

EIGHT ESSENTIAL ACTIONS FOR

EXPANDING & IMPLEMENTING

CONTRACTING WITH MEDICAID &

MARKETPLACE INSURANCE PLANS

A GUIDE DEVELOPED FOR  
Ryan White HIV/AIDS Program Core Medical Providers

*By*



*in collaboration with*



# TABLE OF CONTENTS

## SECTION

## PAGE #

### SECTION 1: INTRODUCTION

- Understanding the Essential Actions 2
- How to Use this Resource 3
- Resource Worksheet 5

### SECTION 2: ESSENTIAL ACTIONS

- ACTION 1: Enhance Current Contracts with Medicaid & Marketplace Insurance Plans 6
- ACTION 2: Expand or Establish New Contracts with Medicaid & Marketplace Insurance Plans 8
- ACTION 3: Market Your Program's Services to Medicaid & Marketplace Insurance Plans 10
- ACTION 4: Negotiate or Re-negotiate Contract Terms with Medicaid & Marketplace Insurance Plans 12
- ACTION 5: Increase Client & Community Awareness of New & Existing Contracts with Medicaid & Marketplace Insurance Plans 14
- ACTION 6: Evaluate Costs Adequacy of Reimbursement from Medicaid & Marketplace Insurance Plans 15
- ACTION 7: Evaluate & Improve Contracting Terms to Optimize Revenue 16
- ACTION 8: Improve Steps in the Revenue Cycle to Maximize Revenue 17

### SECTION 3: REFERENCES

- Citations & Resources 22

# INTRODUCTION

## RESOURCE OVERVIEW

Successfully contracting with Medicaid and Marketplace Insurance Plans is the foundation for ensuring that your clients continue to have access to the high-quality HIV care that you provide. Evidence clearly demonstrates the need for providers to gain access to revenue through third-party payers.<sup>1,2,3</sup>

An increasing number of clients served by providers who receive Ryan White HIV/AIDS Program (RWHAP) funds have health insurance coverage. Many RWHAP providers have established at least one contract with Medicaid or Marketplace Insurance Plans. As more clients gain health insurance coverage expanding contracting activities to promote continuity of care should be prioritized. For those providers who have not established contracts – **now is the time!**

**CRE is Here to Help:** If your program has not established any contracts, needs assistance expanding contracting efforts with Medicaid or Marketplace Insurance Plans, or you're not sure and would like assistance on how to approach the *Essential Actions* in your agency, contact a CRE TA provider by email at: [CRE.TA@caiglobal.org](mailto:CRE.TA@caiglobal.org) to get the support you need.

## WHO SHOULD USE THIS RESOURCE?

The *Essential Actions* are designed for RWHAP core medical provider managers or administrators who provide oversight for the delivery of services to persons living with HIV and want to expand or establish contracts with Medicaid or Marketplace Insurance Plans.

Successfully leveraging diverse payment sources is crucial to ensuring that Ryan White HIV/AIDS Program providers can continue to provide essential services that supports the HIV Care Continuum.

# INTRODUCTION

## UNDERSTANDING THE ESSENTIAL ACTIONS

Building on existing tools and resources currently available in CRE's *Resource Roadmap*, the *Essential Actions for Enhancing and Implementing Contracting with Medicaid and Marketplace Insurance Plans* provide an overview of key contracting activities to ensure providers can continue to offer high-quality HIV care in their communities.<sup>4,5</sup> Whether you're just getting started, or need assistance enhancing your agency's current contracting efforts, the *Essential Actions* are designed to help communicate the value of your program services to health insurance plans; prepare for and conduct contract negotiations with insurance plans; increase client awareness of the insurance plans with which you contract; assist you in evaluating and improving contract terms; help you to determine the cost and adequacy of insurance plan reimbursement for providing services; and finally, take steps to improve revenue capture. While the *Essential Actions* are presented as Action 1 through Action 8, they do not need to be followed sequentially. Working with staff at your agency, use this guide to determine your current contracting capacity and which actions to take to enhance your contracting efforts.

**ACTION 1:** Enhance Current Contracts with Medicaid & Marketplace Insurance Plans

**ACTION 2:** Expand or Establish New Contracts with Medicaid & Marketplace Insurance Plans

**ACTION 3:** Market Your Program's Services to Medicaid & Marketplace Insurance Plans

**ACTION 4:** Negotiate or Re-negotiate or Contract Terms with Medicaid & Marketplace Insurance Plans

**ACTION 5:** Increase Client & Community Awareness of New & Existing Contracts with Medicaid & Marketplace Insurance Plans

**ACTION 6:** Evaluate Costs Adequacy of Reimbursement from Medicaid & Marketplace Insurance Plans

**ACTION 7:** Evaluate & Improve Contracting Terms to Optimize Revenue

**ACTION 8:** Improve Steps in the Revenue Cycle to Maximize Revenue

# INTRODUCTION

## HOW TO USE THIS RESOURCE



### **SUPPORT:**

Start by garnering the support of your program or agency leadership. It is likely that your broader agency has prioritized expanding contracting and implementing systems to maximize reimbursement for providing services to clients who have health insurance. They have also likely prioritized enrolling clients in health insurance. Linking your efforts to these broader agency goals and strategies will help you to secure leadership buy-in.



### **ALIGNMENT:**

Then ensure, when in place, that your activities are aligned with existing agency policies, practices, and systems for contracting with third-party payers. For many agencies this means that there is a dedicated department or designated staff responsible for contracting with health insurance plans and systems already in place to support maximizing reimbursement. Whenever possible, identify and engage these departments and individuals at the beginning of your own work. These individuals can lead the way in expanding contracting with your support.



### **ACTION:**

Finally, review the *Essential Actions* with identified staff who support the contracting and billing processes at your agency. Using the separate worksheet provided on page 5, identify where you will take action and take note of your next steps.

Remember, all recommended activities are not required and the *Essential Actions* can be reviewed in any order.



### **TIPS**

- RWHAP core medical services include: outpatient/ambulatory medical care, oral health services, early intervention services (EIS), home health care, home and community-based services, hospice care, mental health services, medical nutrition therapy, medical case management, and outpatient substance abuse treatment
- Medicaid and Marketplace Insurance Plans or Health Insurance Plans - Medicaid refers to Medicaid Fee for Service and Medicaid Managed Care. Marketplace Insurance Plans are also known as Qualified Health Plans or QHPs

# NEED ASSISTANCE?

If you have trouble with any of these Essential Steps, the National Technical Assistance Center for Contracting & Reimbursement Expansion with Medicaid and Marketplace Insurance Plans (CRE) is here to help!

ACCESS RESOURCES	REQUEST TA	CONTACT US
CRE website offers resources at: <a href="https://careacttarget.org/cre">https://careacttarget.org/cre</a>	You can easily request TA with a quick, easy-to-use form at: <a href="https://careacttarget.org/cre/request-ta">careacttarget.org/cre/request-ta</a>	If you have any other questions, you can contact us directly at <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a>



## TIPS

Throughout this Guide, you will see tip icons that identify helpful tools and resources that pertain to each Essential Action.

When possible, partner with dedicated contracting staff or departments within your broader agency structure in your program's efforts to expand or implement contracts with insurance plans.

- These staff members have a wealth of information and can provide leadership in expanding contracting in your program or department. They will need your help. They will need your support in identifying billable services provided by your program, types of staff providing services, your program's costs, and other information needed to expand or negotiate contracts and maximize reimbursement.

# RESOURCE WORKSHEET

As you review the Essential Actions in this Guide, use the following worksheet to record items you need to focus on in order to expand and implement contracting at your agency.

EIGHT ESSENTIAL ACTIONS		NOTES
<b>ACTION 1:</b>	Enhance Current Contracts with Medicaid & Marketplace Insurance Plans	
<b>ACTION 2:</b>	Expand or establish new contracts with Medicaid & Marketplace Insurance Plans	
<b>ACTION 3:</b>	Market your program's services to Medicaid & Marketplace Insurance Plans	
<b>ACTION 4:</b>	Negotiate or Re-negotiate Contract Terms with Medicaid & Marketplace Insurance Plans	
<b>ACTION 5:</b>	Increase client and community awareness of new and existing contracts with Medicaid & Marketplace Insurance Plans	
<b>ACTION 6:</b>	Evaluate cost adequacy of reimbursement from Medicaid & Marketplace Insurance Plans	
<b>ACTION 7:</b>	Evaluate and improve contracting terms to optimize revenue	
<b>ACTION 8:</b>	Improve steps in the revenue cycle to maximize revenue	

# ACTION 1

## ENHANCE CURRENT CONTRACTS WITH MEDICAID & MARKETPLACE INSURANCE PLANS

- A. Identify contracts with Medicaid and Marketplace Insurance Plans that are already in place
- B. For contracts that are currently in place, review the following:
  - Do contracts already include language that facilitates billing for providing core medical services to clients with HIV/AIDS? If not, what opportunities or challenges are there to including these provisions?
  - What is the schedule for renegotiating existing contracts?
  - Can my HIV program's services be included in scheduled renegotiations?
- C. Identify activities underway to negotiate new contracts
  - Explore opportunities to include your program's services as part of new contract negotiations
- D. Identify and address health insurance provider network requirements
  - Review the insurer provider network websites
  - Identify provider credentials necessary by service delivered
- E. Ensure providers are credentialed with health insurance plans
  - Verify health insurance plan requirements for credentialing of primary care and specialty providers
  - Review the credentials of your agency's providers to ensure that they meet the requirements. This is particularly important if HIV clinics wish to provide primary care services to their HIV positive patients

For assistance, view the Resource Roadmap section on Credentialing, under Contracting.



# ACTION 1



## TIPS

Do the following to ensure that your providers are credentialed with selected health insurance plans as part of the contract negotiation process:

- If not already registered - register your agency with the National Plan and Provider Enumeration System (NPPES).
- Request that your agency's providers register with NPPES, and facilitate retrieval of documentation required for registration.
- Ensure current and newly hired providers are registered with NPPES and licenses and board certifications are up-to-date
- Submit the information required by the health insurance plan to list your agency and providers in provider directories and member handbooks
- Verify if your providers are listed accurately so that clients will know how to select their clinician as their primary care provider
- Use the Resource Roadmap section on Credentialing, under Contracting

Before moving on to the next *Essential Action*, refer back to the Worksheet on page 5 and record items you need to focus on to expand and implement contracting at your agency.

# ACTION 2

## EXPAND OR ESTABLISH NEW CONTRACTS WITH MEDICAID & MARKETPLACE INSURANCE PLANS

- A. Identify health insurance plans in which your clients are enrolled
- B. Identify health insurance plans that typically enroll populations that could benefit from your services, live in communities in your service area, or would help you agency broaden its mission
- C. Gather information about health insurance plans
  - Start with health insurance plans in which your clients are enrolled
  - Gather basic information from plan websites about: geographic service area, target populations, covered services, payment models and rates, service delivery models, contracting processes, and other key information
- D. Identify and address health insurance plan provider network requirements
  - Review the insurer provider network websites
  - Identify clinician credentials necessary by service delivered
- E. Ensure providers are credentialed with health insurance plans
  - Verify health insurance plan requirements for credentialing of primary care and specialty providers



### TIPS

Review these resources to get to know the Medicaid & Marketplace Insurance environment in your state:

- American Academy of HIV Medicine (AAHIVM) website at [www.aahivm.org/chapter/exec/healthreformbystate](http://www.aahivm.org/chapter/exec/healthreformbystate) to locate your state's Medicaid programs and Qualified Health Plans "join our provider network" websites
- State Marketplace Insurance websites, either through Healthcare.gov or through your state-run Marketplace at [www.healthcare.gov/marketplace-in-your-state](http://www.healthcare.gov/marketplace-in-your-state), to identify marketplace insurance plans and their list of Essential Health Benefits (EHBs)
- State Health Insurance Commissioner websites to identify health insurance plans licensed to operate in your state

# ACTION 2

- Review the credentials of your agency’s providers to ensure that they meet the requirements. This is particularly important if HIV clinics wish to provide primary care services to their HIV positive patients
- F. Understand how health insurance plans will pay for your services
- Options include: fee-for-service, capitated payment system, condition-specific capitation, budget-based payment systems, primary care coordination payments, pay for performance, shared savings, global payments, and accountable care organizations
- G. Review health insurance plan reimbursement rates
- Review the provider network websites or contact health insurance plan staff to determine payment rates for services
- H. Investigate health insurance plan track records
- Many insurers operate throughout the US: gather “field intelligence” by reaching out to your colleagues working at core medical providers in your area or other states to learn about their perceptions of the insurer



## TIPS

Review these resources to get to know the Medicaid & Marketplace Insurance environment in your state:

- State Medicaid Website for Medicaid model contracts. These model contracts specify requirements for providing HIV prevention and care services
- Work with identified agency staff to make sure your agency is listed as an Essential Community Provider (ECP) so that you can contract with Qualified Health Plans
- Before moving on to the next *Essential Action*, refer back to the Worksheet on page 5 and record items you need to focus on to expand and implement contracting at your agency

# ACTION 3

## MARKET YOUR PROGRAM'S SERVICES TO MEDICAID & MARKETPLACE INSURANCE PLANS

### A. Develop a marketing and communications plan

- Include strategies for conducting health insurance plan outreach efforts
- Include opportunities to collaborate with other HIV providers to market your services to insurers

### B. Craft marketing messages that demonstrate the value of your services

- Highlight products, or your “billable” services, to be offered to insurers
- Describe what distinguishes your products from other providers
- Discuss how many health insurance plan members could benefit from your services
- Explain how your products will enhance the insurer’s network and expand access to their target communities
- Review how your services will help meet the insurer’s benefits, network, access, quality standards and client health outcomes

### C. Turn messages into talking points

- Develop clear and succinct talking points that demonstrate the value of your agency to the insurer



#### TIPS

**Relationships Matter:** Building positive relationships with staff from Medicaid and Marketplace Insurance Plans is vital to the contracting process.

- Identify and engage health insurance plan leaders with the necessary authority and influence to learn about your program, negotiate contracts, and ensure your program’s long-term success as part of their network of providers

# ACTION 3

## D. Identify health insurance plan contacts

- Identify key staff at target health insurance plans who your agency should contact

## E. Delegate to internal staff

- Identify appropriate staff at your agency who can be tasked with reaching out and making first contact with insurers

## F. Practice your “pitch”

- Prepare for your meeting by practicing your “pitch” to contracting staff in your agency

## G. Keep the momentum

- At the end of your marketing meetings, work with health insurance plan staff to identify next steps and a schedule to keep the momentum going



### TIPS

- You have a valuable service to offer. Other than health care benefits, the principal product that a health insurance plan has to sell to prospective enrollees is its provider network. By joining their network through the contracting process you are effectively increasing their market share
- Before moving on to the next *Essential Action*, refer back to the Worksheet on page 5 and record items you need to focus on to expand and implement contracting at your agency.

# ACTION 4

## NEGOTIATE OR RENEGOTIATE CONTRACT TERMS WITH MEDICAID & MARKETPLACE INSURANCE PLANS

A. Work with appropriate legal advisors, or identified agency staff responsible for contracting, to identify key components of the contract

B. Evaluate contract terms and ensure they address your program's needs and capabilities.

Consider these important questions:

- What is the term (time-period) in which the contract is in effect?
- Does the contract delineate health insurance plan versus provider obligations?
- Are the scope of services to be provided clearly defined?
- What is the process to renew the contract?
- Does the contract include automatic renewal provisions?
- Does the contract include annual rate negotiations?
- Does the provider have the right to review and approve amendments to the contract?
- What is the termination clause?
- How much notice must be given to the provider prior to notice of termination?



### TIPS

- The responsibility of understanding the language contained in your agreement falls on you. If you don't understand the language, it is in your best interest to solicit an expert (or legal advisor or staff with expertise in contracting at your agency) in this area to clearly explain the language and its intent. Contract language is crafted specifically for a desired result and may have a health insurance plan's primary interest spelled out, leaving you in a risky position if you do not review and negotiate.

# ACTION 4

- C. Obtain expert financial review of contract terms
  - What is the time frame for submission and payment of claims?
  - Will the insurer pay interest on late payments?
  - What is the process for claims dispute and resolution?
  - Does your agency have capital reserves in place to ensure cash flow?
  - Identify any financial risk to be borne by your agency, such as through prospective capitation or pay for performance payment arrangements
- D. Review terms of contract or statement of work with staff experts or legal advisors
  - Identify areas of question or concern, and request modifications
- E. Ensure providers of care are credentialed with selected health insurance plans
- F. Sign contract
  - Have your agency's legal advisor review the contract before signing

Before moving on to the next *Essential Action*, refer back to the *Worksheet* on page 5 and record items you need to focus on to expand and implement contracting at your agency.

# ACTION 5

## INCREASE AWARENESS OF NEW & EXISTING CONTRACTS WITH MEDICAID & MARKETPLACE INSURANCE PLANS

### A. Share the news

- Implement a communications plan to increase client and community awareness of the insurance plans you accept

### B. Craft key messages for the clients you want to know about your services

- Identify key messages to increase awareness among current and targeted client populations about the health insurance plans in which your agency participates

### C. Identify key tools and strategies to disseminate messages

- Get advice from your community advisory board or through client surveys about the best methods for communicating with your clients and community
- Use a “mixed media communication strategy”
- Undertake promotional efforts during Medicaid and Marketplace Insurance Plan open enrollment periods
- Engage community health workers or peers to get the word out

### D. Educate clients on navigating the health insurance system

- Disseminate educational brochures, pamphlets, or posters in waiting or exam rooms
- Conduct one-on-one education with clients about enrollment processes
- Assist clients in identifying available health insurance plans that may meet their needs
- Help clients complete the health insurance application process
- Refer clients to off-site or on-site insurance assister or navigators



#### TIPS

- Use more common approaches like pamphlets, flyers, websites or face-to-face promotions combined with social media approaches like Facebook and Twitter, to get the word out.
- Before moving on to the next *Essential Action*, refer back to the Worksheet on page 5 and record items you need to focus on to expand and implement contracting at your agency.



# ACTION 6

## EVALUATE COST ADEQUACY OF REIMBURSEMENT FROM MEDICAID & MARKETPLACE INSURANCE PLANS

- A. Identify covered “billable” medical services
  - Identify the specific core medical services your agency provides that could be reimbursed by third party payers (“billable”)
- B. Identify relevant billing codes
  - Break down the “billable” services you identify into discrete procedures, and identify related billing codes
- C. Conduct a cost analysis
  - Assess the direct and indirect costs that your agency incurs when providing each of the procedures you have identified
- D. Evaluate adequacy of anticipated or actual reimbursement from health insurance plans against your costs



### TIPS

- See the Resource Roadmap section on Optimizing Reimbursement through Coding and Documentation, under Billing
- See the Resource Roadmap section on Calculating Costs for your HIV Services, under Billing
- Where there is a gap in reimbursement explore cause - are staff accurately coding and billing for services? Are claims being submitted correctly? Are reimbursement rates adequate?
- Before moving on to the next *Essential Action*, refer back to the Worksheet on page 5 and record items you need to focus on to expand and implement contracting at your agency.

# ACTION 7

## EVALUATE & IMPROVE CONTRACTS TO OPTIMIZE REVENUE

- A. Calculate your return on investment from contracting
  - Determine the extent to which your agency broke even or generated revenue
- B. Assess financial risk in contracts
  - Assess the financial risk arrangements in the contract to determine if alternative payment strategies should be sought
- C. Assess revenue realized for providing services
  - Determine revenue realized versus billed and frequently performed services and procedures
  - Identify services and procedures for which revenue from health insurance plans fall short of costs
  - Assess Remittance Advice transmittals to identify key factors contributing to insurance claim rejection
- D. Look for areas of improvement
  - Address key factors associated with claims rejection through staff training
  - Identify ways to reduce costs (e.g., employment of mid-level practitioners rather than physicians for primary care services, task shifting, ensuring all staff are operating at the top of their license)
  - Renegotiate contract terms to reduce financial risk



### TIPS

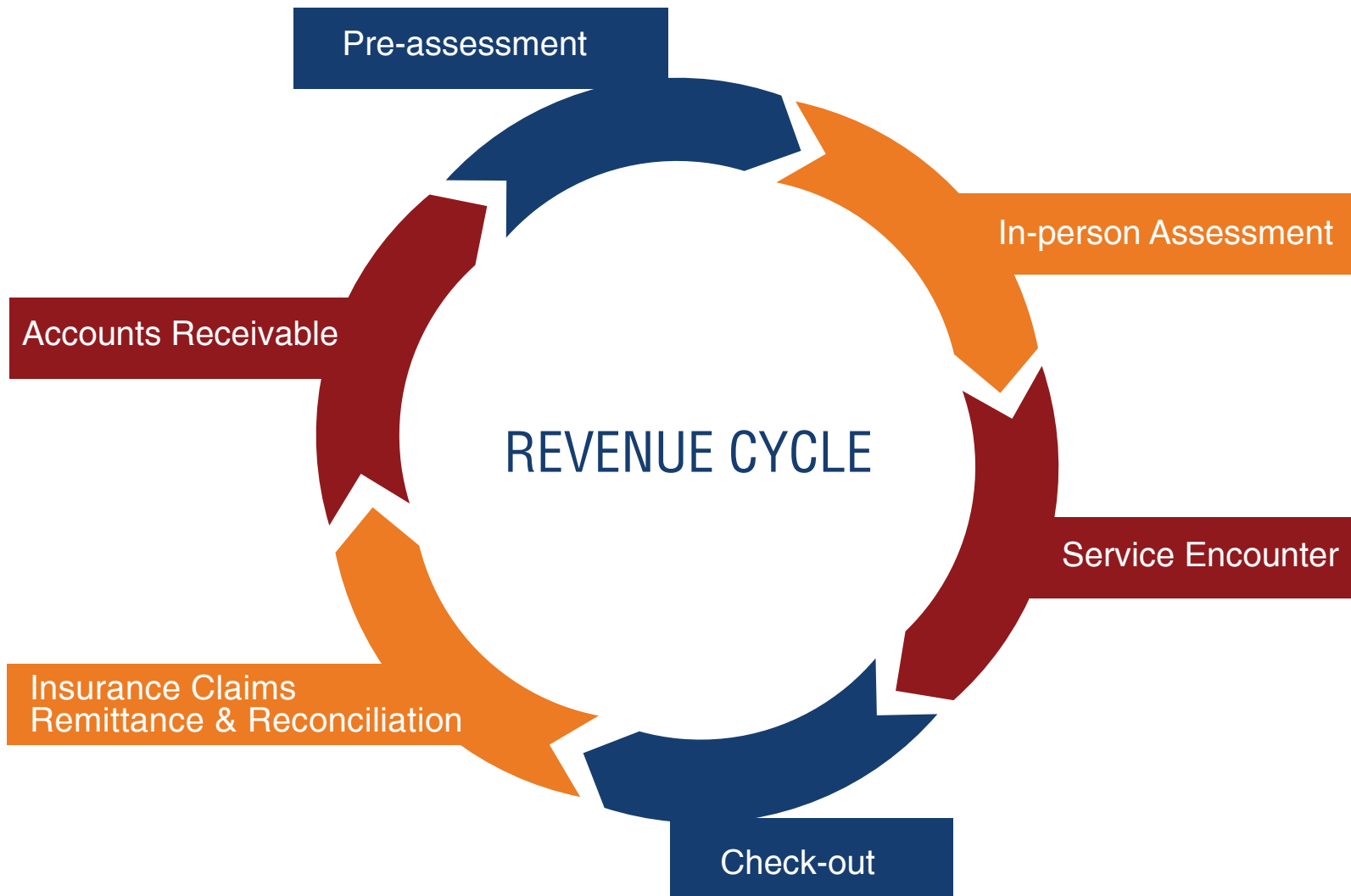
- When contracting for services everything is negotiable. You can and should negotiate for your contract terms and rates.
- You can and should walk away from substandard contracts that do not allow you to provide care to your patients in an ethically or financially responsible manner. If a health insurance plan offers a fee schedule that is less than what it costs you to provide care, ask yourself – are you better off without that plan?
- Before moving on to the next *Essential Action*, refer back to the Worksheet on page 5 and record items you need to focus on to expand and implement contracting at your agency.

# ACTION 8

## IMPROVE STEPS IN THE REVENUE CYCLE TO MAXIMIZE REVENUE

### Steps in the Revenue Cycle Include:

Pre-assessment, in-person assessment, service encounter, check-out, insurance claims remittance and reconciliation, accounts receivable



# ACTION 8

## START BY DESCRIBING THE CURRENT SYSTEM

### A. Pre-assessment

- Are processes in place to verify insurance information for clients scheduled at least one-day in advance?

### B. In-person Assessment

- How is a client fiscal assessment completed (A fiscal assessment involves determining whether a client has or is eligible for insurance)?
- Do staff have the knowledge and training necessary to complete an accurate assessment?
- How is information that supports billing health insurance plans for providing services gathered from the client (e.g. paper form, Electronic Health Record)? Do these processes support collection of all required information?
- What happens if a client is uninsured (e.g., insurance eligibility assessment conducted, referred to health insurance plan enroller)?

### C. Service Encounter

- Where is the service encounter and care provided documented (e.g., paper form, Electronic Health Record)?
- Are service encounter and care provided documented accurately and consistently by staff?



#### TIPS

- See the Resource Roadmap section on Revenue Cycle Management Processes, under Billing
- Steps in the Revenue Cycle Include: Pre-assessment, in-person assessment, service encounter, check-out, insurance claims remittance and reconciliation, accounts receivable

# ACTION 8

## D. Check-out

- What is the process when the client checks-out?
- What is the process for collecting co-payments and/or fees?
- What happens if a client can't pay that day?

## E. Insurance Claims Remittance and Reconciliation

- How are insurance claims generated and submitted?
- Who is responsible for reviewing chart documentation and creating a bill?
- Is billing done internally or contracted out?
- What is the remittance reconciliation process? [This process involves addressing payment received from third-party payers and reconciling with the amount charged]

## F. Accounts Receivable

- How are accounts receivable managed?
- How are client balances addressed?

## IDENTIFY STRATEGIES TO IMPROVE THE SYSTEM

## G. Evaluate your coding and billing practices

- Assess the extent to which your agency's coding and billing practices accurately and completely identify billable services

## H. Address claims rejections

- Assess Remittance Advice transmittals to identify key factors contributing to insurance claim rejection
- Develop new processes: train staff, improve documentation of services delivered, ensure that rejected claims are researched, corrected, and resubmitted on a timely basis to address cause of claims rejections

## I. Identify policies and procedures necessary to implement steps in revenue cycle

- Policies and procedures can include: when and how to conduct fiscal assessment, how to address needs of uninsured clients, how to handle client balances or co-pays

# ACTION 8

## J. Modify your program workflow to enhance capture of revenue

- Review revenue cycle steps
- For each step, identify how those tasks will be integrated into your agency workflow
- Identify staff responsible for each step

## K. Train staff to maximize revenue capture

- Train staff on new workflow, roles, and responsibilities
- Develop job aids or tools to promote revenue capture
- Identify need for additional personnel to facilitate billing processes



### TIPS

Estimate costs and benefits of maintaining in-house billing system vs. contracting that service out by:

- Reviewing the steps in the revenue cycle
- Estimate effort to maintain or put these systems in place at your agency and in your program
- Examine opportunities to outsource medical billing to a third party known as a medical billing service. These services typically take a percentage of a practice's collections as payment for managing many aspects of the revenue cycle process
- Identify breakeven point likely to result from estimated revenue, and calculate the return on investment
- Before moving on to the next *Essential Action*, refer back to the Worksheet on page 5 and record items you need to focus on to expand and implement contracting at your agency.

# NEED ASSISTANCE?

If you have trouble with any of these Essential Steps, the National Technical Assistance Center for Contracting & Reimbursement Expansion with Medicaid and Marketplace Insurance Plans (CRE) is here to help!

ACCESS RESOURCES	REQUEST TA	CONTACT US
CRE website offers resources at: <a href="https://careacttarget.org/cre">https://careacttarget.org/cre</a>	You can easily request TA with a quick, easy-to-use form at: <a href="https://careacttarget.org/cre/request-ta">careacttarget.org/cre/request-ta</a>	If you have any other questions, you can contact us directly at <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a>

# REFERENCES

## CITATIONS

- <sup>1</sup>NASTAD. Health Department Billing and Reimbursement Assessment Report. April 2013. Retrieved at: <http://nastad.org/docs/NASTAD-Report-HD-Billing-Survey-April-2013.pdf>.
- <sup>2</sup>Beck, D. and Margolin, D. Physician Coding and Reimbursement. *Ochsner J.* 2007 Spring; 7(1): 8-15.
- <sup>3</sup>Gold, R.B. and Sonfield, A. Working Successfully with Health Plans: An Imperative for Family Planning Centers. Guttmacher Institute. June 2012. Retrieved at: <http://www.guttmacher.org/pubs/health-plans.pdf>
- <sup>4</sup>HIV Medicine Association. Strategies for HIV Medical Providers Contracting with Health Insurers. September 2013. Retrieved at: [http://www.hivma.org/uploadedFiles/HIVMA/Policy\\_and\\_Advocacy/Policy\\_Priorities/Healthcare\\_Reform\\_Implementation/Resources/Strategies%20for%20HIV%20Medical%20Providers.pdf](http://www.hivma.org/uploadedFiles/HIVMA/Policy_and_Advocacy/Policy_Priorities/Healthcare_Reform_Implementation/Resources/Strategies%20for%20HIV%20Medical%20Providers.pdf)
- <sup>5</sup>HealthHIV. Health Insurance Contracting for HIV Prevention and Wrap-around Service Providers. March 2015. Retrieved at: [http://issuu.com/healthhiv/docs/health\\_insurance\\_contracting\\_for\\_pr](http://issuu.com/healthhiv/docs/health_insurance_contracting_for_pr)

## RESOURCES

- To download the Resource Roadmap for RWHAP Core Medical Providers on contracting and billing, go to:  
[www.careacttarget.org/sites/default/files/file-upload/resources/Hit%20the%20Ground%20Running%20Roadmap%20CRE%202015.pdf](http://www.careacttarget.org/sites/default/files/file-upload/resources/Hit%20the%20Ground%20Running%20Roadmap%20CRE%202015.pdf)
- For additional resources on contracting, visit the CRE website:  
[www.careacttarget.org/cre](http://www.careacttarget.org/cre)



For more information on the *Essential Actions* and for additional resources, visit: [www.careacttarget.org](http://www.careacttarget.org)



*Disclaimer: RWHAP grantees and subrecipients cannot steer clients into specific plans. While RWHAP grantees and subrecipients can provide information on plans that might best meet the needs of the client and plans that have been determined to be cost-effective for the RWHAP, they cannot recommend or require clients to sign-up for specific plans. RWHAP grantees and subrecipients may not direct clients toward certain plans that these entities may favor, direct clients away from plans that appear to meet all of an individual client's needs, or act in their own self-interest or in the interest of a health insurance company.*

*CAI Global under Cooperative Agreement #U69HA27175 from the Health Resources and Services Administration's HIV/AIDS Bureau. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HIV/AIDS Bureau*