

KHDA PRIVATE INSURANCE WORKGROUP
ACTION PLAN
1-9-15

Goal: Develop & Stabilize Funding for Local Health Departments

Objective 3.3: Secure funding to fulfill DPH expectations

AIM Statement: ~~By January 1, 2015, the Private Insurance Work Group will identify the primary private insurance providers who operate statewide who will discuss reimbursing clinical services provided by Public Health Registered Nurses who are providing services under preventive health protocols as defined by the Core Clinical Service Guide in order to develop a matrix of reimbursement for health departments to use in contract negotiations.~~ **By June 2015, the Private Insurance Work Group will deliver to KHDA contract language acceptable to private insurance companies for reimbursement of public health nurse services. Local health departments will be able to use this language to propose an amendment to existing private insurance contracts for APRN and MD services.**

Strategy	Action Step	Status	Completion Date
Evaluate funding methodology based on size and programmatic needs.	1. Survey health departments to find out their perspective on working with private insurers. (Judy Mattingly)	COMPLETED.	July 14, 2014
	2. Analyze survey data to identify key information. (Workgroup)	COMPLETED. See report sent by Judy via email on 7/28/14.	July 28, 2014
	3. Identify statewide contacts for each of 6 private insurance companies that are statewide – Provider Relations or Credentialing. (Jill Ford)	COMPLETED. See email from Jill sent 7/28/14.	July 28, 2014
	4. Talk to Ron Horseman about history with private insurance.	COMPLETED. Brent Blevins will contact Ron and will try to get us a contact with Humana. The contact is Beverly Steen (bsteen@humana.com).	August 25, 2014
	5. Create list of nursing services and service provider codes with Medicaid's reimbursement. (Sue Landers)	COMPLETED. Sue sent out list. Workgroup to revise/finalize at next meeting.	August 25, 2014

	6. Research and report on what the Affordable Care Act says about Essential Community Providers. (Brent Blevins)	COMPLETED Note: We want to make sure that the insurance companies consider us as ECP (we're on the list from CMS).	July 28, 2014
	7. Research and share resources from NACCHO Billing Toolkit (Lynne Saddler)	COMPLETED	July 10, 2014
	8. Prepare presentation/ message/key talking points for insurers. (Workgroup)	COMPLETED.	August – September 2014
	9. Get clarification from Randy Gooch & Scott Lockard as to whether we need to try for a statewide contract through DPH or KHDA or a contract template with each insurer that each LHD could use to negotiate for services and reimbursement specific to the LHD. <i>Note: Our AIM statement was to create the matrix for LHD's to use to negotiate an individual contract, but what if an insurer wants to do a statewide contract?</i>	COMPLETED. Clarification received. They would like us to develop an addendum agreement to the existing contracts with Anthem that each health department can use if they choose and then pitch this language to the other issuers (e.g. Humana). We will amend our AIM statement accordingly.	February 2015
	10. Determine if we need to communicate with DPH to get their buy in and support for what we are saying in our talking points (share talking points with Dr. White & Joy Hoskins).	Lynne will send this out by 2/10/15.	February 2015
	11. Meet with Anthem to discuss contract language, services, and reimbursement . each major insurer to discuss contracting with LHD's and reimbursing for nurse services and at what rate.	Start with Humana . We are going to start with Anthem as they have indicated that they will reimburse for RN services (KHDA meeting announcement)	March 2015
	12. Develop content and format for a matrix.	Use Judy Mattingly's matrix as a template.	January 1, 2015

2/9/15 Conference Call Notes:

Participating: Jill Ford, Judy Mattingly, Thursa Sloan, Sue Landers, Maria Hardy, Brent Blevins, Lynne Saddler; Missing: Leah Jasper, Lynnett Renner

Review of Actions to Date – Lynne shared her conversation with Scott Lockard and Randy Gooch to obtain clarification on our deliverable given the statements that Anthem made at the KHDA meeting last fall. They would like us to develop contract language that could be used by health departments as an addendum to existing contracts and to start with Anthem. We have our talking points, a list of services, codes, and Medicaid reimbursement rates, and our talking points.

Next Steps – The team decided to set up a meeting / call with the appropriate Anthem rep(s) to discuss contract language around the public health RN services for which we want to be reimbursed. The following actions will be taken as preparation:

- Lynne will contact the Anthem rep (see email that came out after the KHDA meeting) to find out who we need to speak with to develop a contract addendum and ask if a draft document could be developed for the discussion.
- Lynne will send the team the services/codes/reimbursement sheet from our earlier meetings. Team will review and send any recommended changes back (cc: all on the team).
- Lynne will also send a draft revised AIM statement for the team, which will be sent to Georgia Heise for her document. Lynne will also forward everyone's credentials to Georgia.
- Lynne will accomplish step #10 above to keep KDPH in the loop.

Next Meeting

We will set the next meeting date when we have our meeting with Anthem set up. We will set our meeting up in advance to be able to prepare for the Anthem meeting. (Targeting March)