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Today's speaker states that she does not have a financial interest in or other relationship with any commercial product named in this presentation.

Debbie Wood, MBA, PT

Debbie is a health care consultant with over 20 years of progressive health care management experience in both the non-profit and for-profit environments. Most recently she spent 10 years as a Chief Operating Officer, managing a \$30 mm non-profit health care organization which included a \$15mm Family Planning (FP) practice. From 2011 to present, Debbie has conducted multiple presentations for NFPRHA on topics including Revenue Cycle Management, Quality and Outcomes Measures in FP, and Partnering with FQHCs. Additionally, she has provided consulting services for the Title X Regional Training Centers, providing technical assistance to Title X grantees including operational and financial analysis, practice management, and TPP contract negotiations.

Debbie's education includes a BS in PT from the University of Pittsburgh, and a Master's in Business Administration from the Katz Graduate School of Business, University of Pittsburgh

Contracting with TPP's – Why?

- More clients presenting with insurance, revenue opportunity
- Decreasing grant funds
- Increasing operating costs
- Can allow for reimbursement for services outside of traditional family planning services

Contracting Process

- Generate Interest
- Negotiations
- Credentialing Clinicians
- Time Sequence of Events
- Communications
- Monitoring/Maintaining the Relationship

Generating Interest

- Do your homework - know what you offer that would be attractive to the TPP
- New health plans need ECP's in their network
- How many of their clients come into your door currently?
- They need providers who can electronically share data and produce results (is paper even an option for claim submission?)

Generating Interest (cont'd)

- Know their geography and existing network – strengths and weaknesses
- Know their current status vs. benchmarks – HEDIS measures, meaningful use
- Are they your TPP?
- Other

Negotiating

- Request a copy of the TPP's standard contract as soon as possible
- Plan an in-person meeting to discuss
- In current reimbursement environment, negotiate fees for services (how do these rates compare to your fee schedule/market rates)
- Types of services

Negotiating (cont'd)

- Claim submission timeframe (churning makes this necessary)
- Clean claim payment terms
- Rate review/change process
- Denials/edit review process (both contractually and practically)
- Data reporting requirements

Negotiating (cont'd)

- Labs – in-house for some? Which lab do you need to use?
- What are their expectations for 24-7 coverage and how will you meet those expectations
- Payment for telemedicine services
- Differential payment for Saturday/after hours services

Negotiating (cont'd)

- Adding new services - processes
- Rates for use of extenders vs. MD's
- EOB suppression?
- Go in prepared – ask colleagues what they were able to accomplish during negotiations
- Talk with your billing team
- Other?

Credentialing

- Find out the TPP's process – who is responsible, projected timeframe once information is submitted, internal vs. use of national data bank
- As part of your clinician hiring or contracting process, obtain the needed information for clinician credentialing
- Keep data needed on file for each clinician, review/update as it expires

Credentialing (cont'd)

- Consider adding a clause to your clinician contract outlining needed credentialing documents and the need to obtain them prior to contract execution and initiating client visits.
- An executed clinician contract or employed clinician without specific TPP credentialing does not stop the clinician from seeing patients but does not allow you to be reimbursed by the TPP for the services they provide.

Credentialing (cont'd)

- Send out reminders to clinicians when documents are due to be renewed (60 days prior)
- Maintain a master database for all clinicians, all TPP's (software available)
- If you plan to use/increase use of extenders, know contract terms, practice limitations, and impact on credentialing

Credentialing (cont'd)

- Clinician credentialing documents need to be forwarded at time of expiration/renewal regardless of TPP credentialing renewal date.
- From start to finish, this process can take 6 months.
- Others?

Timing

- Plan to work on credentialing, contract negotiations, and electronic interfaces simultaneously
- Assure transfer of data files back and forth occurs smoothly (test files) months before implementation
- Assure eligibility check process (electronic/prior to client arrival)

Timing (cont'd)

- At least one week prior to the contract implementation, educate clinic and billing staff
- At best, the process will take a minimum of 3 months, and can take closer to 9 months.
- Other

Communications

- Assure alignment of clinical goals
- Provide feedback to clinic staff regularly on TPP issues (sent specimens to wrong lab, utilized wrong billing codes, submitted claim too late, billed for a supply not covered, etc.)
- Build data warehouse reports to easily access the necessary information for your staff and TPP's

Communications (cont'd)

- Clinic staff need to receive data on the measures the TPP requires proactively
- Consider QIP's for HEDIS/other measures that are substandard (ex)
- Consider sharing this as well with TPP

Communications (cont'd)

- Keep a spreadsheet highlighting all TPP key reimbursement specifics at multiple locations in each clinic. Update it regularly
- Utilize this information to negotiate terms with TPP's when they are on outlier in a specific area.
- Other

Maintaining a Relationship with the TPP

- Why is this important?
 - renegotiating rates
 - denials resolution
 - adding new methods/services
 - edit/coding issue resolution

Maintaining a Relationship with the TPP(cont'd)

- considering bundled/outcomes based reimbursement opportunities
- possible reference for another TPP with whom you are negotiating

Maintaining a Relationship with the TPP (cont'd)

- Report on HEDIS/other measures vs. benchmarks even if you are not prompted by the TPP
- Willingness to discuss/try new reimbursement strategies
- Ability to share additional data TPP needs (prenatal, primary care HEDIS measures)
- Partner with the TPP to improve their outcomes (ex: implement strategies such as mailers to their clients to come in for services needed)

Maintaining a Relationship with the TPP (cont'd)

- Share client survey results (utilize TPP input to create/enhance survey)
- Improve/enhance electronic communications with the TPP
- Promptly answer all of their data requests
- Be tolerant of the TPP's IT issues (within reason)

Monitoring for Successful Implementation

- Be familiar with contract terms and changes, and educate your team
- Solid contract terms don't translate to effective execution always
- Code changes/issues arise unexpectedly, and can lead to non/decreased payments – develop monitoring processes for contract terms and issues to allow for prompt identification and resolution

Monitoring for Successful Implementation (cont'd)

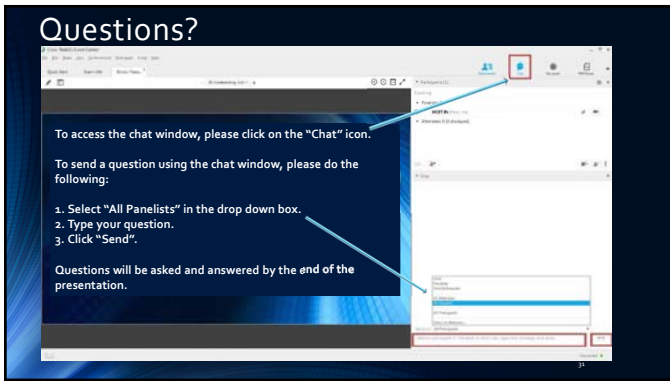
- Be aware of potential lapse in credentialing issues (ex: Medicare - 1 claim/year)
- Other

Evolving Deliverables

- CDC/OPA Quality Family Planning Recommendations
- FPAR 2.0
- How is the TPP reimbursement evolving? What do you do/can you do to meet those needs? (pt. data and outcomes information)
- Other

DISCUSSION

Questions?



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