



Commercial Health Insurance Basics for HIV Prevention Programs

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Disclaimer

Funding for this webinar was made possible (in part) by the Centers for Disease Control and Prevention (CDC).

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Meet the Experts

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Four-Part Training Series

- **October 28, 2014:** Delivering HIV Counseling and Testing Services to Insured Populations
- **November 6, 2014:** Medicaid Basics for HIV Prevention Programs
- **November 20, 2014:** Commercial Health Insurance Basics for HIV Prevention Programs
- **December 4, 2014:** New Opportunities for Community-Based HIV Prevention and Care Management Services to Insured Populations

**ALL
WEBINARS**

2 PM EST

1 PM CST

11 AM PST

CBA for CBOs

Request CBA from CIS!

CIS Focus Areas

- Prevention with Positives
- Prevention with Negatives
- Organizational Development (including HIV financing)
- HIV testing

Directly CDC-Funded

If you are a CBO that receives direct funding from the CDC, request capacity building assistance using the CBA Request Information System (CRIS)

Indirectly or Not CDC-Funded

If you are a CBO that is not CDC-funded or indirectly funded, request the health department in your jurisdiction to submit a CBA request on their behalf

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Housekeeping

- Please use the chat feature to ask any questions.
- Please complete the brief, but important, evaluation of today's webinar as you exit this session.
- The webinar recording and slides will be available on the CIS website 24 hours after the presentation.
- Thank you.

Overview of Today's Topics

- Rationale for joining commercial insurance networks
- Commercial health insurance models
- Covered health benefits
- Service delivery and payment models
- Rationale for coverage of preventive services
- Provider enrollment and participation
- Learn more about commercial insurers in your state
- Marketing preventive services
- Contracting with commercial insurers

Rationale for Participation in Commercial Health Insurance Networks

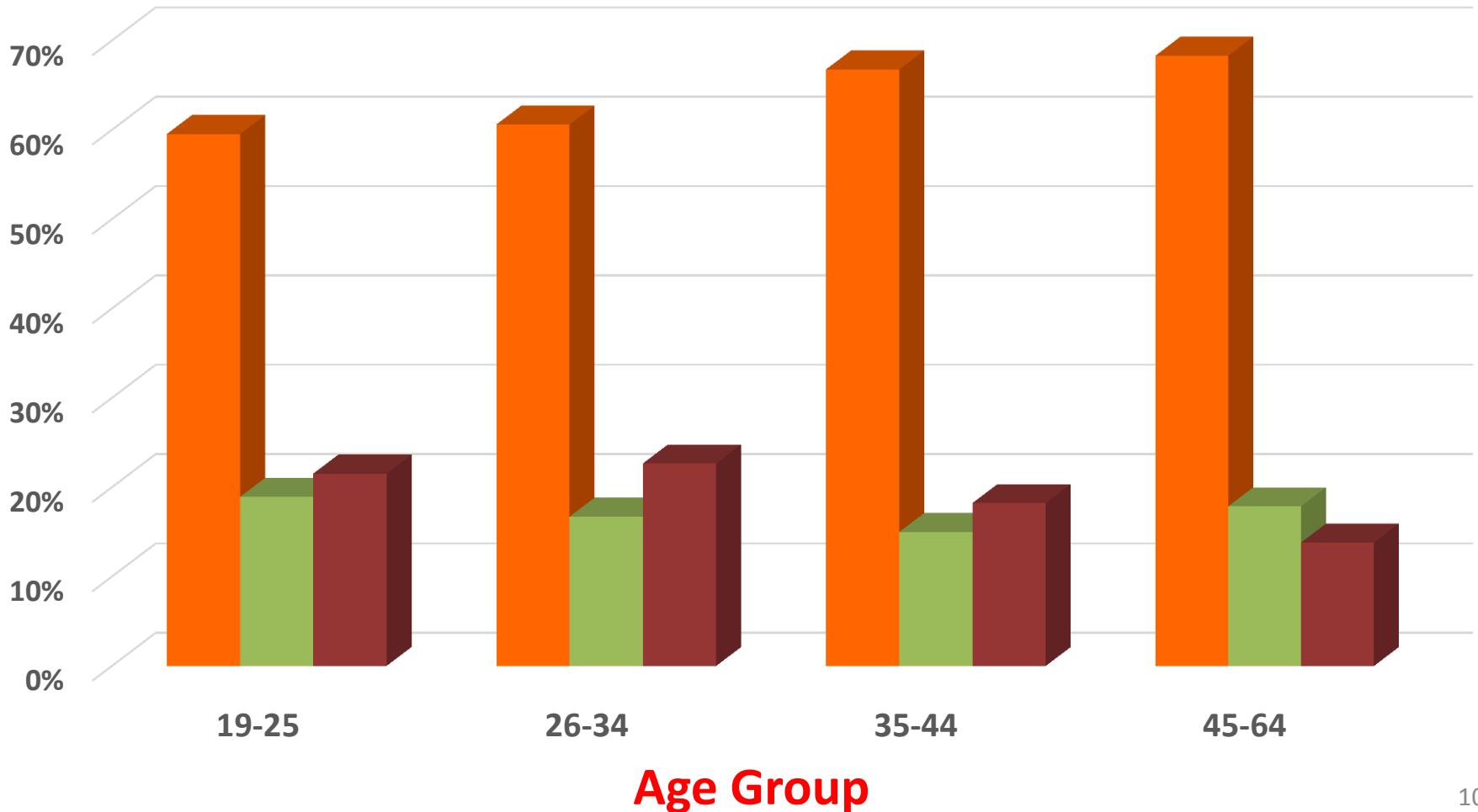
- Continue to serve your current HIV+ or at-risk clients and expand services to new populations
- Ensure that insured individuals have access to HIV prevention, testing, linkage, navigation, and re-engagement services
- Expand product lines to include new preventive or other services
- Diversify funding sources to reduce dependency on grant funds

Rationale for Participation in Commercial Health Insurance Networks

- Generate discretionary income to cover capital investment, administrative expenses, and services not supported by grant funders
- Adhere to HAB policies
- Anticipate and plan for changes in CDC HIV prevention funding
- Infrastructure health insurance participation will have spillover positive benefits to your organizations
- Fiscal solvency

US Census: Large Numbers of Americans Between 19-64 Years of Age Are Enrolled in Commercial Insurance

Private Public Uninsured



Commercial Insurance Models



Employer-Sponsored Plans

- ACA Marketplace/Exchange SHOP Plans



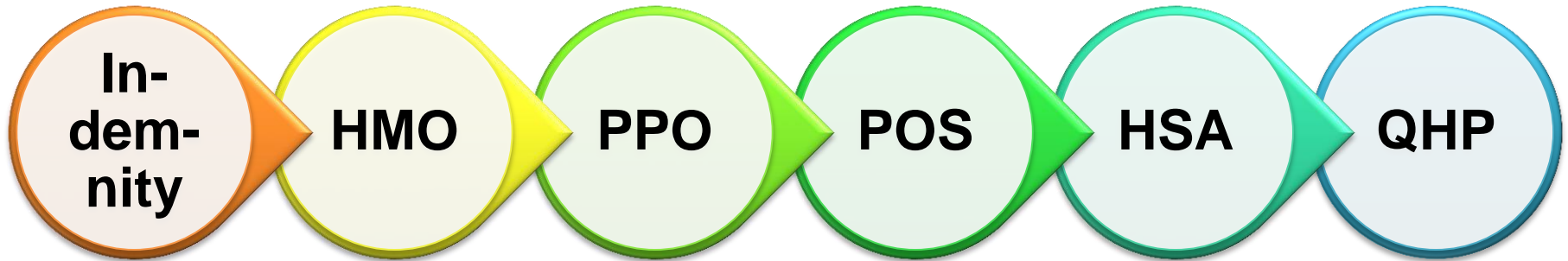
Individual Plans

- ACA Marketplace Exchange Individual Plans



Trade or Professional Association Plan

The ABCs of Health Insurance Plans



Service Payment and Delivery in Commercial Insurance Systems

Payment Models

Fee-For-Service (FFS)

Capitated Payments

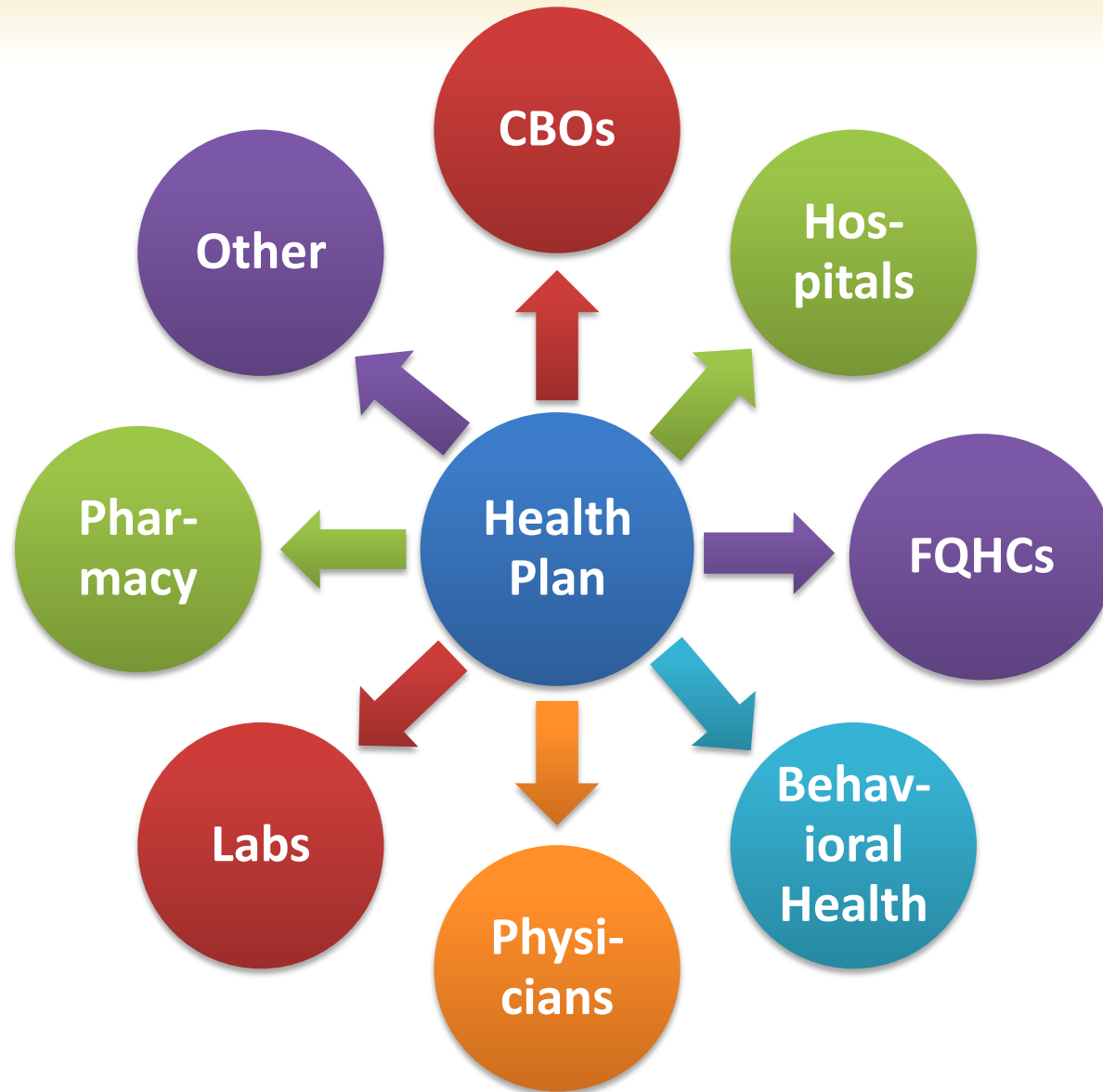
Bundled Payments

Accountable Care Organizations

Pay for Performance

Patient-Centered Medical Homes

Common Delivery Model Through Provider Networks



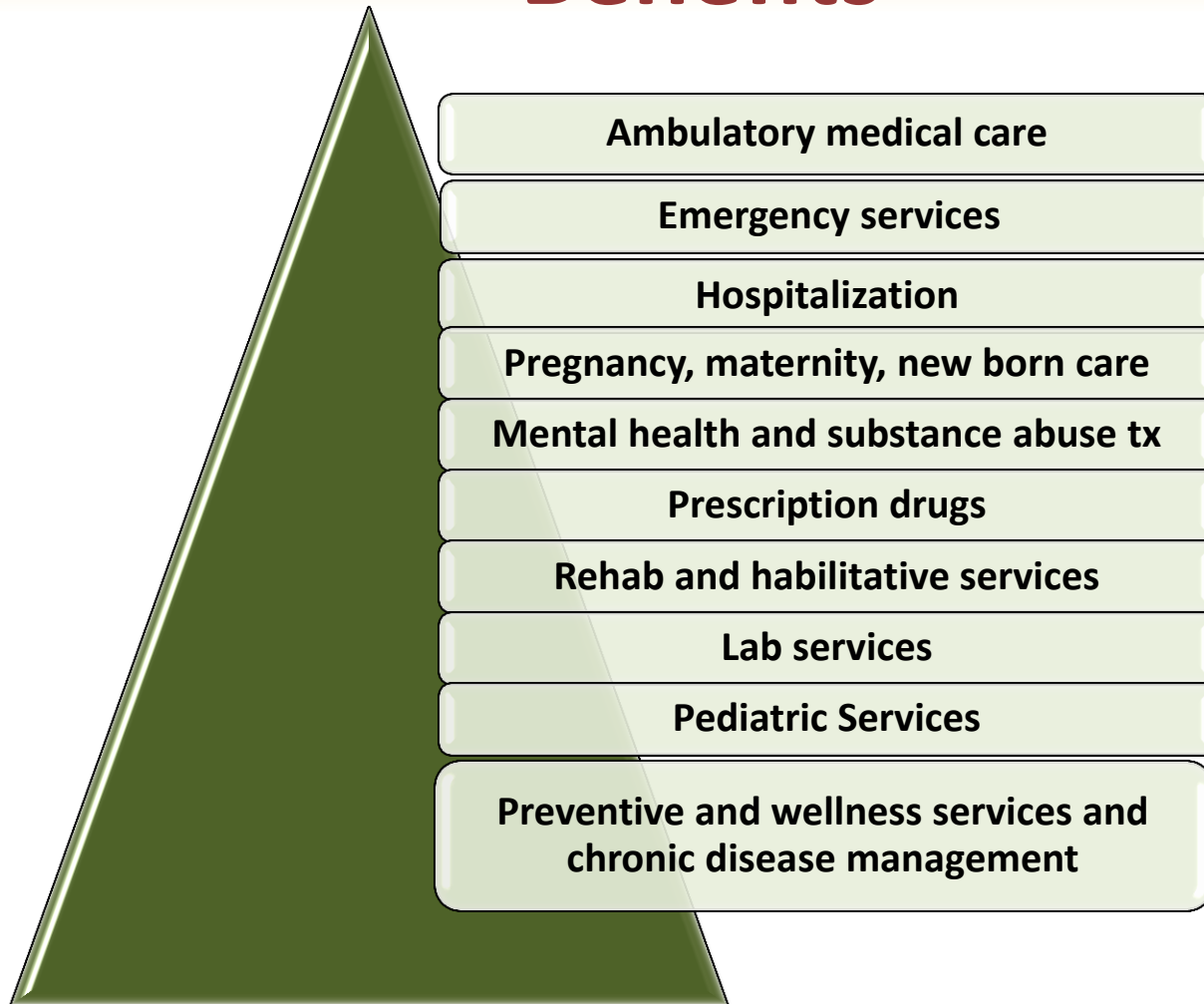
Emerging Service Delivery Model Through Integrated Health Systems



ACA Requirements: Essential Community Providers (ECPs)

ECP Category	ECP Provider Type
Federally Qualified Health Centers (FQHCs)	FQHCs and other community health centers, and healthcare facilities operated by Indian tribes and other Indian organizations
Ryan White Provider	Ryan White HIV/AIDS Program-funded providers
Family Planning Provider	Title X family planning clinics and look alike family planning clinics
Indian Health Provider	Indian Health Service (IHS) providers, Indian tribes organizations, and urban organizations
Hospital	Disproportionate share hospitals (DSH) and eligible hospitals, children's hospitals, sole community hospitals, and other similar facilities
Other ECP Providers	STD clinics, TB clinics, and other entities that serve predominantly low-income, medically underserved individuals

ACA Requirements: Essential Health Benefits



Disease or Care Management

- **Goal: prevent or minimize the effects of chronic conditions, reduces healthcare costs, and improves quality of life**
- Uses a multidisciplinary, proactive, and systematic approach to care delivery
 - Identify populations with specific diseases or chronic/costly conditions
 - Applies evidence-based practice guidelines
 - Collaborative multidisciplinary teams
 - Identify risk and address through prevention
 - Patient self-management education
 - Assess processes and outcomes through monitoring

**How HIV Prevention
Providers Can Participate in
Commercial Health
Insurance**

ACA Requirements: Preventive Services

- The Department of Health and Human Services (HHS) US Preventive Services Task Force (USPSTF) recommends an
- “A” grade for HIV infection screening
 - Adolescents and adults ages 15 to 65 years
 - Younger adolescents and older adults who are at increased risk
 - All pregnant women, including those who present in labor who are untested and whose HIV status is unknown
- “A” grade for syphilis for all pregnant women and other persons at increased risk for infection
- “B” grade for chlamydia screening for sexually active women age 24 or younger and in older women at increased risk for infection
- “B” grade for STI counseling for sexually active adolescents and for adults at increased risk for STIs

ACA Requirements: Preventive Services

- “A” grades are assigned services the USPSTF recommends be offered by clinicians because “there is high certainty that the net benefit is substantial”
- QHPs and many other plans must provide services assigned an “A” grade without charge for copayment or coinsurance
 - Includes QHP beneficiaries who have met their yearly deductible

Key Next Steps

- Check with your agency about commercial insurance contracting
- Build collaborative strategy
- Identify commercial insurance contracting opportunities for HIV and other preventive services
- Develop a marketing strategy
- Contracting



Resource: HIVMA, Strategies for HIV Medical Providers Contracting With Health Insurers

Check With Your Agency

- Before moving forward
 - Ensure your HIV program's efforts are aligned with your agency's overarching commercial insurance participation policies
 - An important step for HIV practices in public health departments
 - Contracts may have been or are being negotiated
 - Medicaid MCO contracts have probably been finalized for the current year
- Engage agency leadership, including CBO corporate board support
- Identify agency resources that may be applied in health insurance readiness activities

Collaboration Models

On Our Own

Research new opportunities and build contracting and service systems alone

Enhance your TPR capacity, join insurers' FFS programs and networks

Collaboration

“Trade association” model

Collaborate in information gathering and marketing

Seek formal relationships with health plans and healthcare providers

Identify Contracting Opportunities

- American Academy of HIV Medicine (AAHIVM) and Positive Outcomes, Inc. teamed to gather State-specific information about QHPs and how to join their networks
- QHP provider network requirements can be found on their websites
- Your state health insurance commissioner's website provide information about commercial insurance plans operating in your state
- Verify that your staff meet credentialing requirements and complete required paperwork

Check Out Your State or Federal Health Insurance Marketplace or Exchange Website To Learn More About

- General information
- Beneficiary eligibility requirements
- Covered benefits
- Participating QHPs, provider network requirements, member handbooks



Defining Products and Target Populations

- Define your products (or services)
- Services commonly covered by commercial insurers
- Services that will help insurers to manage service use, prevent morbidity or mortality, promote positive health outcomes, and reduce unnecessary costs
- HIV+ clients only, clients with communicable diseases (e.g., Hep C), other clients

Considerations in Health Plan Marketing

- Brainstorm about how will your products will help meet the insurer's benefits, network, access, or quality management standards
- Distinguish your products from other providers
- Define the likely value added to the insurer's network by purchasing your products
- Measure the costs of your products and set your fee schedule
- Realistically estimate how many insurer clients you can serve with your current or newly funded workers

Key Marketing Messages

We are experienced in

- Supplementing benefits covered by insurers with FREE prevention services
- Delivering services to hard-to-reach populations
- Managing behavior to achieve positive clinical and behavioral outcomes
- Avoiding psychosocial crises impacting adherence
- Delivering culturally sensitive and appropriate services
- Working in integrated prevention, clinical, and support service network
- Providing prevention services to reduce HIV/STI infection among beneficiaries, their sexual partners, and newborns
- Assisting HIV+ individuals to link to care, be retained in care, and be located if lost to care
- **Delivering cost-effective services through low overhead**

Addressing Insurers' Interests By Offering HIV Prevention Services

Health Insurers' Interests	Services That HIV Providers Might Offer
Identify enrolled members to offer preventive or other services	Outreach, counseling, linkage to care, patient navigation
Address members' healthcare and health insurance literacy needs	Non-MCM, patient navigation, health education
Prevent communicable diseases including HIV, STDs, TB, and Hepatitis C	PrEP services, HIV/STD counseling and testing, behavioral prevention interventions, condom distribution and education, risk reduction
Address members' linguistic and numeracy needs to ensure active participate in health promotion, prevention, and care	Translation and health education
Culturally competent care coordination, disease management, treatment education	Services by culturally competent workers with expertise in serving racial, ethnic, and sexual minority populations

Addressing Insurers' Interests By Offering HIV Prevention Services

Health Insurers' Interests	Services Providers Might Offer
Ensure access to physical, behavioral, and other outpatient services to promote health, and prevent and treat disease	MCM, non-MCM, patient navigation, behavioral health treatment support, medical transportation
Ensure HIV+ clients receive and optimally benefit from ARVs and other medications	MCM, patient navigation, treatment education and adherence counseling
Coordinate services of the care team with the client, his/her family, and community resources	MCM
Disease management	MCM
Train disease management staff	Train plan disease management staff
Discharge planning and readmission prevention for hospitalized patients	MCM

Payment Model Scenarios for Preventive Services

CBOs and Health Departments	Payment Models
Direct contract from an insurer	<ul style="list-style-type: none"> ▪ Fee-for-service ▪ “Grant” type contract ▪ Sub-capitated payments ▪ Payment by CDC or other funder
Subcontract with integrated care systems, hospitals, FQHCs, behavioral health programs, or other providers	
Provide free services (e.g., CDC-funded) to insured members in collaboration with insurers	
CBOs	
Health departments contracting with insurers subcontract with CBOs	

Q and A



Audience Poll

- Have you ever been involved in negotiating contracts with commercial health insurers?
 - Yes
 - No
 - Does Not Apply

Contracting and Credentialing

1. Identify and evaluate contracting opportunities
2. Market services to insurers
3. Contract with insurers
4. Credential providers
5. Align policies and procedures with contract requirements and train staff
6. Assess impact of payer relationships

Contracting with Insurers

- Carefully evaluate contract
 - Clearly defined scope of services?
 - Clearly identified covered services?
 - Contract time period? Renewal? Termination?
 - Procedures required to determine patient eligibility?
 - Policies, procedures, protocols, and timelines specified?
 - Requirements for charging enrollees' share of cost?

Contracting with Insurers

- Carefully evaluate contract
 - Fee schedule?
 - Time frame for claims submission
 - Payment method and policies?
 - Standards and performance measures?
 - Procedures for protection of patient confidentiality?

Confidentiality

- Confidentiality and protection of patient information is a real concern when billing
- Ensure systems to protect information
 - How will insurers handle EOBs?
 - What if patients do not want to use their insurance?
- Monitor and strictly enforce policies/procedures

Contracting with Insurers

- Negotiate to *include*
 - Pricing/favorable rates
 - New services
 - Increased time to submit initial claim
 - Prompt payment terms

Contracting with Insurers

- Negotiate to *exclude*
 - Restricted access to fee schedules
 - Limits on practice parameters
 - Reference to “most-favored-nation”
 - Non-standard coding or claims submission requirements
 - Complicated referral or authorization
 - Short standard for timely filing (<90 days)
 - Allowance for insurer to amend contract without signature

<http://fpntc.org/training-and-resources/webinar-recording-revenue-cycle-management-contracting-with-payers>

Contracting Best Practices

- Set goals
- Read the contract
- Read the provider handbook
- Appoint a contract manager
- Develop a relationship with the insurer
- Keep staff informed of expectations and changes

Credentialing Providers

- **Credentialing** - process by which providers who bill insurers for services provide documentation of their qualifications, experience, education, and licensure.
 - Required for participation
 - Needs to be updated regularly
 - Can be done internally or outsourced

Credentialing Providers

- Credential providers as soon as possible
- Once credentialed, enroll providers in plans you have contracts with to ensure appropriate reimbursement
- Maintain provider credentialing files and track all due dates for submission and re-submission

Credentialing Providers

Council for Affordable Quality Healthcare (CAQH)

- Standard application/common database for credentialing
- Submit one application to one source
- Obtain application information directly from the database, streamlining the process both ways
- Providers update information on a quarterly basis

<http://www.caqh.org>

Assess Impact

- Review payer performance and measure it against other payers
- Understand denial rates and types by payer
 - How often payers denying claims?
 - Are denials for certain types of services?
 - How long does it take to resolve issues with payers?
- Be aware of changes in payer behavior

Assess Impact

- Collect and track insurance coverage to make sure current contracts meet patients' needs

CBA for Health Departments

University of Washington Public Health Capacity Building Center provides capacity building assistance (CBA) to state, local, tribal and territorial health departments in the areas of:

- HIV testing
- Prevention with HIV-positive persons, with an emphasis on Data to Care
- Organizational development and management, including billing

Contact:

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Webinar Survey

- We would like to encourage you to complete the brief, but important, evaluation of today's webinar as you exit this session.
- We value your opinion in helping us to make this 4-part Webinar Series work for you.
- Thank you.

Q and A



For Additional Information

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