

ACA & Ryan White

Ideas for Implementing Health Care Reform

4 Steps to Contracting with Health Insurers & Provider Networks

March 2013

Issue: Seize Opportunities to Join Provider Networks

Under the Affordable Care Act (ACA), many Ryan White clients will be securing new coverage under Medicaid or approved private health plans known as Qualified Health Plans (QHPs). These clients will get their HIV/AIDS care from providers that have contracts with these plans.

Some Ryan White providers--especially larger agencies--already have contracts in place. However, other HIV/AIDS providers will need to establish new contracts with health insurance plans and Medicaid (including Medicaid Managed Care Organizations, MCOs) so their clients can continue to receive care from skilled Ryan White providers.

Providers can also join provider networks that, in turn, establish contracts with health insurers.

Leverage Role as ECP

QHPs and Medicaid plans are finalizing the networks they offer in Marketplaces in early to mid 2013, guided by various ACA provisions, including the requirement for QHPs to include some, but not all, Essential

Community Providers (ECPs) in their networks.

ECPs are defined as providers (including Ryan White providers) that serve predominantly low-income medically underserved individuals. Thus, Ryan White and other safety-net providers should reach out to health plans now if they want to be included in QHP networks for 2014, leveraging their role as ECPs in contract negotiations with health insurers.

Guidance on ECPs

Guidance on inclusion of ECPs in QHPs has been issued at the federal and state levels.

- HHS rules include [Marketplace rules for state Marketplaces and health insurance issuers](#), released March 2012, and more recent [rules for federally facilitated/state partnership Marketplaces](#), issued April 5 2013. The HHS rules include deadlines for submission of QHP certification (April 30 for federally facilitated Marketplaces and July 31 for state partnerships--both deadlines subject to change).

- Typically, states operating their own Marketplaces have further defined ECP rules for QHPs, reflecting the traditional role of states as health insurance regulators. Deadlines for QHP certification vary by state.
- HRSA's HIV/AIDS Bureau issued a March 27, 2013, [Dear Grantee Letter on ECPs](#). This HRSA/HAB letter describes the [list of ECPs](#) that HHS has created to assist issuers in complying with ECP requirements. Issuers are permitted to write in ECPs not on the list. Some newer Ryan White grantees may not be included on this list. Thus, when contacting insurers, providers not on the list should let insurers know they are ECPs so that insurers can add them. HHS will monitor and update the list over time. Submit list questions to CMS at: essentialcommunityproviders@cms.hhs.gov.

With these ECP requirements in mind, providers should consider the following steps in establishing contracts with health plans.

Resources: Contracting with Health Plans/Provider Networks

[Ryan White & ACA Web Pages: Adjust Your Systems](#) (TARGET Center)

[Essential Community Providers: Tips to Connect with Marketplace Plans](#) (NASHP)

[Working Successfully with Health Plans](#) (Guttmacher Institute)

[Contracting with New Private and Medicaid Managed Care Plans](#) (HIVMA)

[Negotiating Contracts with Managed Care Organizations](#) (Slide Set)



<http://targethiv.org/aca>

4 Steps to Contracting with Health Plans & Provider Networks

1

Start with Current Contracts

Some agencies already may have one or multiple contracts with private health plans and may have status as a certified Medicaid provider (a designation secured through the state Medicaid agency). Agencies with existing contractual arrangements with health plans and Medicaid MCOs should approach these plans to determine what coverage they will be offering in the Marketplaces. Also, ask these health plans whether the agency's contracts are up to date and what changes need to be implemented.

2

Identify Potential New Partners

Identify the potential universe of contracting partners. They include health plans and Medicaid MCOs that are currently, or will be, offering coverage in your target area. In addition, identify provider networks that you may want to join, as those networks will carry out the contract negotiation process. Although an individual agency can carry out this time-consuming information collection process, an existing network of Ryan White agencies (or even a planning body) might want to take on that task as a project, sharing information will all interested parties. Regardless, much of this information is readily available online.

- Health Plans. Start with the HHS/CMS [list of plans that are "benchmark" Essential Health Benefit Plans](#) (EHBs). Also, see a list of [health insurance company profiles](#) from HealthCare.gov or visit [state insurance department websites](#) and access their lists of insurance plans.
- Medicaid. Agencies should do some homework before tracking down Medicaid contractors. First,

determine the status of Medicaid expansion activities in the state. Next, learn about [Medicaid MCOs](#), which most states are using to deliver services to Medicaid populations. With this foundation, agencies can next identify the health plans that have Medicaid contracts in the service area. Go to the [State Medicaid website](#) and find a list of current Medicaid contractors. It may be equally easy to type into a search engine something like: Medicaid managed care contracts <NAME OF YOUR STATE>

- Provider Networks. Identify existing provider networks in your target area. This information may be available from Ryan White [Part A Planning Councils](#) and [Part B Programs](#), and [state insurance departments](#), and it is also likely to be available through [Marketplace planning activities](#).

3

Determine the Process for Establishing Contracts

Each plan, MCO, and provider network has its own process for contracting with providers. Thus, you will need to do some legwork to identify their specific processes. To determine what process to follow in order to become a contracted provider or a member of a network:

- Contact health plans. Go to the websites of health plans you identified in the step above and download their provider contracting materials.
- Contact major provider networks in your area and express your interest in joining their network.
- Contact your State Medicaid office to determine the [process for becoming an enrolled provider](#).
- Contact current Medicaid contractors (especially Medicaid MCOs), express your interest in

joining their network, and ask what process to follow.

When making the above contacts, you may want to provide some basic information about your agency (eg, current number of clients, their insurance/Medicaid status, the services you provide). However, this information will be more relevant to share when you actually engage in the next step, conducting contractual negotiations.

4

Secure Contractual Status, and Relationships

Establishing a contractual relationship is a process of assessing the contracting partner (eg, the financial viability of the prospective partner, and nature of its presence in your target area), providing information (usually a form or set of forms and related documentation, such as an agency's accreditation) and subsequent negotiations (eg, reimbursement rates). Contracts can be established with:

- Health Insurance Plans as part of a network of providers.
- Health Insurance Plans directly as an individual provider.
- Medicaid as an enrolled provider under Medicaid Managed Care.
- Medicaid as an enrolled/certified provider in fee-for-service Medicaid.

In securing contracts, information is crucial (eg, your expertise and accreditations, your status as an ECP, number of clients you serve and their current coverage status under Medicaid, Medicaid eligibility under expansion, and coverage under private insurance).

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