



NATIONAL HEMOPHILIA FOUNDATION

www.hemophilia.org

June 9, 2014

Jeremy L. Murphy JD, MBA
Compliance Officer
Louisiana Health Cooperative, Inc.
3445 N. Causeway Blvd, Suite 800
Metairie, LA. 70002

RE: Third-Party Payment of Qualified Health Plan Premiums

Dear Mr. Murphy:

The National Hemophilia Foundation (NHF) is the nation's leading advocacy organization for individuals with bleeding disorders. Our mission is to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies and services, regardless of financial circumstances or place of residence.

We are writing to express our deep concerns over the changes to accepting third-party payment of qualified health plan (QHP) premiums for those individuals who purchased plans through the Louisiana marketplaces. Such changes will likely pose significant financial barriers for patients to access the treatments they need and as such are asking you to reconsider this policy.

It was recently brought to our attention that Louisiana Health Cooperative, Inc. (LAHC) would no longer accept third-party payment of premiums from outside organizations. However, enrollees in QHPs with complex, chronic conditions, such as hemophilia and other inheritable bleeding disorders, often need access to a broad array of patient assistance programs that can help them to afford their insurance premiums and increased cost-sharing. While the current limits on the out-of-pocket max allows a family to predict what their health care expenses will be in a given year, our patients are likely to hit their out-of-pocket max every year, since treatments can cost hundreds of thousands of dollars per year or more. Moreover, depending on the benefit design, people could be forced to pay the entire \$6,350 or \$12,700 out-of-pocket max in the first month or two, which most families simply cannot afford. Access to patient assistance programs is needed to help ensure patients can access life-saving therapies and remain adherent to their treatment regimens.

Recently, former Health and Human Services (HHS) Secretary Kathleen Sebelius issued a [letter](#) to the President & CEO of the American Hospital Association, Richard Umbdenstock, responding to CMS' Interim Final Rule regarding patient assistance programs. In it she indicated that there are currently *no restrictions* on non-profit assistance programs meeting certain requirements providing patient assistance to individuals who purchase QHPs in the both the federal and state marketplaces and no further guidance on this issue would be provided.

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One example of such program is operated by Patient Services Incorporated (PSI), a national non-profit patient assistance organization that provides health insurance premium assistance as well as copayment assistance for individuals treated with plasma-based products, such as those used to treat hemophilia. PSI originated the copayment foundation model for patient assistance in the United States, which is now used by at least eight other organizations to assist hundreds of thousands of patients in obtaining the treatments they need to live and to maintain their quality of life. Our patients benefit from other non-profit patient assistance programs, such as those created by our patient advocacy group members, as well.

LAHC's strong position will likely have dire consequences for patients in Louisiana who may be denied the ability to utilize financial assistance from non-profit third-party payers such as PSI. This policy directly contradicts the treatment of financial assistance in Medicare, and is exacerbating affordability challenges for enrollees with expensive and chronic conditions, like hemophilia.

The financial services that these programs provide for patients with few treatment alternatives neither skew insurance risk pools nor increase the number of patients seeking care. Rather, these lifeline services may be the only way that a patient can access treatment, without which they could face potentially catastrophic consequences and ultimately may tax the healthcare system more as emergency care and increased hospitalizations are required. Accordingly, NHF requests that LAHC revise its current policy on third-party payments and allow for payments from third-party non-profit patient assistance programs.

On behalf of individuals in Louisiana affected by bleeding disorders, I would like the opportunity to meet at a time convenient for you, to provide further information on the potential negative impact of your recent decision. I can be reached at 317-517-3032 or via email at mrice@hemophilia.org.

Thank you for your time and I look forward to hearing from you.

Sincerely,

Michelle Rice
Vice President, Public Policy and Stakeholder Relations
National Hemophilia Foundation