

# HACA News

**August 2003**  
**Volume 19 Issue 4**

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## Mission Statement

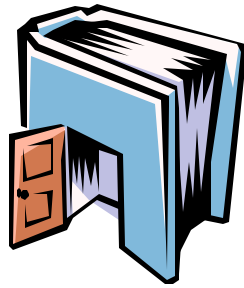
*HACA's Vision is to improve the quality of life for persons and their families affected by bleeding disorders.*

*HACA's mission is to:*

- ◆ *Educate, support and advocate for persons with bleeding disorders and their families.*
- ◆ *Network with healthcare professionals.*
- ◆ *Increase public awareness.*

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CFC #6022



## Educational Seminar

Our annual Educational Seminar and annual meeting have been scheduled for September 13th at the Fairfax George Mason campus. The sessions will be held at the Student Union II Building and will begin with registration at 8:30 am. Our keynote speaker is Charles Gilbert II ACSW, Director of Education at the Central Pennsylvania Psychiatric Institute, Penn State College of Medicine and the Milton S Hershey Medical Center of Hershey, PA. Mr.

Gilbert's topic is "When Life Gives You Lemons, How Do You Make Lemonade?" Mr. Gilbert will help us figure out how to bounce back after life's disappointments and discover our own strengths.

Mr. Gilbert's talk will be followed by roundtable discussions on the following topics: Liver Biopsies: Subcutaneous vs. Percutaneous facilitated by Dr. Craig Kessler; Sibling Issues facilitated by Linda Price; Hemophilia 101 for Teens facilitated by Paul Brayshaw and John McNeil; and Women with Bleeding Disorders facilitated by Dr. Lynda Mulhauser.

The roundtables will be followed by a presentation by Dr. Unger about joint replacements vs. joint fusions; and a presentation/demonstration by Jennifer Vaughn, personal trainer, Maria Castagnino, physical therapist, and Glenn Thomas, physical therapist about "how to get the most benefit from your exercises and how to preserve your knee, elbow, and hip joints."

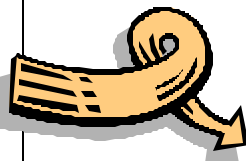
These presentations will be followed by HACA's annual meeting and lunch. We are scheduled to be finished at 1:30 pm. Please set aside this date and join us as we learn new skills, polish up on the old ones, and renew friendships.



## Bike-a-thon

Our annual bike-a-thon will be held on October 11th and will originate at the Reston YMCA. Riders will be able to choose from a 50 mile, 50 K, or 25K course. Great prizes will be offered to people who raise additional \$\$ in pledges for the event. Last year's prize was a combination DVD/VCR player and a bike. The year before, the grand

prize was a bike and various items needed by a biker such as halogen headlights for the bike, a quality helmet, and a repair stand. The ride is followed by a picnic and time of fellowship. Why not plan to create some wonderful memories for your family and join us? Call 703-352-7641 for a registration form or to offer your assistance for this event. Show the people from the unaffected community just how grateful you are for their helping hand.

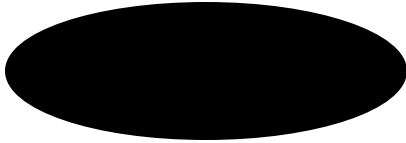


## Congratulations

Congratulations to Greg Price and to Ebrahim Paryavi for winning Sozie Courter Hemophilia Scholarships from Wyeth.

Congratulations to Neil Collins for becoming an Eagle Scout in a ceremony held on June 1st.

All of these young men deserve kudos for jobs well done.



## Kick-off Meeting Held

5 families with young people between the ages of 7 and 12 met at the Jefferson Manor Park in Alexandria on Sunday, July 13th. This was the kick-off meeting for a group that will provide social activities for the young people with bleeding disorders and will also provide a chance for parents to network with other parents. Thanks to Julie Doar for organizing this event. Current plans are to have an event once a quarter. The next meeting will be folded into a Holiday Party for the entire chapter membership. If you have a young person between the ages of 7 and 12, please contact the HACA office to be sure we have your young person's birthdate and correct address.

## Blood Buddies

Paul Brayshaw is trying to pull the Blood Buddies back together again. Young people between the ages of 13 and 20 will meet at the educational seminar on September 13th during the Hemophilia 101 discussion and will plan some social events for the upcoming year. Again, if you are or have a young person between the ages of 13 and 20, please contact the HACA office (703-352-7641) to be sure we have the name, birthdate, and address in our database.

## 2003 Board of Directors Meetings

General Board Meeting

Executive Board Meeting

TBA

General Board meetings begin at 7:00 p.m. and are open to all interested HACA members. Because of security regulations at our meeting place, please notify the HACA office that you will be attending. Directions and site will be

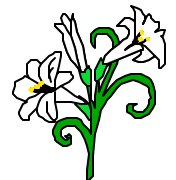


## NHF Annual Meeting

The annual meeting of the National Hemophilia Foundation (NHF) will be held in Salt Lake City, Utah, November 6-9, 2003. Once again, HACA will be offering partial scholarships to persons interested in attending this event. Priority will be given to first time attendees. HACA will offer scholarships of up to \$450 for hotel room assistance and up to \$400 for airfare assistance. The scholarships will be awarded to no more than 2 people per family. Applying families must reside in Northern Virginia, the District of Columbia, or Montgomery or Prince George's counties in Maryland. A maximum of \$1250 per family will be awarded. Your completed application must reach the HACA office no later than August 30, 2003. Call the HACA office at 703-352-7641 and request your application today.

For the first time, NHF is also awarding scholarships to first time attendees at the annual meeting. You can find information and an application form at [www.hemophilia.org/events/utah/travelgrant.htm](http://www.hemophilia.org/events/utah/travelgrant.htm).

NHF will also offer limited waivers of the registration fees for those who write a letter requesting them to do so.



## Sincere Sympathy

We express our sincere sympathy to Jim and AJ Wright in the death of their wife and mother, Tami. Tami passed away on June 24, 2003, shortly before her 45th birthday. Our thoughts and prayers are with Jim and AJ during this difficult time of their lives.



## VWD Tea Planned

NHF is planning a tea on Capitol Hill on Tuesday, September 9th from 2:30 to 4 pm in Room HC-5 of the US Capitol Building for the purpose of briefing interested individuals about women with bleeding disorders. If you are interested in attending, please RSVP to Yalda Kasaeen at 1-800-424-2634 X3742 or email her at [YKasaeen@hemophilia.org](mailto:YKasaeen@hemophilia.org).

## Revisions to AWP

June 27, 2003

NHF eNotes, June 2003

Congress has weighed legislation to revise the current AWP-based Medicare reimbursement for Part B covered drugs for several years in light of reports of considerable overpayments by the Medicare program. The National Hemophilia Foundation (NHF) has worked with the Senate Finance Committee and the House Energy and Commerce and Ways and Means Committees to assist them in understanding the potential implications of changes in clotting factor reimbursement on the bleeding disorders community.

In the Medicare drug plan legislation approved by the Senate on June 27, Medicare reimbursement for currently covered drugs, including clotting factor, would be reduced from 95 percent to 85 percent of AWP. In addition to the payment reduction, the Senate bill requests the Secretary of Health and Human Services to develop a dispensing fee for clotting factor based on the General Accounting Office's recommendation to Congress earlier this year.

The House-passed bill would revise payment for currently covered drugs by replacing AWP-based reimbursement with a competitive bidding system. Clotting factor would be exempt from the competitive bidding process and continue to be paid at 95 percent of AWP. The House calls for the Medicare Payment Advisory Committee to make recommendations on payment of clotting factor, including the development of a dispensing fee.

July.

## NHF's MASAC Approves New Guidance Documents

June 12, 2003

NHF eNote, June 2003

At its most recent meeting on June 7, 2003, NHF's Medical and Scientific Advisory Council approved four new documents. Document #143, "MASAC Recommendations Regarding Rare Coagulation Factor Disorders," urges Novo Nordisk to undertake the clinical development processes required by the FDA to obtain a label indication for the use of rFVIIa in factor VII deficiency. Other manufacturers are encouraged to consider obtaining approval in the U.S. if they have a product licensed to treat this disorder in another country. Finally, MASAC recommends the development of treatment products for other rare bleeding disorders.

Document #144, "The Role and Responsibilities of the Principal Investigator in Bleeding Disorder Clinical Trials," contains detailed guidelines for study investigators. Document #145, "MASAC Recommendation on Funding of the Office of Cellular and Gene Therapies," encourages the Food and Drug Administration to allot sufficient resources to its OCGT to allow for a collaborative relationship to accelerate the development of innovative clinical studies and rapid review of translational research from academic institutions and industry.

Lastly, Document #146, "MASAC Recommendation Regarding Medicaid Inpatient Clotting Factor Replacement Therapy Reimbursement for Hemophilia" stipulates that Medicaid inpatient reimbursement for clotting factor concentrates for persons with both congenital and acquired hemophilia be the same as that provided by other federally funded programs such as Medicare.

The four documents have been submitted to the NHF Board of Directors and must receive final approval before they can be distributed to the community.

## News from Wyeth

### **New Assay Standard for ReFacto: What Does This Mean to Patients?**

The consistent measurement of clotting factor activity units is important for treating bleeds successfully, especially in the surgery setting. Assays used to measure clotting factor activity are very complex and differ among laboratories.

Wyeth has adopted a new assay standard for ReFacto® Antihemophilic Factor (Recombinant). This new standard



## Calendar of Events



The bill now moves to House-Senate conference for reconciliation, with the possibility of final passage in late

*(Continued from page 3)*

should yield greater agreement among test results used to monitor treatment.

**(continued on page 4)**

As a result of this change, the amount of ReFacto protein in each International Unit (IU) will increase by approximately 20 percent. The price per IU will remain the same. The Prescribing Information for ReFacto remains the same.

Individuals who currently use ReFacto should continue using their current supply of ReFacto. Patients transitioning to ReFacto calibrated with the new standard should initially use the same dose as previously prescribed. Once transitioned to ReFacto calibrated with the new standard, they should remain on this product. As with all factor VIII products, patient's dose should be individually titrated to desired clinical response.

Patients should consult with their health care provider regarding their specific treatment regimen.

***New ReFacto Packaging Coming Soon***

ReFacto calibrated with the new standard will be introduced with new and distinctive packaging. Each of the four vial sizes will have color-coded packaging:

- Yellow: 250 IU/kg
- Blue: 500 IU/kg
- Green: 1000 IU/kg
- Red: 2000 IU/kg

ReFacto calibrated with the new standard in the new color-coded packaging will be available pending approval by the U.S. Food and Drug Administration (FDA).

**Aventis Behring Introduces Choice Assurance**

Aventis Behring has announced a program called Choice Assurance that is designed to ensure that patients relying on Aventis Behring plasma-derived and recombinant therapies can continue to receive product even if they experience a lapse in third party, private health insurance.

Choice Assurance allows patients to build up a reserve of free clotting factor that can be easily accessed in the event of a future gap in private insurance coverage. When a patient enrolls, they immediately begin earning Assurance Award Certificates. One Certificate is earned for every three months that the patient uses an Aventis Behring factor product. Each Certificate is

worth a free, one-month supply of factor and can be redeemed in the event of a lapse in insurance. This means that patients can earn up to four free months of product each year they are enrolled in the program and up to a full year's worth of product in only three years.

Products eligible for this program include: Helixate® FS, Humate-P®, Mononine®, and Monoclate-P®. The program will be administrated by AccessMED and Aventis Behring will not have access to any confidential patient information. Bonus certificates are currently being provided to anyone who enrolls in the program before the end of 2003.

For more information about the program and the enrollment process contact Choice Assurance at 1-866-415-2164; write The Choice Assurance Program, c/o AccessMED, 6900 College Blvd., Suite 1000, Overland Park, Kansas

66211; or visit [www.ChoiceAssurance.com](http://www.ChoiceAssurance.com).

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## Gene Therapy: Two Steps Forward, Two Steps Back

By David Page, WHF Vice-President NMOs

Two views were put forward at the Sixth Workshop on Gene Therapies for Hemophilia organized by the National Hemophilia Foundation in La Jolla, CA on April 25-26, 2003. One view was that research in gene therapy has been a failure, that it has reached a dead end, and that there is little hope for a cure. The second view was that, despite recent setbacks, basic knowledge is growing every year, that new approaches are being investigated, and that gene therapy remains the answer for the hundreds of thousands of people who suffer from hemophilia A and B. Whatever their view, most speakers acknowledged that the challenges have been greater than anticipated and that a cure through gene therapy is still, at best, several years away.

One speaker spoke of a safe transition from infusion therapy to gene transfer. She defined successful gene therapy as bringing factor VIII and IX levels to a point where spontaneous bleeds are prevented (2% of normal), that one dose is sufficient for life, that the therapy is not harmful, that it sparks no immune reaction to the gene or the delivery vector, that there is no genetic transmission of the vector from parent to child, and that the therapy is affordable. It is interesting to note that, except for the frequency of the dose, the issue of affordability and the problem of inhibitors, current infusion therapy already meets these criteria.

A major setback to gene therapy occurred in the last year when two children developed a leukemia-like disease. The children were part of a group of nine who had been cured of severe combined immune-deficiency (SCID) by inserting the missing gene using a retrovirus. The US Food and Drug Administration ordered that trials using similar gene delivery vectors be stopped.

Phase I trials for hemophilia gene therapy (to measure the treatment's safety) have also encountered setbacks, though none so dramatic. All human trials involving gene therapies for hemophilia are currently on hold. There is a different reason for this in each of the trials. They include:

- Factor levels not rising sufficiently, or for a long enough time;
- Treatment causing raised liver enzymes;
- Difficulty recruiting volunteers for the study;
- Lack of commercial interest.

Meanwhile, basic research to find better viral vectors to deliver the factor VIII or IX gene continues in animal models.

Human trials are also being conducted using approaches which do not use vectors. These include:

- Tanskaryotic therapy™ in which a dermal fibroblast (a type of skin cell) from a skin biopsy is collected, and the factor VIII cells are removed, modified, cloned, and then injected into the fatty tissue of the liver;
- Suppression of non-sense mutations-present in approximately 20% of people with hemophilia A or B-through the oral administration of an inexpensive antibiotic, gentamicin. This is called translational bypass therapy.
- Other research is being conducted with animals involving:
  - Production of milk from transgenic pigs containing high levels of human factor IX;
  - Production of a factor VIII molecule with a longer half-life;
  - Secretion of activated factor VIIa from hemophilia with inhibitors;
  - Use of stem cells to deliver the factor VIII or IX gene;
  - New, more effective compounds for translational bypass therapy.

A round-table discussion at the conclusion of the workshop, involving patients, scientists, and regulators, raised some interesting issues. First, the major players in the pharmaceutical industry were challenged to invest massively in a cure for hemophilia. Second, five that children and people with active liver disease or weakened immune systems are ineligible for most clinical trials in gene therapy, the problem of recruitment was raised. Researchers are starting to look outside the U.S. for study subjects. Questions of approving study protocols, informed consent, and eventual access to licensed therapies by research volunteers in the developing world will arise.

After two days of being exposed to the incredible work of these hemophilia gene researchers, I left La Jolla with the view that a "cure" for hemophilia is a realistic goal, but that we do not know when or from what direction the real breakthrough will come.

*Hemophilia World, Volume 10, Number 2, June 2003*

# Navigating the Health Insurance Appeals Process

By Terri Seargent, Healthcare Policy Specialist,  
Aventis Behring, King of Prussia, PA

My insurance carrier has denied coverage for what the doctor prescribed. What can I do?

When you or a family member is denied coverage for a medical procedure or therapy that has been prescribed or requested to be prescribed by your treating physician, it can be very stressful and may even become a crisis situation. Even the best health insurance coverage can add stress when an Explanation of Benefits (EOB) is received those dread words standing out on the page—"claim denied," "not covered," or "amount paid: 0".

Simply stated, a "denial" means that the insurance company has decided not to pay for the procedure or therapy that your doctor has recommended. You may have already undergone the procedure or therapy. Or it may be scheduled in the near future.

Don't panic. Stay calm. Be logical. There is an appeals process you can pursue.

Gather the necessary information

First, obtain a full copy of your policy and of the denial letter. Under the Employee Retirement and Income Security Act (ERISA), your denial letter should include a specific reason for the denial and a reference to your plan explaining the basis for the denial.

Next, get answers to the following questions:

- Is the coverage still in force?
- Have the premiums been paid? Check with your employer when it is a group policy.
- Did the coverage change? Check with the plan administrator or the human resource person at your place of work to confirm any changes in the coverage.
- Does the policy cover the procedure or therapy? Be sure to thoroughly review your current policy, highlighting all sections that pertain to the claim.
- Has the lifetime maximum been reached? Your EOB will state the amount remaining.
- Did the doctor use the proper codes when submitting the claim?

If, after the above investigation, everything appears to be in order, filing an appeal is a step to consider.

Follow these six steps

The goals of the appeals process are to allow the patient to be heard and to provide any and all information needed to convince the insurance company to change its decision and provide coverage for the procedure. When submitting

your appeal, keep in mind that "the best defense is often a good offense". In other words, it is generally better to take the time to gather information and submit a well thought-out appeal packet than to hastily submit a response and miss the opportunity to educate the insurance company about your specific situation.

Step 1: Know the rules and procedures to follow.

- Call and inform the plan's customer service representative or benefits manager about your questions or concerns.
- Review the instructions for submitting a complaint in writing, which should be in your plan's description of coverage and grievance process. If any of these instructions are omitted from your policy or you cannot get the complete information from your insurer, contact the state insurance commissioner's office to get clarification on the procedure for procuring the proper instructions.
- To set your appeal in motion, write a simple letter to your insurer about denied services, as well as a statement of your intent to appeal. The letter should be sent to the person or persons issuing the denial. Retain a copy of your letter and follow up in a few days with a phone call to ensure receipt of your letter.

Step 2: Summarize the problem or situation in writing.

- Describe the problem, and what you think the solution should be, in writing.
- Ask your treating physician to write a letter of appeal to the insurer to accompany your letter. The physician's letter should clearly state the medical necessity of the treatment or procedure and include supporting documentation such as an article from a clinical journal.

Step 3: Always document the sequence of events as they occur.

- Keep written, dated, chronological notes on file from the beginning of the appeal. This should help you stay organized and can serve as a useful reference.
- Be sure to document all contacts with the managed care plan representatives. Get the name, title, and phone number of each person with whom you talk.

Step 4: Communicate clearly, concisely, and calmly.

- Be persistent, and remember that your goal is to get them to accept your solution.

Step 5: Always insist on specific details-How, when, who, where, and how much.

- If a resolution is promised to you, ask for details in writing, such as a specific date by which your grievance will be resolved. If you do not understand, ask for clarification.
- Ask whom you should contact if you do not receive acknowledgement of your appeal in writing.
- Ask when and where you will have your grievance heard and ask how long it will take for a final decision. Ask whether you can attend the meeting and whether your physician or others can accompany you.
- Remember the cardinal rule: Always write down the name, title, date, and phone number of all parties you

speaking with at the insurance company.

Step 6: Be persistent if your grievance is not resolved to your satisfaction.

- Ultimately, you may choose to seek the assistance of a third party to resolve this matter, that that may require proceeding through a board of arbitration or retaining an attorney to evaluate the matter.

Remember, you are your own best advocate!

*IDF Advocate, Spring 2003, Number 43*

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## Study Demonstrates Effectiveness of New Treatment Regimen in Young Hemophilia Patients

*PR Newswire*

*July 16, 2003*

RESEARCH TRIANGLE PARK, N.C. -- Canadian hemophilia researchers presented data today demonstrating the effectiveness of escalating factor VIII infusion in reducing bleeding-related joint damage in young boys with severe hemophilia A. The escalating dose prophylaxis (EDP) study results also suggest this new treatment regimen is more cost-effective than other current treatment methods. The multi-center study, spearheaded by the Association of Hemophilia Clinical Directors of Canada, was funded through a grant from Bayer Biological Products (BP), the leading provider of hemophilia treatments in Canada and a leading provider of hemophilia treatments globally. The results were presented at the XIXth Congress of the International Society for Thrombosis and Haemostasis in Birmingham, U.K.

The study enrolled Canadian boys between the ages of one and two-and-a-half years and observed them over a period of five years at 10 hemophilia treatment centers. Results show that a once weekly dose of factor VIII, with an escalation to twice weekly if needed, is a successful and less costly treatment for severe hemophilia in early life. The regimen also reduces the need for intravenous ports often required to administer the factor VIII infusions in young hemophilia patients, thereby minimizing complications such as infection, catheter blockage, and mechanical failure. Fewer infusion complications lead to simpler and more convenient treatments for these patients.

"The development of an optimal treatment regimen is critical for the hemophilia community," said Victor Blanchette, M.D., MRCP, FRCPC, Chief, Division of Haematology/Oncology, The Hospital for Sick Children, Toronto, Canada. "The results of our study represent a new frontier in much needed evidence for clinical outcomes and cost-effective treatment methods for these young boys with hemophilia A."

Current treatment methods include intermittent factor VIII infusion regimens to halt bleeding at the time of a hemorrhagic episode, and primary prophylaxis where factor VIII is administered on a regular basis, up to three times weekly, to prevent bleeding episodes. Primary prophylaxis is the most effective method in preserving joint function, but the costs associated with it can be prohibitive. Results from this latest study present escalating dose prophylaxis as a cost-effective intermediate form of therapy with significant benefits to young hemophilia patients.

# What You Need to Know About Homecare Factor Product Pricing

For most individuals with hemophilia or von Willebrand's disease who are on homecare, factor product is the most expensive thing they'll ever buy. One factor product order can cost more than a car and factor product orders over a year can cost more than a house. Factor product orders over a lifetime can cost millions of dollars.

Factor product is incredibly expensive, but the price of the same product can vary greatly from one provider of homecare factor to another. The cost of the same product can vary enormously, depending on provider.

What consumers pay for homecare product often affects their out-of-pocket costs and health insurance lifetime limit. Paying too much for factor product may wipe out years on the patient's health insurance lifetime limit.

## Finding Out the Price of Homecare Factor Products

Providers of homecare factor products deliver products to the home. Providers include homecare companies, hemophilia treatment centers (HTCs), HMOs and drug plans. For this article, we'll use the generic term homecare provider when referring to providers of homecare factor products.

## Insurance and Choice of Homecare Providers

Your insurance plan will usually determine your choice of homecare provider. Many insurance plans (including health plans and a few drug plans) limit choice by requiring that a specific provider(s) be used. Sometimes you must use a specific provider(s) to get any coverage. Other times, you can use an in-plan provider to get a higher rate of coverage with less out-of-pocket costs. Call a customer service representative or a nurse case manager at your insurance plan for information about your ability to choose a homecare infusion provider. When you call, also review coverage for factor products and how product costs will affect your insurance lifetime limit.

## Insurance Provider Pricing

Unless you have insurance that provides full coverage and has no lifetime limit, it is very important for you to know the price you pay for factor products. Specifically,

you need to know what your homecare provider charges. As a consumer, you want to pay a fair price and get value for your purchase of factor products from a homecare provider.

## Let's take a look at how a 20-cent-per-unit difference in price affects costs:

Example: A 20-cent-per-unit difference in price for the same brand of factor product will increase costs an extra \$2,000 for each 10,000 units ordered. If an individual with severe hemophilia ordered 200,000 units in a year, the extra annual cost would be \$40,000.

Sometimes finding out the price you pay for factor products is not easy. Some homecare providers do not have a published price list for factor products because price, many times, needs to be set with insurers. Homecare providers commonly negotiate price or have a contract for price with insurance plans and drug plans. At times, a homecare provider may need to get permission from the insurance plan or drug plan before giving you this information.

- To get pricing information, call the homecare provider.
- If you cannot obtain pricing information, look at your insurance Explanation of Benefits (EOB) statement for a recent factor product order. Your EOB will list the cost charged by your homecare provider for a specific date of service. If you know the total number of units for an order and have the total cost of the order, you can figure the per-unit-cost of your factor product. You simply have to divide the total cost by the total number of units.
- Also recognize that the actual payment that a homecare provider receives is often based on negotiation with payers. It is important to distinguish between the amount the homecare provider charges and the amount insurance allows. Insurance reimbursement is based on an "allowed amount". The "allowed amount" is often less than the "billed charges". EOBs will show this distinction.

If you still have trouble obtaining pricing information, contact your insurance company. Ask for the case management department. A nurse case manager should be able to assist you.

## Average Wholesale Price

Once you have the price, it is helpful to refer to the average wholesale price (AWP) listing for each brand of factor product. AWP (somewhat of a misnomer) is the generally accepted maximum retail price guide for drugs paid by insurance. Insurers can pay more than the AWP, but they usually don't. Insurers that contract usually pay less than AWP (commonly 10% to 20% less). How much less, however, is relative and will vary from insurer to insurer and from one brand of factor product to another.

Payers usually use one of two major pricing services. Redbook or First Data Bank, to reference AWP's. Note that manufacturers do not set AWP's. The pricing services set the AWP's after reviewing cost data from the manufacturers. AWP's can change monthly. A listing of AWP's for some of the most commonly used factor products (not all-inclusive) as of January 2003 is shown on Table I (below).

### Doing Business with Your Homecare Provider

When talking about price and different homecare providers, there is an assumption that any homecare provider under consideration must be able to provide a high quality of service. Acceptable quality of service must be determined by the consumer before considering any homecare provider. Saving a few cents per unit with a provider that is not dependable or does not provide good service is no bargain.

- Compare the price you pay for factor product with the AWP listing. Consider the AWP listing as the "sticker price". In general, the price you pay should be less than AWP.
- If you are paying more than AWP, contact your homecare provider about lowering the price. If the provider does not lower the price or lower it sufficiently, then it may be advisable to check out pricing with other providers (as allowed by your insurance plan).
- If you are paying less than, but close to AWP, you may want to consider checking out pricing with other homecare providers to see if you can get a lower price.
- If you call a new homecare provider for pricing, be prepared to provide information about your insurance. The homecare provider will need to verify/negotiate pricing with your insurer before getting back to you.
- If a homecare provider is an in-plan provider of your insurance plan, you can often save out-of-pocket costs using that homecare provider.
- However, using an in-plan homecare provider does not necessarily mean that you will be getting a good price. You could save on out-of-pocket costs (deductible and co-insurance) and still pay a higher price, which could use up your insurance lifetime limit more quickly.
- The homecare factor product business is very

competitive. If you think the price being paid to your homecare provider is too high, you can discuss this matter with them. The homecare company may agree to lower its price in order to keep you as a customer.

- If you think the price you are paying for factor product is too high, contact a case manager at your insurance company. Voice your concern about price and ask for help in exploring other homecare provider options.
- If you use a public health service (PHS) homecare provider affiliated with your HTC, check out its price. Do not assume that it is lower than other homecare companies. While PHS entities use revenue generated from the sale of factor products to support their treatment center, PHS entities buy factor products at lower costs. PHS prices should be competitive with other homecare providers.

Table 1. Factor Product AWP's

	Redbook	1st Data Bank
Alphanate	\$1.00	\$1.25
Autoplex T	\$1.50	\$1.50
Benefix	\$1.18	\$.98
FEIBA	\$1.55	\$1.91
Helixate FS	\$1.38	\$1.63
Hemofil M	\$1.00	\$1.23
Humate P	\$1.00	\$1.25
Kogenate FS	\$2.03	\$2.03
Monarc M	\$.93	\$.93
Monoclote P	\$.95	\$1.05
Mononine	\$1.18	\$1.63
Novo Seven (per Microgram)		
	\$1.40	\$1.06
Recombinate	\$1.22	\$1.63
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# HACA News

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