

Communicating with the Payers

Introduction

This chapter will teach you how to build lasting relationships with your payers by presenting your information in a way that will help effectively negotiate your contracts. This includes impactful communication techniques and knowing who to contact with questions or concerns.



Key Takeaways

- I. Know the proper channels of communication for contract negotiations
- II. Understand how/why it is important to build lasting payer relationships
- III. Understand how to use your data to tell your story

Section 1.0 – Proper channels of communication

1.1 - Contract negotiations have evolved over the years and rarely involve face to face interactions anymore. When having a discussion with a payer representative, you will likely be communicating via email and telephone. You can certainly set up a face-to-face meeting for contract negotiations, but it is rare these days. It is important to recognize the channels of communication here in order to work effectively with the payer representatives. In previous chapters, we have suggested that you keep a log of your conversations with the payer representatives, because this can be a back and forth process. Considering that you may only be in touch on a week to week basis, it is important to hold the payer side accountable and be able to pick a conversation up where you left off. Use your conversation notes to keep track of deliverables from both sides of the negotiation.



The representative at the health plan is not your enemy. They are, and should be treated as, any colleague involved in the care of patients.

1.2 - Again, contract negotiations are a process and this process can take some time. It may only take 15 minutes out of your day to send an email or have a phone conversation with your provider relations representative, but we recommend that you spend at least 15 minutes each week to reach your goals with the specific payer. This may require you to follow up over the course of a few months to finally reach your goal (*refer back to chapter 3 when reviewing goals*). It is important to remain invested because it will ultimately help your practice. Do not become discouraged by the extensive process. It is also important to remain professionally persistent in these discussions, especially when you are working on contract negotiations. Never underestimate the power of a deadline. If a payer representative promises you information by a specific date, then you should hold them accountable for that deliverable. By remaining professionally persistent, you are more likely to achieve your goals



“No” should be treated as a request for more information. Change your approach and work on different options, but do not give up on the contracting process!

1.3 - With the above being said, you need to know who you can contact in order to have a meaningful conversation with the payers. Every commercial payer has a team of representatives that will work with you on your contracts. These are the **Provider Relations teams**. Most of the time, these individuals are given a designated territory to cover (like a series of counties) or a certain set of specialties (like physical therapy). Keep this in mind when working with these individuals because there is a lot that they have to cover. As part of this Chapter, we have included a “Contact List” that will help direct you to the various provider relations teams for each of the major payers. Being a SIM provider, you received a welcome letter from the SIM office at the outset. This letter contained various contacts for the payers that support your practice. We recommend that you reach out to these individuals if you have any questions. It can be difficult to get in touch with them because they are busy, but it is their job to provide this information. Remember to be professionally persistent and do your best to stay at the top of their list. We recommend that you follow up every week and a half to two weeks for status updates. It may feel like you are bothering them, but that is okay. Remain professionally persistent. It may reach a point where they are tired of hearing from you and will want to strike a deal.

Section 2.0 – Building relationships with your commercial payers

2.1 - Contracting is a never-ending story. There will always be another opportunity to revisit your contract and the rates at the end of the contract term. If a contract is set for a one-year term, you will want to start working on it again in another nine months to have everything ready to go by the end of the that term. Under these circumstances, you will be in regular contact with your provider relations representatives. This is why building a relationship with these individuals is so important. When you work with your payer partners on a regular basis, they will remember you and your practice. If you build a strong relationship with them, they will be more likely to help you in the future and they will work with you to create strong contracts for your practice.



Unless there is a set term, contracts are typically “evergreen.” This means that the agreement will automatically renew each year on the designated effective date until acted on again. Keep this in mind so you can keep your contracts current and up to date. If you don’t ask for a change, they will not offer one!

2.2 – When working with most health plans, the provider relations team can help with more than just contracting. If you have claims issues on the back end, or credentialing problems on the front end, your provider relations representative will be able to help you either solve your issues or at least point you in the right direction. You may be surprised; it is not at all un-common for payer representatives to ask you for help! Someday they may reach out to you to ask for your help on meeting a network goal, or participating in an exclusive, very narrow network. You may be asked for some medical advice or to help guide a medical decision. This concept of mutual respect may seem obvious, but it is easy to become frustrated in this process. Ask for their help and be there when they need yours.



We are all trying to solve a single central issue. At the end of the day, the goal is to bring high quality care to your patients and their members.

Section 3.0 – What do the payers want to know?

3.1 - When we take into consideration how large the Colorado market is, it is harder for you to stand out in the crowd, but every practice has its story. Your story will help the health plans better understand your practice and you can use your practice data to tell your story. It can be simple information that you share with the payers, like the fact that you have extended office or weekend hours. You can also share that you have integrated your practice setting to now include behavioral health services. Extended hours and behavioral health services are important to the health plans because it can help them save money by keeping patients away from high cost areas, like the emergency room. They won't know all these great things about your practice unless you tell them. You can also pull your internal information together to actually show the payers more about you practice. It is one thing to tell the payers all these great things, but you should be able to show them. Valuable information can be pulled straight out of your EHR system. For example, you can extract data on which services you provide the most. You can run a report in most systems that will tell you the volume of codes that you bill, which is incredibly useful information when you are evaluating contracts with the payers.

Below is a list of some items that are standard for contract negotiations. These may seem obvious, but you should have this information readily available for the payers.

- Practice W9 (specifically the Tax ID number)
- Group NPI Number
- Provider Roster with practice locations
- Top 10-20 codes by volume (may be specific to each payer)

3.2 - In working on these relationships and really partnering with the payers, you should do your best to understand their pain points. One of the things that the payers want to know is how you can help them solve their problems. Ask you payer representative where their pain points are, so you can find ways to help solve some of their issues. Helping the payers makes your participation in their networks that much more valuable and will help strengthen that relationship. Something that may be easy for your practice to implement may save the health plan both time and money, which will in turn bring value back to your practice. This relationship should be mutual and transparent in order to drive success for both parties.

3.3 - If you are helping the payers solve their problems, then they should be helping you. Considering that this is a mutual relationship, they will be compelled to help your practice. What are the pain points for your practice? How can they help you solve these issues? Bring these issues to their attention and ask them what they can do to help your practice succeed. As we stated before, the provider relations representatives are here to help you and they can do more than just work on contracts. We hear from practices all the time that they struggle when credentialing their providers and then they never get loaded to the contracts correctly. This is just one of the pain points that the provider relations representatives can help you with. We encourage you to share these things with the payers so you can work together to make the experience better for all parties involved.

Commercial Payer Contact List

The contact list below will help you get in touch with some of the larger commercial payers across the state of Colorado. When reaching out to these various contacts, you will need to provide your Tax ID number and location to help identify your practice.

Aetna –

Call the number below with any questions you may have regarding claims, precertification, and other issues. For contract inquiries you may prepare a short letter, on your practice letterhead, that states you would like to work on your contract and fax it to the number below.

Provider Services: (888) 632-3862

Fax: (859) 455-8650

Anthem BCBS –

Here is the link to the [“Escalation Contact List”](#) for Colorado Providers. This list will give you the contact information to help resolve issues when working with Anthem.

Cigna –

Use the phone number below to reach the provider services team and they can help direct your call or you can log onto your Cigna provider profile using the link below.

Provider Services: (800) 882-4462

Health Care Professionals: www.cignaforhcp.com

Rocky Mountain Health Plans –

Listed below are the phone numbers for the Provider Relations departments that can assist with contract issues, credentialing issues, practice updates, etc.

Western Slope Providers: (970) 244-7798

Front Range Providers: (303) 689-7372

United Healthcare –

If you have questions about your contracts, you can reach out using either the phone number or the email address listed below.

Network Management Team: (866) 574-6088

Email: swproviderservices@uhc.com

Please fill out the survey included in the link below. Tell us what you think!

Survey Link: <https://www.surveymonkey.com/r/9QR6SPV>