



NATIONAL HEMOPHILIA FOUNDATION

www.hemophilia.org

Access to Skilled Nursing Facility Care for People with Hemophilia

Request: Please sign our letter to the House and Senate Committees with jurisdiction over Medicare asking that this change in the SNF reimbursement policy be included in Medicare reform bills considered this year.

Why do Patients with Hemophilia Need Access to SNFs?

- Patients with hemophilia and other bleeding disorders often experience prolonged and spontaneous internal bleeding in the joints and surrounding tissues, increasing their risk for surgery due to severe joint damage. Additionally, as a result of treatment with contaminated blood products in the 1980's, many patients are infected with HIV/AIDS and hepatitis, which may require surgery for liver damage.
- To help facilitate recovery while ensuring that complications and comorbidities are adequately managed following surgery, a treating physician may refer a patient to a skilled nursing facility (SNF) after being discharged from the hospital.
- SNFs are the medically appropriate setting because they can provide short-term, intensive, inpatient rehabilitative services and have the medical and nursing expertise to provide a level of care that is beyond what is available to individuals who are being treated at home.
- People with hemophilia use of clotting factor therapies, which replace missing proteins and allow the blood to clot. Clotting factor costs alone following a surgery can be extremely expensive, exceeding \$10,000 per day.

Why Are There Access Problems?

- SNFs are paid a prospectively-determined daily rate for all SNF services provided to patients covered under a Medicare Part A stay. This bundled payment includes nursing and therapy components (adjusted by case mix), drugs, supplies and equipment, in addition to a room/board and administration component. This payment is expected to cover all operating and capital costs of SNF facilities.
- It is extremely difficult to find a SNF that will care for hemophilia patients due to the significant losses the SNF will incur as a result of clotting factor costs. Costs for a person with hemophilia will far exceed the per diem payment rate for the highest level SNF stay.
- If a SNF is unavailable, other options for patients include inpatient rehabilitation facilities (but many patients are not strong or healthy enough to meet admission and/or treatment requirements), keeping the patient in the acute inpatient setting longer than needed, or sending the patient home. None of these options allow for the level of coordinated, skilled care necessary for a successful recovery.

What is the Solution?

- The Medicare SNF statute allows for certain costly, highly specialized services that SNFs do not typically provide to be billed separately under Medicare Part B. Services that can be billed separately include chemotherapy, radioisotopes, certain types of prosthetics and EPO for dialysis patients.
- NHF seeks to add clotting factor therapies to the list of services that can be billed separately under Medicare Part B for patients with hemophilia during a SNF stay. The provision of clotting factor to patients is comparable to the above-referenced specialized services where Medicare recognizes the need for separate treatment.

Please support changing Medicare policies to ensure access to SNF services!