Turn innovation into access and reimbursement

A two-day Master Class designed to help cell therapy programs navigate the financial and operational complexities shaping real-world patient access and reimbursement.

October 28-29, 2026

WASHINGTON, D.C.

Transforming breakthrough science into real-world patient access requires more than clinical innovation; it demands mastery of financial clearance, coding, billing, reimbursement, and Managed Care strategy. This Master Class will help cell therapy programs rise to this challenge.

nimitt CONSULTING

Empowering providers to deliver on the promise of innovation.

The Cell Therapy Master Class on Access & Reimbursement
Presented by Nimitt Consulting

What it takes to get reimbursed

In two days, you'll build the expertise required to navigate complexity, expand patient access, and ensure your program gets paid appropriately.

What you'll be able to do:

- Approach financial clearance and prior authorization with confidence
- Accurately code, bill, and submit claims (without the costly errors and headaches)
- Prevent denials and avoid $0 payments on expensive therapies
- Understand Medicare reimbursement mechanics and payment drivers
- Develop and execute effective Managed Care strategies
- Model financial performance for new and emerging therapies
- Prepare for the continued wave of clinical innovation



The Nimitt Master Class experience:

- Real-world case-based learning
- Interactive problem-solving exercises
- Small-group discussions with peers
- Practical tools and templates



THE NIMITT ACCESS & REIMBURSEMENT PLAYBOOK

The Nimitt Access & Reimbursement Playbook—a practical roadmap to support patient access, strengthen financial performance, and confidently navigate the evolving cell therapy landscape.

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OCTOBER 28, 2026

Day 1: How innovation gets paid

Financial clearance | Single case agreements | Negotiation strategies | Charge capture | Coding & billing

8:00 AM – 8:30 AM

Breakfast & Registration

Check in with building security, register, enjoy breakfast, and settle in.

8:30 AM – 9:00 AM

Session 1 – Opening: Cell and Gene Therapy Today & the Master Class

Get to know who is in the room. This opening session sets the stage for the Master Class by showing how innovation has added complexity to the cell and gene therapy (CGT) journey and why each piece must work together. Participants will also join the team at a fictional hospital and follow three of its patients through their journey, so each concept comes to life through real situations.

9:00 AM – 9:25 AM

Session 2 – Understanding the Rules: The CAR-T Coverage Landscape

Explore coverage rules that shape access to CGT across Commercial, Medicaid, and Medicare plans. Using CAR-T as the lens, examine how coverage is established, when requirements vary, and where gaps or uncertainty may occur.

9:25 AM – 10:15 AM

Session 3 – In the Door, Down the Hall: Navigation and Financial Clearance

Turn coverage requirements into action and explore the people, processes, and handoffs as patients move from referral to treatment. Examine practical strategies for coordinating clinical and financial clearance, including navigating prior authorization processes and reducing barriers to timely access.

10:15 AM – 10:30 AM

Break

Take a quick break to recharge and refresh.

10:30 AM – 11:15 AM

Activity: Can This Patient Move Forward?

Apply coverage and financial clearance concepts to the three Nimitt University Medical Center (NUMC) patients to determine whether each patient has a covered diagnosis. Participants will leave with a Financial Clearance Checklist to support their programs.

11:15 AM – 12:00 PM

Session 4 – The Realities of Managed Care Contracting, Part 1

Explore foundational realities shaping CGT contracting, including Single Case Agreement (SCA) urgency, differences in how payers define the episode of care, financial modeling, and product reimbursement. Participants will use real-world examples to examine how programs are responding.

12:00 PM – 1:00 PM

Lunch

Take time to enjoy lunch and continue the conversation with fellow attendees.

Day 1 agenda, continued

1:00 PM – 1:45 PM

Session 5 – The Realities of Managed Care Contracting, Part 2

Build on the foundational realities with five advanced challenges, including reimbursement across the full episode of care, cost-effectiveness pressures, contract language, operational execution, and negotiation tradeoffs. Participants will use real-world examples to examine how programs are responding.

1:45 PM – 2:30 PM

Activity: Deal or No Deal?

Take a seat at NUMC's negotiating table to review the SCA, identify what terms matter most, determine what should be kept or modified, and decide: Deal or no deal? Participants will leave with an SCA Request Template to support their programs.

2:30 PM – 2:45 PM

Break

Take a quick break to recharge and refresh.

2:45 PM – 4:00 PM

Session 6 – How a Patient's Story Becomes a Correctly Paid Claim

Follow a CAR-T claim from clinical care through submission to see how orders, documentation, charge capture, coding, billing, and payment connect along the patient journey. Participants will see real-world pitfalls and learn how to spot common breakdowns before claims submission.

4:00 PM – 4:45 PM

Activity: Can We Submit the Claim?

Review the NUMC patients' claims to identify what might be missing or incorrect, determine what needs to be fixed, and decide whether each claim is ready to bill. Participants will leave with a Pre-Billing Checklist to support their programs.

4:45 PM – 5:00 PM

Wrap-Up

Close Day 1 by revisiting key takeaways and setting up where the journey continues tomorrow.

5:00 PM – 7:00 PM

Networking Reception

Relax over cocktails and appetizers, swap ideas with peers facing the same challenges, and continue the conversations from Day 1.

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OCTOBER 29, 2026

Day 2: Future-proof your program

Medicare IPPS, OPPS, MPFS | Pricing strategy | Onboarding new therapies | The advocacy road ahead

8:00 AM – 8:30 AM

Networking Breakfast

Arrive early, get breakfast, and connect with your colleagues.

8:30 AM – 8:45 AM

Icebreaker / Recap Day 1, Frame Day 2

Reconnect to the three NUMC patients, revisit key takeaways from Day 1, and set the stage for how we'll follow the Medicare dollars on Day 2.

8:45 AM – 10:00 AM

Session 1 – Follow the Money: How Medicare Pays for Inpatient Cases

Follow the Medicare inpatient payment calculation from MS-DRG assignment through final case payment. Participants will learn how DRGs, New Technology Add-on Payment (NTAP), and outlier payments are made via the Inpatient Prospective Payment System (IPPS). Participants will leave with a CCR-Based Charging Reference document to support appropriate charging practices.

Activity: What Payment Should We Expect?

Return to the three NUMC patients and apply that logic to calculate expected Medicare payment.

10:00 AM – 10:30 AM

Break

Take a quick break to recharge and refresh.

10:30 AM – 11:45 AM

Session 2 – Follow the Money: How Medicare Pays for Outpatient Cases

Follow Medicare outpatient payment from the services reported on the claim through final payment. Explore how APCs, status indicators, drug payment, and pass-through payment status work together under the Outpatient Prospective Payment System (OPPS) and apply those concepts to high-cost CGT cases. Participants will review practical CAR-T scenarios to see how the timing and location of care can change how a case is billed and paid.

11:45 AM – 12:45 PM

Lunch

Enjoy lunch and share takeaways so far with fellow attendees.

12:45 PM – 1:30 PM

Session 3 – Follow the Money: How Medicare Pays for Physician Services

Follow how Medicare pays for physician and other professional services under the Medicare Physician Fee Schedule (MPFS) and apply that payment logic to high-cost CGT cases. Participants will learn how a case is paid when a patient receives CAR-T in a free-standing physician office and other services in a hospital.

Day 2 agenda, continued

1:30 PM – 2:15 PM

Activity: What Message Needs to Go to Leadership?

Return to the three patients and learn where their journeys ultimately led. Then step back to assess NUMC's current performance and provide leadership with an update as it contemplates whether to recruit a world-renowned transplant physician to onboard a cellular gene therapy for sickle cell disease.

2:15 PM – 2:30 PM

Break

Take a quick break to recharge and refresh.

2:30 PM – 3:00 PM

Session 4 – The Ascent to Delivering Innovative Care: How Providers Prepare for What's Next in CGT

Learn what the key onboarding questions are when it comes to bringing on new commercial products and explore what it takes for programs to stay ahead of emerging therapies. Participants will examine a structured approach to CGT onboarding and leave with a Therapy Worksheet to support their programs.

3:00 PM – 3:45 PM

Session 5 – Closing: Shaping What Comes Next Together

We'll bring the Master Class to a close by distinguishing what programs can change within their own four walls from the challenges that require broader collaboration and advocacy, and consider how providers, payers, and manufacturers can work together to help shape what comes next for CGT access.

4:00 PM – 5:00 PM

Informal Closing Reception

Join us for an informal final connection and goodbye.

Meet your main presenters

Our team brings decades of combined experience to help cell therapy programs navigate the financial and operational complexities shaping real-world patient access and reimbursement.



Jugna Shah, MPH, CHRI

President & Founder

The Reimbursement Whisperer

Jugna founded Nimitt more than 25 years ago and has spent her career translating complex Medicare payment policy into practical strategies for providers and successfully advocating for improved reimbursement and more streamlined coverage, coding, and billing rules. She is a nationally recognized expert who is known for making complex reimbursement concepts understandable and actionable, and has guided organizations through every major Medicare payment evolution impacting cell and gene therapy.



Kristen Muncy, MHA

Principal

The Deal Maker

Before joining Nimitt, Kristen gained wide-ranging, transplant-specific experience at Vanderbilt University Medical Center (VUMC) in revenue cycle, provider operations, and managed care contracting. As a Lead Contract Manager, she successfully negotiated for the entire VUMC system, contracting with several governmental payers and, for all transplant programs, contracting with all payers. Her unique and comprehensive perspective helps clients take their programs to the next level, ensure patient access, and generate optimal and appropriate reimbursement.



Claire White, MSN, RN

Senior Consultant, Health Policy and Patient Access

The Coverage Detective

Claire specializes in payer coverage, prior authorization, patient financial clearance, and translating evolving payer requirements into workflows that shape access to cellular therapies. She is an expert in providing practical solutions to access challenges while limiting administrative burden, protecting organizational financial viability, and improving the patient experience.



Cary Gibson, MPA

Senior Consultant, Health Policy

The Capitol Connector

Cary specializes in health policy and government affairs, with more than 25 years of experience spanning the U.S. Congress, trade associations, consulting, and industry organizations. She began her career on Capitol Hill advising members of Congress, joined the American Medical Association's government relations team, and has spent more than a decade helping clients navigate complex federal and state health policy and turn it into practical, actionable strategies.