Webinar: Navigating Contract Terms and Negotiations Q&A

Q
What about DOE contracts? Any tips or feedback about bidding for an RFP vs not bidding and utilizing small contracts/purchase orders with the Doe?
A
My perspective: the RFP is not where to negotiate. It's the actual contract portion. Win the RFP first, then negotiate the contract after you've won the contract.

Q
But what if the insurance company puts out a memo stating they will send new rates mid-2019 with revenue neutral rates?
A
I would send a "dispute" according to how it's laid out in your contract (usually it says to submit in writing), and state something simple like "Our organization is not getting the 30 day prior notice, required in our contract, for material changes. When full information on the material change is provided, we will exercise our right per the contract to negotiate terms before accepting the changes, if needed. And, I would send that to the provider rep. It's a formality, but then you have proof in writing that you don't fully accept the change without discussion.

Q
What publicly available (or private, purchase-able) data sources are there to know the broader number of diagnosed individuals (or number of individuals receiving ABA services) so we can assess our market share?
A
Most states have reports available online. e.g. google 'Autism incidence in Tennessee' and many children's hospitals or state health agencies release this information.

Q
Do you have a template or example for this spreadsheet? Weighted average/break even/ profit per service etc?
A
I don't unfortunately, but I should make one :)

Q
What is a desirable accreditation?
A
The only ABA specific one that I know of is BHCOE and they have gained a lot of positive response from the payer community! The other one I've heard of is CARF, but it's broader for mental health, but some states seem to have payers that like that one (I think I've heard of providers in CA and then the northeast working on CARF).

Q
Is any of this applicable when working with Medicaid?
A
If your state uses MCOs to manage Medicaid, then yes, you can negotiate terms. If you are in a state where everything just runs through a state department then it would be different. Providers would need to work as a stakeholder group with the department setting the Medicaid rules - but if you can get a seat at the table to start the conversation then you would use similar conversations. For example, in California - you can work with each MCO. But, in Colorado we need to meet with the state department and have these conversations.
A
Medicaid does not negotiate rates but there is some wiggle room in contract terms. Most Medicaid providers are open to feedback to create larger changes as contract terms update.

Q
I am a new provider and don't have the data you mentioned. Is there anything I can do to negotiate being new?
A
For a new businesses, start with your budget: how much you'll want to pay your staff, how much rent will cost, etc. Identify what you need first. Also, come to them with your plan for growth. Let them know that you want to be multi-location, etc. They are more motivated to negotiate with someone who is looking to grow and be a force in the community than someone who is going to be a tiny mom and pop.

Q
Where to obtain the CPT Assistant article?  is it a paid subscription? or is it a publicly, free available resource?
A
The CPT Assistant, is a monthly newsletter of the American Medical Association (AMA). To purchase the November issue of the CPT Assistant (list price $19.95; $14.95 for AMA members), please call 1-800-621-8335 and select option 2 ("If you are a physician, medical student, or are calling on behalf of one"). Ask for item number BI506118.

Q
Considering that the new CPT codes don't cover the program development (indirect hours), what would be the best way to approach a request to get this service paid by the insurance?
A
Many payers using the T-codes, also did not cover indirect hours. If you still have a payer such as Cigna that used a code for indirect (G9102) and they remove that codes, then your other rates should increase to cover that lost reimbursement. One suggestion is to negotiate high rates on other codes, if you have a payer that has been reimbursing for indirect and is now taking it away. I've shared the math with the provider rep to show them why the increase needs to happen to make up for lost billable time.

Q
Any tips for how to work with an insurance company who says "we don't take costs like rent and other overhead costs into account when negotiating rates"?
A
I'd push back on this. I'd ask them what they take into account for rate negotiations. What is important to them?

Q
Emily, if I am a clinician but also responsible for the practice 's compliance with contracts, should the practice  have an AMA membership? or should I as an individual clinician?
A
I had my company sign up so the cost and maintenance of the membership was not on me. However, this is just information so I don't think there is a big difference either way! Just great info!