

Hospital	Does your organization have a different pricing structure for therapy services based on setting? (ex. NeuroRehab OP, Sports Med OP, Acute Care IP, Multidisciplinary Specialty Clinic)	How does your organization establish pricing for therapy services?	Do you feel that your pricing is comparable to competitors in private practice setting? If not, how does this impact your referral patterns, customer satisfaction, etc?
A	Currently we do not have different pricing from IP or OP, we have in years past, but not this year. Our only difference is between OT and PT and ASL. (Same: we recently eliminated the different pricing structure for IP to OP. ASL = Audiology, Speech Pathology & Learning Services)	We typically use a market mentality, in which we look at what the pricing is in the local, regional and national market. This does not include private practices. Same for ASL	We are not comparable to the private practice setting; we do have families who complain about it, but it has not impacted volume per se as we still have waits to get into our services. It primarily impacts our ability to offer services to families who are going to private pay. Overall same; however, currently we have found that our learning services pricing is competitive with private practice charges when session length and intensity is made similar. In private practice, sessions are typically 30 min/week and we provide at least an hour per week as well as intensive program options (2-3x/week). We also have scholarship support for these services (through an external foundation), and thus are able to compete.
B	Yes, we do have a different price structure based on the location. Our inpatient costs are higher than outpatient services. We have this built into the charge sheet. This is to cover the high overhead from the inpatient stay. Our outpatient charges are the same whether they are based on the main hospital campus or at one of our satellite clinics, even though the overhead is much higher on the main campus. Our Sports Medicine program has a smaller charge for their outpatient services at their satellite clinics versus the main campus outpatient program. The main campus program is very small and the patients tend to be more acute and not appropriate for community based sports therapy.	An annual price comparison is done to look at local, state, and national comparable pricing. We struggle with comparisons because we are not a free standing outpatient facility, but rather a part of a large pediatric hospital organization. I believe we usually target and set our prices around the 75%ile when comparing to other organizations.	We are higher than the private practice settings. We do offer a specialized service that often is not available in the community, so people are willing to pay more for that. Many of our families started in our organization and really want to continue with their therapy for the care coordination of several services. Sports therapy did adjust their pricing to be more competitive with the community sports programs. We have not seen a drop in referrals due to our pricing increases over the years. We have seen the decrease in frequency of therapies with some families when paying out of pocket. Custom satisfaction overall is really pretty good. We probably still get 1-2 complaints about cost per month, but generally families are happy with the service, just tough to pay the bill. We often use our financial aid department to help out in tough situations.
C	Yes and the difference is currently based on whether the services are hospital based (provided in a licensed hospital location) or provider based (provided in the community in a facility that is not licensed as part of the hospital). It is not priced differently based on specialty just location.	Review of allowables from payers and volume of charges each year.	No not competitive in the adult services areas. Affects referrals because adult providers are readily available in the community. On the pediatric side we don't have much competition and have a great service reputation so we don't have any problems with referrals or parent satisfaction. Also less of an issue as 65-70% of our patients are on Medicaid so charges don't really matter.
D	No	Based on a cost accounting model.	No, our process are higher
E	Yes, our organization has a different therapy services pricing structure, but it is based on geographical location rather than therapeutic setting. All of the therapeutic settings within the same geographical location/campus have the same pricing structure.	We have a Revenue Integrity department that establishes the pricing. If I feel that the prices are too out of line with what is appropriate, I have the ability to make a business case	I feel that our pricing is comparable to competitors in the private practice setting.

		<i>to adjust the pricing.</i>	
<i>F</i>	<i>At "F", we have a slight billing structure modification for services provided at our satellite locations. Each CPT code may differ by a few dollars cheaper. This is looked favorably upon by our payers.</i>	<i>Pricing is set by our Patient Finance</i>	<i>Our pricing is comparable, although, we bill differently to different payers (ie. Our charges go out as hospital charges and are at times a % of charges vs. a set reimbursable fee). We accept Medicaid which many private locations do not. We also are out of network for some providers because of the hospital charges being high (or so we are told). I don't think this is specific to therapies though.</i>
<i>G</i>	<i>No, one price for all services in all areas</i>	<i>a multiple of CMS Fee schedule - which is pretty standard practice</i>	<i>We are priced significantly higher from competitors in the Private Practice Setting. Being that we are 65-75% Medicaid it does not impact us greatly. Also since we are seen as the leaders in quality in our market (compared to the private practice) we have not seen an impact to referral patterns. Our referral pattern is more impacted by location (parents tend not to want to drive more than 30 mins)</i>
<i>H</i>	<i>NO - price is set by service (CPT) not location of service</i>	<i>Finance dept provides a baseline for these charges but if new charges are added, manager works with finance to suggest rate.</i>	<i>No, we are higher than private practice If not, how does this impact your referral patterns, customer satisfaction, etc. Majority of patients choose to come here despite higher charges, as the referring providers prefer them to come here as well. Some self pay patients (which we have few of) choose to go elsewhere.</i>
<i>I</i>	<i>No, we have the same pricing structure for all our locations</i>	<i>Not sure</i>	<i>We are not competitive with private practice settings. We have asked our Financial folks to consider a competitive self-pay charge. We recently partnered with an entity that is billing under 1500 forms and we are planning to utilize this new competitive self-pay charge. We bill all our other accounts using UB 82.</i>
<i>J</i>	<i>No. Our pricing structure is the same regardless of setting</i>	<i>We complete a cost accounting calculation sheet that incorporates salary (direct and indirect) plus supply expense and then multiplied by a "factor" determined by the cost accounting department.</i>	<i>Our pricing is definitely greater than what private practice settings are charging. At times, families comment about our pricing, but few choose to go elsewhere because of pricing. This is especially true for our women's health patients. Our pricing does not appear to have a negative impact on referral practice. We receive more referrals than we have capacity to serve. Our challenge is how to best increase access to outpatient services: right care, right time, right place.</i>
<i>K</i>	<i>no, all charges the same We are looking at program pricing for "programs" for international patients and have asked about program pricing for intensive programs, particularly for self-pay. One reason: our main payer, does not cover intensive programs like constraint-induced therapy or intensive PT</i>	<i>Originally based on salary, time, overhead, contractual write-off, then increases pretty much each year with budgeting</i>	<i>No, definitely higher than private practice. Patients often leave due to out of pocket costs, though many return since more satisfied with our expertise</i>
<i>L</i>	<i>We do not have a different price structure per</i>	<i>Pricing and contracting is</i>	<i>We have challenges being hospital based because our prices are higher</i>

	<i>setting but PT, OT and ST are priced differently.</i>	<i>done on a corporate level so we are not involved with these decisions.</i>	<i>than private practices. (Different quality though! :))</i>
<i>M</i>	<i>No; CPT code charges are standardized across all sites/settings within the hospital-based billing charge master. Acute inpatient care has a per diem rate and does operate differently. We also have a comprehensive outpatient neurorehab program that similarly has an established, negotiated rate that differs by insurer. These benefits have been reduced gradually, overall.</i>	<i>Our financial team handles this and provides charge updates annually. I could request more specific information if that is helpful, but generally that is independent of the therapy directors. We generally have minimal input on these charges. Very occasionally we can help steer this.</i>	<i>No, our hospital-based charges are significantly more than professional charges in a private practice setting. Because insurers pay percentages only, patients aren't necessarily/always accountable for "more" payment, however. Sometimes, however, this has been a deterrent from using our outpatient community based clinics. I believe there are trends with specific service lines that may be apparent (though am not directly responsible for these and would need to dig a bit to find out more.)</i>