

Minutes

GCMAS Reimbursement Committee Meeting

3/20/15

Portland, Oregon

Attendees: Sylvia Ounpuu - Chairperson, Sandi Dennis – Scribe, Krisanne Chapin, Jessica Rose, Laurent Balloz, Elisabeth Wessels, Freeman Miller, Chris Church, Jean Stout, Pam Thomason, Tim Nicklas, Jason Rhodes, James “Bone:” Dexter, Ross Chafetz, Shelly Mader, Tasos Karakostas, Rosemary Pierce, Holley Furrow, Cathy Johnson, Joanna Roybal, Frank Chang, Susan Diekrager, Jenni Winters, Siobhan Mangan, Scott Kurtzman, Irene Gauret, Sam Augsburg, John Yack, Carole Tucker, Howard Hillstrom, Sherry Backus, Stephanie Russo, Kristen Nicholson

1. Sylvia Ounpuu presented the goal of today’s meeting – To gather strategies to improve reimbursement for motion lab services.

2. Sylvia identified the next steps after today’s meeting:

- Post the ideas on the GCMAS website.
- Forward the ideas to the clinical lab mailing list.

3. Sylvia presented her strategies which included:

- Carve outs
- Cost analysis
- Insurance company and state coverage policies
- Other ideas

Build relationships internally

Build relationships externally

Expand services

Increase awareness of other benefits of having a gait analysis laboratory

4. Krisanne Chapin said that her hospital had successfully negotiated a carve out with a local payor. The carve out was negotiated by the Revenue Cycle Manager and the CFO. Overall, they collect 30% - 40% of what is billed. She said they had reached a brick wall in their negotiations with Blue Cross.

5. United Health Care and Aetna were identified as a problem payors in many parts of the country.

6. Sandi Dennis reported that working with the hospital's contracting department, bringing in the local Blue Cross representative, having them tour the motion lab, and educating them with case examples and current literature has resulted in the successful negotiation of a carve out.
7. Sandi also reported that she and the Motion Lab Medical Director have been educating the people on the local and state level for many years. They have just been successful in getting the state payors to establish reasonable reimbursement rates for the Motion Analysis CPT codes.
8. Jason Rhodes reported that "peer to peer" appeals by the physician have been successful in getting services approved especially for rotational problems and SEMLS. The emphasis needs to be on cost savings.
9. Jean Stout reported that Gillette has been successful in getting the "eval and management" codes paid for.
10. Some facilities reported they are required to set their charges based on the current Medicare rates.
11. Freeman Miller said they have had success with bundling the motion analysis test with the Orthopaedic Surgery when requesting the approval. If the surgery is on the books, then the gait analysis test can be included as part of the bundled cost of the surgery.
12. Freeman also suggested getting philanthropic support. They have a small community grant that covers the post-op test if insurance does not cover it.
13. Roy Davis reported success by educating the new CEO on the value of gait analysis testing. His CEO then negotiated with MediCaid to pay 50% of the billed amount. The same CEO is now working with Blue Cross emphasizing the cost savings that can occur if gait analysis testing is used in decision making.
14. Freeman Miller brought up that gait analysis testing should be considered "minimum required care" under the Affordable Care Act and thus by law it needs to be a covered service.
15. Pam Thomason suggested using consumer advocates (such as parents) to negotiate with the insurance companies.
16. Sylvia suggested we need an advocacy group within the gait community, or we need to identify one that already exists and use them to advocate for gait analysis testing. Jean Stout and Sylvia Ounpuu suggested working with advocacy groups within the AACPDm and ask them to include gait analysis as part of advocating for the care for kids with cerebral palsy. Claire Beimesch was identified as the chair of the AACPDm education committee. It was suggested that we each look for advocacy groups within our institutions.
17. The recommendation of the group was that as part of the Affordable Care Act common data elements for kids with cerebral palsy need to include comprehensive computerized gait analysis.
18. The group identified the need for information on the variety of CPT codes that are used to bill for gait analysis testing.