

Q&A Summary for *Tips for Negotiating Contracts with Medicaid and Marketplace Insurance Plans* (4/28/16)

#	Questions	Answers
1.	Our HIV clinic is in a large hospital. How do we find out which hospital employees are on the health insurance negotiation team?	You may want to check with the Chief Financial Officer, Medical Director, or the director of your department to identify the negotiation team. Based on your questions or concerns about contracting with health insurers, you may want to meet by phone or face to face with the clinical and/or financial representative on the team. The HIV program ideally should be represented by your lead clinician, clinic director, and practice manager. Prepare your comments and questions in writing to focus your discussion.
2.	You said that we should review the Medicaid MCO model contract or RFP to understand what MCOs must include in provider contracts. How do we locate these documents?	State Medicaid programs commonly have managed care webpages. Many states post their model MCO contracts on those webpages. Contact the State Medicaid program's managed care division if the model contract is not posted on the website. The model contract is a public document, so a freedom of information request should not be necessary. RFPs are commonly archived in the State's procurement website.
3.	How long should it take to negotiate a contract with a health insurer?	The time required to negotiate a contract is likely to vary based on the complexity of your healthcare organization, array of medical and other services to be offered to the insurer, capitation or other complex payment models, and contract terms that you would like changed or added to the contract. It is important to start the negotiation process with sufficient time to address all these factors before you begin a new contract cycle, such as January 1 st for ACA QHPs.

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4.	Do you have resources for contract templates for health departments not contracted with Medicare? Many of the items in standard contract templates require many items that public health might not do with our patients, i.e. living wills.	<p>It is important to differentiate health insurance coverage of ambulatory care and other healthcare services provided by health departments versus public health functions that are commonly provided under local or State public health authority. For ambulatory healthcare services covered by the Medicare Part B program and Part C program (Medicare Alliance), the National Association of County and City Health Officials (NACCHO) has billing resources that may be useful. Check out the materials at: http://archived.naccho.org/topics/hpdp/billing/. NACCHO staff may also be able to suggest contract templates.</p> <p>Regarding terms and conditions in Medicare fee-for-service and Advantage managed care contracts, in negotiating your contract you may request that non-applicable terms be struck from the contract. For individuals unfamiliar with Medicare coverage, the CMS Medicare website has basic information and instruction videos available at https://www.medicare.gov/what-medicare-covers/index.html.</p>