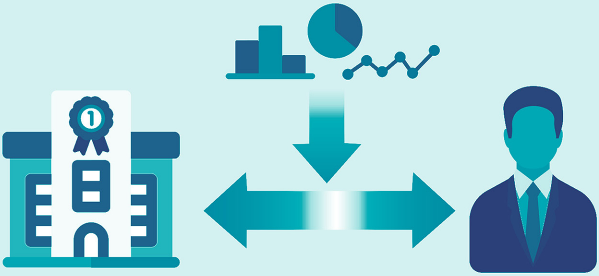
Comprehensive Care Sustainability Collaborative
National **Bleeding Disorders** Foundation

Comprehensive Care Sustainability Collaborative (CCSC) and the Value to Hemophilia Treatment Centers (HTCs)

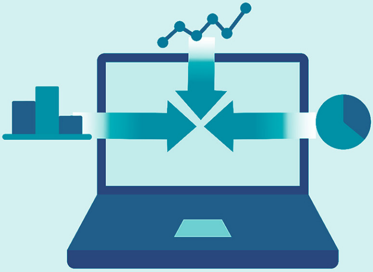
To Meaningfully Engage Payers and Employers - HTCs Must Speak the Same Language



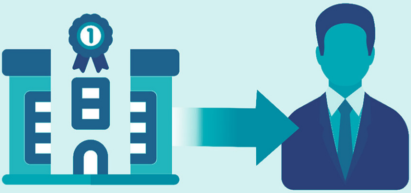
Developing the right message to communicate the value of the HTC model of care requires data collection and reporting.

There Are Solutions for HTCs to Achieve Sustainable Collaborations with Stakeholders

HTCs are competing with Specialty Pharmacy Providers (SPPs) for coverage and network inclusion with payers.



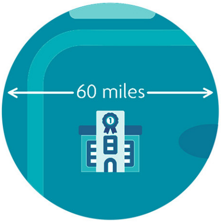
HTCs currently collect many of the important data elements necessary for a payer value proposition. However, if the value proposition is not shared with payers, HTCs may be at risk of being out of network.



When HTCs share data supporting the payer value proposition, it increases the likelihood for HTC/payer collaborations.

There can be regional variations to quality of care and access to coverage

Care quality and associated cost disparities among regions in terms of volume and mobility of patients with hemophilia require measures to bridge the gap between to assure access to quality care for all independently from where they live.



A coverage work-stream that outlines different

Interventions to facilitate remote patient monitoring

Key characteristics

Improved guidance with payers that facilitates contracting approaches and coverage scenarios based on member distance from an HTC (e.g., 60 miles, in-state, out-of-state, etc.) is needed.

(e.g., apps, video conferencing, internet platforms, etc.) are required.

the sharing of key case characteristics (e.g., disease severity, patient weight, inhibitors, and other complications) at the outset of treatment can avoid administrative delays in coverage.

Coverage and Network Inclusion Determinations

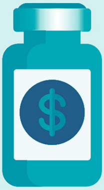
Employers are increasingly managing high-cost claimants such as hemophilia.

CCSC initiatives are being directed to employers by recommending the following steps:

1 To effectively manage the total cost of care for beneficiaries with bleeding disorders, employers should first determine if the patient's care is being delivered by a federally designated HTC.

2 Employers should also further investigate the channel(s) through which the patient receives his/her clotting factor replacement specialty medications.

- Through an HTC integrated specialty pharmacy
- A pharmacy benefit manager (PBM)/specialty pharmacy
- Home care company



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3 Next employers should seek to identify what the contracted pricing of clotting factor per unit paid is, and how well the pharmacy is managing adherence, dosing, and target to dispense assay management.

4 A Hemophilia Response Pathway is available at **CCSC*Hemo*.com** to guide health care purchasers through the process of managing beneficiaries with bleeding disorders.

Contracting with HTCs as in-network providers for beneficiaries with bleeding disorders is one means by which employers can improve patient outcomes and manage health care costs. Employers may actually be contributing to fragmented care and discouraging HTC use, when HTC's are not in the health plan network and by carving out specialty pharmacy services to an exclusive provider, which can contribute to higher total cost of care.

There Is a Groundbreaking Opportunity in Gene Therapy for HTCs and Payer Collaboration

A prominent role for many HTCs is to be preferred centers of excellence for gene therapy administration and ongoing management, which can be strongly distinguished among payers specifically in the administration, follow-up, and collection of post-marketing data for these high-cost therapeutics.

How can HTCs and Associated Providers Participate in CCSC Initiatives?

By working with NHF's Payer Relations Team to achieve the following:

1. Pinpoint communication barriers with network payers
2. Recognize the risks associated with continued network exclusion and payer SPP contracts
3. Develop an understanding of what motivates payers on favorable contract negations regarding network inclusion/exclusion decisions
4. Identify and assemble data in a manner that best serves to quantify the value of the integrated care model
5. Increase connectivity with network payers by sharing the appropriate data that provides a distinct opportunity for quality improvement and a selling point for payer contract negotiations

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