

## Q&A Summary for Contracting Essentials: You Don't Need an MBA!

June 24, 2015

#	Questions	Answers
	<b>General Questions</b>	
1.	Will the PPT be available?	Yes, the webinar Contracting Essentials slides and recording are available on the <a href="#">CRE page</a> of the TARGET Center website.
2.	Are there similar slides/resources on the progress of insurance coverage for before and after ACA for the State of Texas?	<p>It is recommended that you contact the Staff at the Texas Department of State Health Services (DSHS), as they may be able to provide you information about resources available to HIV providers operating in the state.</p> <p>Additionally, there are several resources that may be of interest that are Texas specific:</p> <ul style="list-style-type: none"><li>• The Texas/Oklahoma AIDS Education and Training Center (AETC) has published a helpful billing guide.</li><li>• The American Academy of HIV Medicine (AAHIVM) recently conducted a series of ACA workshops, including in Houston. The keynote speaker and Texas panelists discussed emerging contracting opportunities in the state's Medicaid and ACA QHP markets. <a href="#">Click here</a> to view the presentations.</li><li>• HealthHIV recently sponsored a webinar in which contracting opportunities for Texas HIV and STD prevention providers were used to illustrate the information covered in the webinar. <a href="#">Click here</a> to view the webinar.</li></ul>
3.	I work for a CBO that provides Registered Dietitians (RDs) to four RW Part A-funded primary care clinics to deliver nutrition assessment and counseling in conjunction with the	<ul style="list-style-type: none"><li>• The Academy of Nutrition and Dietetics has information about <a href="#">coverage of medical nutrition therapy (MNT)</a>. The Academy offers an online reimbursement interactive portal, including Marketplace QHPs.</li><li>• The AAHIVM website offers the website addresses for the <a href="#">provider portals of Medicaid MCOs and Marketplace QHPs</a>. State Medicaid programs' provider websites commonly summarize coverage of MNT, including specific covered</li></ul>

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	healthcare providers. Has anyone already looked at what is reimbursable by insurers in the Marketplace relative to dietitian services? If so, what types of activities are reimbursable for persons with private health insurance?	<p>service billing codes. RDs can contact the provider portal toll free number to get more information about covered services, enrolling in provider networks, and credentialing requirements.</p> <ul style="list-style-type: none"> <li>• Similarly, Medicare covers MNT for Part B beneficiaries that meet <a href="#">specific clinical criteria</a>. RDs may also contact their state dietetic association to learn about local health insurance payment opportunities.</li> </ul>
4.	We would like to begin providing mental health services or supportive housing services through Medi-Cal. Where do we begin?	<ul style="list-style-type: none"> <li>• In California, mental health providers must enroll as a provider through a multistep process to provide services. <a href="#">Click here</a> to view additional information from the Mental Health Services program at the California Department of Health Care Services website. Information about Medi-Cal covered benefits, including supportive housing services can be found <a href="#">here</a>.</li> <li>• HealthHIV recently sponsored a fiscal health workshop in California, which addressed ways mental health and other providers can seek contracting opportunities through Medi-Cal. The presentation is available at the <a href="#">HealthHIV website</a>.</li> </ul>
	<b>Action 2: Contracting</b>	
5.	What are the best practices for initiating contracts? How do I become a Medicaid provider? How do I contract	<ul style="list-style-type: none"> <li>• A great place to start is by reviewing the <a href="#">CRE Resource Road Map</a> and the <a href="#">8 Essential Actions for Expanding and Implementing Contracting with Medicaid and Marketplace Insurance Plans</a>.</li> </ul>

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	with Marketplace Insurance Plans?	<ul style="list-style-type: none"><li>• Contact your State Medicaid program to enroll as a provider. The enrollment requirements commonly vary by the type of provider (hospital, FQHC, solo or group medical practice, dental practice, etc.). The requirements for clinicians and other personnel also vary such as licensure and other credentials.</li><li>• The <a href="#">Centers for Medicare and Medicaid Services (CMS) website</a> is a great source of information about your state's Medicaid programs.</li><li>• Contracting varies based on the state in which your organization operates, the types of core medical and support services offered, credentialing of your staff, physical and staffing capacity to serve beneficiaries in the insurance plan's service area, and capacity to meet the insurers' provider network requirements. To become a Medicaid fee for service (FFS) provider, check out your State Medicaid provider website. Detailed information is commonly available. If you cannot find information that meets your organization's unique needs, it is recommended that you contact the Medicaid provider <a href="#">help-desk</a>.</li><li>• You must contact Medicaid Managed Care Organizations (MCOs) directly to join their provider networks. This process is similar for Marketplace Qualified Health Plans (QHPs). The AAHIVM <a href="#">website</a> identifies Medicaid website addresses, as well as the "join our provider network" websites for Medicaid MCOs and Marketplace QHPs.</li></ul>

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6.	Are Data Sharing agreements with CMS necessary for contracting?	Commonly, Business Associate Agreements (BAA) are executed between health insurers and participating providers. <a href="#">Click here</a> to learn more from the US Department of Health and Human Services about BAAs.
7.	What agency (state or federal) has guidelines or regulates contracting with insurance plans?	State insurance commissions regulate the health and other insurers operating in their states (e.g., health, life, auto, etc.). Information about the State Commissions and their functions can be found at the National Association of Insurance Commissioners (NAIC) <a href="#">website</a> . The NAIC's website offers a search <a href="#">engine</a> to find the insurance commissioner in your state.
<b>Action 3: Marketing</b>		
8.	How do we market ourselves as relevant to the system and show our worth? How do I advise hospital administrators on how contracting will benefit my HIV program and the services we provide?	<ul style="list-style-type: none"> <li>• There are several resources available that summarize best practices for contracting with Medicaid MCOs, Medicare Advantage plans, and commercial health insurers such as those participating in ACA Marketplaces. A great place to start is by reviewing the <a href="#">CRE Resource Road Map</a> and the <a href="#">8 Essential Actions for Expanding and Implementing Contracting with Medicaid and Marketplace Insurance Plans</a>.</li> <li>• An AETC National Resource Center webinar identified several general considerations in developing your organization's marketing plan. <a href="#">Click here</a> to view the webinar archive.</li> <li>• There are several factors that hospital administrators should be aware. First, given that RWHAP is the payer of last resort, all providers must bill other payers first. Having contracts in place with these other payers is essential in meeting this requirement. Second, contracting with health insurers is likely to benefit your facility generally, as</li> </ul>

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		contracting is likely to increase the number of patients eligible for a wide array of covered benefits- not just HIV services paid by the RWHAP. Third, Medicaid programs continue to shift rapidly from fee-for-service to managed care payment and service delivery systems. Hospitals pay an important role in those systems. Fourth, hospitals that do not have competitive contracting may have difficulty maintaining their market segment as patients may have to go to other care setting based on their plan requirements.
9.	How do I illustrate the need for contracting with my public health agency with plans that provide case management as a benefit?	There are several strategies that you might use to market your public health agency's case management program. For example, most Medicaid MCOs are required by their State Medicaid program to provide care management services to their members with HIV or other chronic medical conditions. Commonly Medicaid MCO model contracts or procurement documents outline the requirements for care management. A marketing plan that addresses how your case management program can help MCOs meet their contractual requirements is a good first step. The marketing strategy can include developing materials that describe your services, geographic service area, present data about the quality of services provided, cultural and linguistic competency of your staff, and outcomes achieved by clients serving services provided. Contact <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a> for more information about getting help in developing your marketing strategy.
10.	How do we prove we are lowering healthcare costs?	General information about healthcare costs may be available through your State Medicaid program, Medicare, or commercial health insurance. Your State Health Insurance Commission or state hospital association in your state may have general information about the average cost of emergency room (ER) visits and inpatient costs. You may be able to discuss generally

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		how your program's services contribute to avoiding ER visits and inpatient stays, and provide programmatic cost data to demonstrate that your program is considerably less expensive. Contact <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a> for more information about getting help in developing your program's cost profile and obtaining HIV or other general healthcare cost data.
	<b>Action 4: Negotiations</b>	
11.	How often can contracts be modified?	Contracts are usually modified annually. Check with insurers of interest to learn about their common contracting terms.
12.	What applicable laws can affect contracting?	Contracting commonly is regulated by federal and state laws and associated regulations. Contact <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a> for more information that is specific to your situation.
13.	How do you get insurance carriers to negotiate their contractual terms?	Some contractual terms may be tailored to the services your agency provides, organizational and licensure type or eligibility for enhanced payment rates. Seek further advice from your agency's legal counsel. The HIV Medicine Association (HIVMA) <a href="#">Strategies for HIV Medicine Providers Contracting with Health Insurers</a> summarizes contractual terms that may be considered in negotiating with insurers.
14.	What are the first steps to starting to contract with insurers and what are the pitfalls to avoid? Are there resources to guide contracting?	The <a href="#">CRE Resource Road Map</a> and the <a href="#">8 Essential Actions for Expanding and Implementing Contracting with Medicaid and Marketplace Insurance Plans</a> describe first steps.
15.	Who should be contacted at an insurance company?	<ul style="list-style-type: none"> <li>Start with the insurers' provider network websites identified in the <a href="#">AAHIVM website</a>.</li> </ul>

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	What should I negotiate for?	<ul style="list-style-type: none"><li>• For other insurers, check their websites for the “provider network” webpage. The websites commonly provide a telephone number for provider relations representatives that can help you get started with the contracting process.</li><li>• The terms of the contract and negotiations are likely to vary considerably based on several factors such as the services your agency provides, its organizational and licensure type and eligibility for enhanced payment rates. Seek further advice from your agency’s legal counsel.</li></ul>
	<b>Action 6: Billing</b>	
16.	How can we initiate billing for care coordination services for viral hepatitis?	There are several strategies that you might use to market your agency’s care coordination services for viral hepatitis. For example, most Medicaid MCOs are required by their State Medicaid program to provide care management services to their members with viral hepatitis or other chronic medical conditions. Commonly Medicaid MCO model contracts or procurement documents outline the requirements for care management. A marketing plan that addresses how your case management program can help MCOs to meet their contractual requirements is a good first step. The marketing strategy can include developing materials that describe your hepatitis care management services, geographic service area, present data about the quality of services provided, cultural and linguistic competency of your staff, and outcomes achieved by clients serving services provided. Contact <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a> for more information about getting help in developing your marketing strategy.
17.	How can I bill for targeted HIV case management with	Some State Medicaid programs operate targeted HIV case management programs. States with these programs commonly have basic provider enrollment information posted on their

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	disease management CPT codes?	website. You can then follow-up with your State's Medicaid targeted HIV case management program to enroll as a provider and obtain billing codes to be used to bill for services.
	<b>Action 8: Revenue Cycle Optimization</b>	
18.	How to file claim and receive reimbursements?	Health insurers will provide information about claims submission and payment mechanisms when your organization enrolls in the insurer's provider network.
	<b>Supporting funded providers</b>	
19.	I want to get a better understanding of the requirements and infrastructure it takes so that I can better monitor agencies.	The <a href="#">Eight Essential Actions document</a> is a great tool that highlights key action areas that can help support providers in establishing or expanding contracts with Medicaid and Marketplace Insurance Plans. CRE can partner with you to provide technical assistance (TA) to your funded core medical providers to contract with Medicaid and Marketplace QHPs. Contact <a href="mailto:CRE.TA@caiglobal.org">CRE.TA@caiglobal.org</a> for more information. In addition, you can help distribute information as well as TA resources to your providers.
	How can we facilitate capacity building for our funded providers?	