2014 NWCVPR Conference
DOTH/Reimbursement Update
CO-PAYMENT ISSUES
PULMONARY REHAB TOOLKIT

Glenn Bean, M.S., FAACVPR
Tacoma General Hospital/Preventive Cardiology
Meetings were held with the following Congressional Offices: Glenn Bean/NWCVPR Senators Murray and Cantwell/Washington Senator Crapo/Idaho House Representatives/Washington: Denny Heck, Derek Kilmer, Cathy McMorris-Rogers, Adam Smith, Rick Larsen, and Dave Reichert.
2014 Legislative Focus
Senate Bill S. 382

- Legislative action is needed to allow non-physician practitioners such as Physician Assistants, Nurse Practitioners, and Clinical Nurse Specialists to meet the physician supervision requirement for cardiac and pulmonary rehabilitation programs.
- “Technical Correction” is needed to the current statute.
- Important for Critical Access Hospitals, rural programs, and hospitals with limited “doc” availability or is cost prohibitive using physicians. Not to replace Medical Director requirement.
- S. 382 Co-Sponsored by Sens. Schumer—NY & Crapo—ID.
- Senate Finance Committee is Key to Passage.
S. 382 Next Steps

- Congressional Budget Office Score/Cost? Senator Murray.
- Washington and Oregon are Important Senators on Finance Committee, Idaho is already signed on.
- How we can help:
  - E-MAIL YOUR REQUEST asking support from your Senator’s to co-sponsor S. 382. 15 more Senators needed to move forward. The more letters the better from WA constituents.
  - Go to AACVPR or your Senators (Cantwell and Murray) web-site for contact information.
- US House of Representative Members to be aware of the issue and to be ready to support a companion bill when introduced in the house.
- Likely will be attached to larger legislation. Timing!
- Watch for Updates from AACVPR and NWCVPR.
Medicare MedAdvantage plans can require co-pays between 20 and 60 dollars per visit. Affects CR, PR, PT, OT, and Speech Therapy which have been placed under “Specialist” category.  
Discourages participation and or limits visits.  
May require legislation at the state level to cap co-pay amounts. PT Association of Washington. Opportunity to work together.  
State Senate Bill 6123 Sponsored by Senator Dammeier to cap co-pay to PCP level. Asked for CR and PR to be included.  
Glenn Bean/NWCVPR Testified at Senate Committee Hearing on January 24th, 2014 in Olympia regarding the issue and to support SB 6123.  
Bill tabled for this Legislative session.  
NEXT STEPS: Continue to work with PT ASSN., for state support of bill for next session, Possible letter from Senator Cantwell to CMS. Insurance Commissioner Guidance. Letter writing at some point.  
No current strategy from AACVPR on this issue.
Questions/Comments? STAY TUNED

Contact: Joyce Kratz–Klatt Jkratz-klatt@kh.org or Glenn Bean glenn.bean@multicare.org
Resources: www.aacvpr.org and www.nwcvpr.com

THANK YOU!
Have you supported your patients and your profession by completing the steps in the AACVPR Pulmonary Rehab Tool–Kit?

NO EXCUSE: This is a step-by-step, cookbook explanation to follow. Your administration may turn it down but IF YOU DO NOT ASK.... You do not know how beneficial this can be for the future of our patients and our programs.

STEP UP NOW AND DO YOUR PART!!
Sample Pulmonary Rehab Session

- 2010 median hospital charge for G0424 was $150, CMS “cost to charge ratio applied” = $37

- G0424 (COPD) is inclusive of providing services + costs:
  * G0237, G0238 = 15 minute, one-on-one usually billed at ~$70/0.25 hr. or $280 an hour (BPx3, assess RPE/DI/Pain, O2 sat./titration)
  * G0239 = respiratory function with 2 or more billed at ~$100 (group WU/CD + exercise)

*These can be billed for Restrictive Disease: ie: 2x$70 + $100 = $240
Successful Rehab, Makes Successful Goals and Lives!