Proactive Negotiations Strategies to Avoid Managed Care Denials

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- 1. Understand the Payer
- 2. Understand your Strategies to compete in your Market
- 3. Understand the Challenges in each Contract
- 4. Discuss Solutions: Proactive Strategies

Preparation is the Key to Success

"To defeat your enemy - you must know him" Sun Tsu, The Art of War

Understanding a little bit about the payers can be an advantage for you

- Payer Vulnerabilities
- Many of the larger national payer are locked in FFS Mentality
 - Existing contracts
 - Sales Channels
- Old adjudication systems
 O Would need new staff capabilities
 Expensive to change

- Realize that government program plans are NOT the government agencies (though some may have you believe that)
 - Do have government obligations
 - Doesn't mean they can pass them on (w/o a price) 🙂
 - What is the cost to you?
- MCA's are **NOT** CMS
- Medicaid payers are **NOT** the state!

- Please realize these agreements are built by payers to limit their risk and work to their systems advantage
- Also realize that Payers need you to deliver the Patient Care they have contracted for so if approached properly they WILL negotiate

 Government program Payers are capitated by CMS/HHS = they make money by retaining premiums

• Have limits on what they can charge patients (subscribers)

Commercial Payers

• Can adjust premiums and benefit design

• Do have limits; they have to <u>compete</u> in the <u>market</u>

Strategic Perspectives

KNOW YOUR MARKET(S)

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KNOW YOUR HOSPITAL / HEALTH SYSTEM

Strategic Perspectives

- Understand your Health Systems goals for each contract and their respective advantages and limitations in the market
- Involve the respective system departments to leverage their expertise across departments

• Understand what is in each payer contract

- Standard clauses v Company specific
- Written is language specific to Payers goals
- o Current Contract
 - > Products (PPO, HMO, MCA, HIX)
 - > Language Issues
 - > Rate Structure

• Proposed Contract

- > Products (PPO, HMO, MCA, HIX, NN, Medicaid)
- > Language
- > Rate Structure; new fee schedules



Definitions are Payer Tools

• Intended to be used as levers throughout the contract

• Take time to understand how each payer uses them

• Understand how they impact other definitions

- Let's review some <u>sample</u> Problem Clauses
 - * (not an exhaustive list)
- Payer Contracts frequently have unilateral conditions
- We seek to balance those out throughout the contract

Problem Clauses

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• Administrative Guidelines

• Policy and Procedure Manual

• Utilization Management – Guidelines

Problem Clauses

Payer(s) responsibility for payment
Definition of who is the "payer" (insured v ASO)

o Covered Services/Benefit Plan

• Benefit Design/Coverage Decisions; usually sole discretion of payer/plan

• Coverage limitations; benefits exhausted, loss of eligibility

Problem Clauses

- Benefit Design / Payment Limitations
 - o Admission criteria / NMN
 - Non Covered Services
 - Participant Incentives Prohibited

Problem Clauses

• Benefit Design / Payment Limitations

• Access to Medical Records

• Carved out services (lab, imaging); excluded services

• Continuation of Coverage Responsibilities post Contract Termination

Problem Clauses

- Audit deadlines;
 - Timely Filing deadlines; exceptions
 - Under/over payment responsibilities
 - Legal & Financial Audit timelines; balance

Problem Clauses

- Changes to Payer P&Ps, Products, benefit plans, coverages, fee schedules:
 - Notice Requirements for each of these changes
 - What are Hospitals rights with respect to these changes?
 - Dispute Resolution Process
 - o Amendments

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- Identify and Organize Issues
- Measure Magnitude & Velocity
 - Prioritize
 - Materialize
- Gather right Resources to address
- Plan Measured Response

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• Identify and Organize Issues

• Investigate to determine real cause

• Document evidence

• Validate from several sources

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• Measure Magnitude & Velocity

• Volume of claims affected & dollar amount impacted

• Prioritize

• What will give you the greatest ROI?

• Materialize

• What will have the biggest impact on workflow?

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- Gather right Resources to address
- Involve the right departmental leaders
- Need a team measurement of the issue to ensure the solution that is developed serves the system

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- Develop a Measured Response
 - That is based on facts, not emotion
 - That proposes a solution to resolve the problem(s) at hand
 - That quantifies the damage and rectifies it in a balanced way
 - That is comprehensive in addressing all departments needs

- Remember your Objective
- It is to get paid correctly according to the agreement your hospital signed
- Not to wipe them off the face of the earth!



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Questions?

Discussion?

Feedback?

Was this helpful?

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