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Shefali Mookencherry has extensive experience in the HIPAA, healthcare IT/finance, Meaningful Use, contracting, credentialing, and revenue cycle areas, including 20+ years in the healthcare industry, with nine spent in senior management positions.

She has conducted various contracting, credentialing, and HIPAA education, training, compliance assessments/analyses for various clients including public health departments/associations, small physician practices, IT vendors to larger integrated delivery networks and academic institutions.
Assumptions

- Certain information in this presentation comes from a variety of sources such as:
  - CMS (their website cms.gov)
  - Illinois General Assembly (Public Acts/legislation)
  - Illinois Department of Healthcare and Family Services (HFS)
  - Managed Care Payers
  - Industry blogs, journals, etc.

Disclaimer: The materials for this presentation are for informational purposes only. Information on this topic does not constitute legal or business advice. Information in this presentation is provided without warranty of any kind, either expressed or implied, including but not limited to, the implied warranties of fitness for a particular purpose. Many policies, procedures, and codes will vary based on individual departments, services offered, and individual situations. It is the responsibility of every local health department to verify information as it pertains to their own individual department.
Objectives

- Understand what HIV payer contracting is including key steps involved for the public health department.
- Review HIV contracting key terminology.
- Develop an understanding of the required documentation and information needed for HIV contracting.
- Review of sample HIV contracting obligations tracking worksheet.
- Understand possible funding streams for routine HIV testing.
- Questions and Answers.
AIDS/HIV
Payer Contracting
AIDS/HIV Providers

- Physician
- Nurse practitioner
- Physician assistant
- Peer counselors certified as Community Health Workers
- Community based organizations
- HIV laboratories
Delivery Models

- Local health department.
- Local health department partnering with community based organization(s) or individual physicians and other clinicians.
- Local health department partnering with laboratories.

Note: Some payers may categorize local health department clinics as “Rural health clinics”.
Agreements

- Contract
- Letter of intent
- Memorandum of Understanding (MOU)
- Enrollment

Note: Some payers will have one or combination of the above as part of credentialing process.
Provider Enrollment

- Think of the combined process of credentialing and contracting as ENROLLMENT.
- Enrollment encompasses the entire process of gaining eligibility to receive reimbursement from a third-party payer.
- CREDENTIALING + CONTRACTING = ENROLLMENT
What is Contracting?

- A process of establishing an agreement between health care providers and health plans.

Details:
- Services to be provided
- Payment rates
- Filing timelines
- Other obligations between each party

- Negotiating a contract may take 60 to 120 days.
- Contracts are not guaranteed.
HIV Payer Contracting Key Terminology
Basic Terms

- Contract period
- Insurance coverage and indemnity
- Dispute resolution
- Advance notice of changes in terms
- Breach
- Renewal
- Termination
- Beneficiaries
Services Terms

- Covered services
- Definitions
- Non-covered services
- Formulary
Service Terms (continued)

- Provider/practitioner choice and changes
- Clinician credentials
- Referrals
- Medical necessity prior to authorization
- Access standards
Payment Terms

- Claims submission
- Clean claims
- Payment methods
- Payment amount
- Payment timing
- Under and over payments
- Recoupment
- Dispute resolution
Provider Participation Agreement

Benefits to Local Health Departments/Clinics:

- Participating Providers (PAR) are healthcare providers who have entered into an agreement with an insurance carrier.
  - Insurance companies screen providers to insure they meet certain standards of quality.
  - Insurance carriers agree to direct clients to the provider and in exchange, the provider accepts a lower fee for services. (In-Network)
Provider Participation Agreement

- Non-participating Providers (non-par) are healthcare providers who have declined or denied entering into a contract with an insurance company.
  - Sometimes the fee offered by the insurance company is less than your LHD is willing to accept. (Out-of-Network)

Benefits to Patients:

- In-Network providers have lower co-pays and protect from having to pay for services that are not considered medically necessary (pay fees which are above what is usual and customary).
- Out-of-Network providers may have lower fees for special events or other discounts.
Inform Payer Contracting Team...

- AIDS/HIV Services provided by local health department/clinic
  - Screening/Evaluation
  - Testing/labs
  - Diagnosis
  - Counseling
  - Treatment/Medications
- HIV related terms
- HIV care continuum
- Clinical staffing model
- Visit frequency and duration
Inform Payer Contracting Team...

- Formulary adequacy
- Preventive, clinical, care management, and other services offered
- Adequacy of payment models
Other Considerations...

- Gather demographic information such as number of enrolled, or employer groups.
  - Large employer in community = Potential patients
- Does agreement require the local health department to take a certain number of patients?
- Is payment based on discount of full charges or fee-for-service?
- How much revenue will this insurance company create for the LHD?
Other Considerations...

- What is the claim submission and reimbursement schedule?
- Are billing requirements and covered services clearly defined? (Balance Billing)
- Is client insurance coverage eligibility and verification easy to acquire?
- What is your staff capacity to manage the billing process?
HIV Payer Contracting Key Steps
Key Contracting Steps

- Determine the third-party payers with which you want to contract.
- Collect information about contracting with particular insurance companies.
- Initiate contact with insurance company.
Key Contracting Steps (continued)

- Obtain NPI (National Provider Identifier) numbers for the practice and clinicians.
- Credential your clinicians and locations.
- Complete the application and or other agreements as determined by payer.
Key Contracting Steps (continued)

- Review the terms and rates of the contract.
- Negotiate any objectionable condition.
- Sign contract.
- Keep contract on file for renewal and annual updating of fees.
Key Contracting Steps (continued)

- Review terms for:
  - Balance Billing - occurs when the LHD bills the client for the difference between what they charge and the health insurance allowable amount.
  - Some contracts between insurers and LHDs do not allow providers to balance bill. A provider who "Accepts Assignment" agrees not to balance bill patients.
Key Contracting Steps (continued)

- Review terms for:
  - Fee-for-Service insurance - seldom pays 100% of what providers charge.
  - The "Allowable Amount" is the price that an insurance company will pay for a specific service.
    - This amount is based on a negotiated "Fee Schedule."
    - Sometimes it is based on the "Usual and Customary Charge" for providers in a given geographic area.
Questions to Ask Payer...

Payment Rates:

- Can we negotiate contract items with your plan?
- What payment mechanisms does your plan use to pay for office-based primary care providers?
- What payment mechanisms are used for specialty providers?
- Can I get a list of the FFS payments by Evaluation and Management (E&M) code for office visits?
- Are enhanced payments available for care coordination? How do we apply for those enhanced payments?
- What is the plan’s policy for timely payment?
- What is your plan’s rate of denied claims for primary care visits? For infectious disease visits?
Questions to Ask Payer...

Access to HIV Providers/Specialty Care:

- As an infectious diseases provider [or HIV primary care provider] – are referrals required for patients with HIV to see me?
- Can HIV specialists serve as primary care providers for their HIV patients?
- Does the insurer recognize HIV as a specialty or subspecialty?
- What is the plan’s credentialing requirements for primary care providers, infectious disease specialists, nurse practitioners, physician assistants [or other clinicians in your practice]?
Questions to Ask Payer...

Access to HIV Providers/Specialty Care:

- What access standards must the provider address?
  - For example, does the insurer have requirements regarding hours and days of operation, coverage during evening and weekend business hours, after-hour and on-call coverage when a designated provider is unavailable, maximum waiting time for an appointment, required intervals for providing specific services, and maximum waiting-room times?

- For private plans in the Marketplace: I receive Ryan White funding and am considered an Essential Community Provider (ECP). What is the process for contracting as an ECP?
Questions to Ask Payer...

Coverage and Benefits:

• Who determines medical necessity? Where are the criteria posted?
• What is the process for reconsideration of a determination that a service is not a medical necessity?
• What is the plan’s policy for covering HIV Anti-retrovirals (ARVs)?
• Is an HIV or infectious diseases physician on the committee that makes formulary decisions?
• Is prior authorization required?
Questions to Ask Payer...

Coverage and Benefits:

- What is the plan’s policy for covering CD4 count tests, viral load tests and genotype and phenotype resistance tests?
- Does your plan cover HIV testing? If so, is there a restriction on the number of HIV tests that may be covered per year?
- Are disease managers or case managers routinely assigned by your plan to patients with HIV? What is their role in coordinating care? What are their clinical training requirements and expertise?
- What utilization management and review procedures does the insurer employ?
Questions to Ask Payer...

Quality and Reporting:
• Does your plan have HIV-related quality measures? If so, can you send me a copy of those measures?
• What are your reporting requirements for providers?
• For Medicaid plans: Can you send me the most recent report summarizing the plan’s clinical quality measure performance for services provided in this state?
• For private plans: Can you send me the most recent report summarizing the plan’s Healthcare Effectiveness Data and Information Set (HEDIS) performance for services provided in this state?
Documentation and Information Needed
For HIV Contracting
Documentation Needed

- Documents might include:
  - The State Medicaid MCO model contract
  - The RFP summarizing the MCO’s contractual obligations and the terms to be passed to providers
  - Draft contract between the MCO and your local health department/clinic and/or Community Based organization/provider
  - Exhibits
  - Referenced documents
Documentation Needed

- Documents might include:
  - Agency Certifications and Licensure – W-9, Liability Insurance, CLIA Certificate
  - Provider Numbers – NPI number, Medicaid or Medicare numbers • Credentialing of Staff (examples of licensure verifications) D
  - Documentation – charting of services
  - Coding – list of services and established fees you provide
  - Verification of Client Eligibility – knowing what the client is eligible for prior to providing service
  - Electronic Payment Management System – billing system able to receive electronic checks from providers.
Reasons for Returned Documents

- No signature
- Incorrect version
- Copied agreement
- Stamped signature
- Signature not dated
- Failed to submit required forms
- Completed in pencil
Tip Sheet: Speaking to Private Insurance Contract Representatives

Speaking to Private Insurance Contract Reps

When you are ready to speak with a Contracting Representative from a company, be sure you are ready to explain who you are and how your department can be an asset to their network.

1. **Be friendly and direct.**
   “Good afternoon, Scott. My name is Mary Jones and I am with the Whatever County Public Health Department. We would like to become one of your Preferred Providers.” They will likely ask for information about your services and some demographics. Make sure you are prepared with this information.

2. **Establish the mutual benefits that you can provide.**
   “Our department provides _______________ (immunizations, lab, family planning, std etc) services to our community. Many of your subscribers are already coming to our clinic because their primary care doctors are not able to provide the services. In many cases the wait time for their primary care provider is prohibitive to receiving services.” (They’ll want specific numbers but if you only have 4 or 5 out of 30 clients that will not be a compelling reason. Instead focus on percentages and the reasons why their subscribers are coming to you.)
   “Your members rely on Public Health as a safety net when their regular doctors are not available or do not stock required vaccines. Our staff is highly trained and has the ability to educate patients as well as treat. We want to ensure that these patients receive the services that they need. Recent changes in federal law require us to be able to bill insurance companies for immunizations, or decline services. Our county has elected to stock vaccines for individuals with Private Insurance to make sure that they receive these critical services. Additionally, your clients are already coming to us, so it would be a great benefit to them to be able to utilize their benefits here.” Really sell your department as a convenience for their subscribers.
Contracting Policies

- Local health departments should have the following policies written and educate staff on:
  - List name of designated individual who will do the contracting, authorized signer, and that person’s back up.
  - Confidentiality statement for person who is doing the contracting. (Have person sign it for compliance with HIPAA).
  - List of HIV services provided by local health department clinic.
  - List of contracted payers and provisions for HIV services.
  - List of community based organizations and contact information.
  - Contracting tracking worksheet.
Sample Contracting Tracking Worksheet
### Sample Contracting Tracking Template

#### Tab 3 - Contractual Obligation Tracking Worksheet

See expanded instructions in Tab 1 - Instructions

<table>
<thead>
<tr>
<th>Contractual Obligations</th>
<th>Insurance Company 1</th>
<th>Insurance Company 2</th>
<th>Insurance Company 3</th>
<th>Medicaid</th>
<th>Medicaid Managed Care</th>
<th>STD Program</th>
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<tbody>
<tr>
<td>1 Claim Submission Timeframe</td>
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<td>2 Services/Medications</td>
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<td>Requiring Prior Authorization</td>
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<td>3 E/M Code Specifics</td>
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<td>4 Lab Tests In-house</td>
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<td>5 External Lab Required</td>
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<td>6 Contact/Partner Treatment</td>
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<td>7 Formulary Restraints</td>
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<td>8 Bill With NP/PA/RN</td>
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<td>9 Non-Covered Service Codes/Service Groupings</td>
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<td>11 Data Collection Requirements/Measures</td>
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Possible Funding Streams For Routine HIV Testing
Routine HIV Testing Funding Streams...

- Medicaid provides coverage for routine HIV testing.
- Private insurers provide coverage in alignment with internal policies and guidelines.
- Illinois state Medicaid is a managed care system.
  - Bundled payments.
  - Limited fee-for-service payments.
- Third party payers may cover HIV testing, but this does not guarantee increased revenue.
Routine HIV Testing Funding Streams (continued)...

- Veterans Administration.
- Discretionary federal funding through CDC, Ryan White, community health centers, rural health clinics; SAMHSA programs including substance abuse block grant.
- Safety net providers—public hospitals, uncompensated care funds.
Summary

- If your health department has access to an attorney, it is highly recommended to have contracts reviewed by legal counsel.
- Familiarize yourself with contracting terms.
- Health plans like data.
- Be familiar with contract language and know where your health department can negotiate:
  - Types of Services Provided
  - Schedule for Reimbursement Rates
  - Auto-renewal
- Confidentiality can be addressed during the contracting process.
  - Suppression of the explanation of benefits for confidential services like HIV testing, services, and treatment.