



Let them Eat Cake

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FROM THE EDITOR



Let Them Eat Cake

by Lee E. Mortenson, D.P.A.

The famous expression—"let them eat cake"—reflects a certain lack of comprehension of real world understanding.

The hungry folks referenced, you might remember, didn't have easy access to bread, so cake was a stretch.

Our Antoinette is from HCFA (your friendly Health Care Financing Administration). Like Marie, HCFA is "helping" the common people, in this case cancer patients whose cancer drugs will soon be covered by the new Ambulatory Payment Classification (APC) system.

I'm not sure who ordered HCFA to hurry up, but folks at the agency are clearly working to approximate an implementation date. That is to say they don't have a clue, but are doing their best. Unfortunately, their best is not good enough, given that hospitals are working on a 2 percent margin. To their credit, they are listening and making rapid adjustments.

ACCC staff and I have read the regulation, all the training materials, and basically everything HCFA has released. We asked for a meeting to clarify some items that were unclear or weren't mentioned. Right off I asked HCFA staff to help me understand what happens when a new drug comes on the market. I've read and re-read this section of the regulations, and, for the life of me, it is so convoluted that I thought hospitals might not have access for quite a while.

HCFA staff told me that when a new drug is marketed, hospitals are expected to buy it and give it to patients without *any* reimbursement for six months. This delay is deliberate so the manufacturer can provide HCFA with six months of

data on the actual acquisition price of the drug (which the manufacturer must submit as part of an application for a HCPCS code).

Historically, this process takes 18 months or more. Meanwhile, a hospital or a private practice could use a J9999 code. Unfortunately, hospitals have no J9999 under APCs. This code has been eliminated; so, hospitals will have to wait. To "expedite" this process, HCFA will be assigning hospitals a temporary "C" code for new drugs only. Later a permanent HCPCS "J" code will be assigned, but this assignment will still take 18 months. (It's amazing how long it takes just to get a number, isn't it?)

Staff at HCFA expects this "expedited" process to take only six months, plus a couple more months for the computer update. From beginning to end, it may be about 12 to 15 months.

Of course, I asked how and when the hospitals will be reimbursed for these 12 to 15 months of new drug use. The answer was (drum roll here)... "never."

"Never?" I asked.

"No, never!" the woman answered emphatically, explaining, "Hospitals received plenty of extra money through the Balanced Budget Refinement Act (BBRA) fix. They can afford to buy these drugs and use them without reimbursement."

When I suggested that hospitals would not and could not provide new drugs under these circumstances, her reply was, "Of course we expect you to hear about a patient who is getting inadequate care."

Sure you do. And hey, if the hospital can't afford to give patients that new drug, do what you can. Let them eat cake! ■