settings due to the decrease in reimbursement rates. Health care providers have notified IDF that they cannot purchase IGIV at Medicare’s rates without a loss. Additionally, the home care companies are not being reimbursed for nursing services or durable medical equipment.

This has resulted in the majority of our Medicare patients being transferred to hospitals, many of which are currently overburdened and not able to service all of our patients. As of January 1, 2006, the hospital outpatient setting will also be subject to the same reimbursement formula that other health care providers have been subject to this year, creating an even greater crisis in access to care for our community.

Due to IDF and our community’s outreach, over 50 Members of Congress wrote letters to CMS and Secretary Mike Leavitt of the U.S. Department of Health expressing concern over the access to IGIV affecting patients and the need for immediate relief.
Because of this advocacy, CMS did respond by expressing concern about beneficiary access to IGIV, and established a temporary add-on payment to cover the additional preadministration-related services required to locate and acquire adequate IGIV product and prepare for an infusion of IGIV. For calendar year 2006 only, physicians and hospitals will have a special add-on code to compensate for the administrative burdens associated with IGIV administration during this time of some volatility in IGIV product availability. This code will provide a payment of $75 per infusion in the hospital outpatient setting, and $69 per infusion in the physician office, infusion suite, and home health care settings. During the upcoming year, CMS and other agencies in the Department of Health and Human Services intend to work with the IGIV patient community, product manufacturers, distributors, physicians and hospitals to develop a common understanding of the evolving IGIV marketplace, assure continued collection of accurate data and focus attention on the medical necessity of the utilization of IGIV.

Although we are grateful that CMS has listened to us, IDF does not believe that this temporary and partial fix will solve the access problems facing our community and has been working on long-term solutions. IDF has joined other patient organizations, the American Academy of Allergy, Asthma and Immunology, the Plasma Protein Therapeutics Association, IGIV manufacturers and distributors in advocating to Congress and CMS to improve access to care by implementing the following three solutions:

1. Implement an add-on payment similar to the clotting factor community, which has prevented Hemophilia patients from having access to care problems. The add-on payment should be per gram and be implemented in all sites of care.
2. Reimburse IGIV as a Biologic Response Modifier Therapy under the Chemotherapy Administration Code, which will reimburse physicians more appropriately for the high complexity administration fees associated with IGIV
3. Reimburse each brand of IGIV separately and uniquely instead of bundling the products together as if they were generic to each other. Since patients react differently to IGIV and the formulations of each product are different, IGIV should have a brand-specific code.

IDF will continue to work with CMS and key Members of Congress to increase the reimbursement for IGIV. IDF advocates that physicians and patients should decide what site of service is best based on clinical appropriateness and individual circumstances. Reimbursement should never dictate where and if a patient receives an IGIV infusion. Different sites of service should be available to beneficiaries, all of which should receive equal and adequate reimbursement.

WHAT SHOULD I DO IF I AM HAVING TROUBLE GETTING MY IGIV INFUSION OR TREATING MY PATIENTS?

- Contact the Immune Deficiency Foundation at 1.800.296.4433 and ask for Patient Services.
- It is important for you to voice your complaints to Medicare. Contact your Medicare Regional Office:
  Call 1.800.MEDICARE
- Go to http://www.cms.hhs.gov/about/regions/professionals.asp, click on your state and call or e-mail your Medicare Regional Director.
➢ For Health Care Providers only: If you cannot access IGIV, got to IDF Web site [www.primaryimmune.org](http://www.primaryimmune.org) and click on “IGIV Product Availability Information to Physicians” on the homepage to access all manufacturers’ emergency supply phone numbers.

➢ Contact Congress and share your story/experience. Go to IDF Web site [www.primaryimmune.org](http://www.primaryimmune.org), and press on the IDF ACTION ALERT to find your Congressman and Senators to send a letter, e-mail or telephone.

➢ If your healthcare provider is telling you that they cannot get IGIV because of a shortage, contact the Food and Drug Administration at 1.800.835.4709.