

AHCA Executive Program on the Managed Care Environment and its Impact on PAC/LTC Providers

		<ul style="list-style-type: none"> • Where are provider manuals?
<input type="checkbox"/> 6.	Admissions, Transfers and Discharges	<ul style="list-style-type: none"> • How does plan address discharge when eligibility ends? • Does contract require things beyond federal or state regulations for admission or discharge? • How are eligibility denials handled? (i.e., Medicare coverage or Medicaid pending)
<input type="checkbox"/> 7.	Credentialing / Data Collection/ UR	<ul style="list-style-type: none"> • Does Plan require credentialing or Facility and/or Facility's subcontractors/ancillary providers? • What are the prior approval requirements AND who controls the PA process (i.e., delegation)? • What are the data collection, reporting and transfer requirements? • Who is involved in care planning and how? • How is case management provided for? • Does Plan require incident or event reporting? If so, closely review to ensure consistent with state law and discovery protections
<input type="checkbox"/> 8.	Fraud and Abuse / Overpayments Compliance and Q &A	<ul style="list-style-type: none"> • Scrutinize any fraud and abuse and/or overpayment reporting provisions. • Are they consistent with state law? Do they go beyond? • How does survey compliance affect participation? • Is facility asked to report more than is reasonable or required
<input type="checkbox"/> 9.	Notification / Assignment	<ul style="list-style-type: none"> • Notifications – Who must notify who; about what; and when? • What insurance is required to be carried or disclosed? • Review indemnification provisions • Insolvency (by plan or facility) – Is notice required? • Can contract be assigned and if so, how? What about CHOWs?
<input type="checkbox"/> 10.	Disputes and Appeals	<ul style="list-style-type: none"> • How does the Facility appeal denials in coverage or payment? • Is mediation or arbitration required or can facility sue? • Timelines and requirements for appeals?

Checklist for Review of Managed Care Contracts

This checklist includes some major contractual points that nursing facilities should consider and review in managed care contracts. It is not intended to account for all aspects of contract review, and does not and is not intended to replace the advice of qualified legal counsel. You must review and understand all contracts before agreeing to them.

<input type="checkbox"/>	1.	PreContract Homework	<ul style="list-style-type: none"> • Know your costs and expenses, cash flow needs, how your compliance profile compares to other facilities • What is the plan adoption in the area? • Try to do due diligence on the Plan <p>Termination clause should be:</p> <ul style="list-style-type: none"> • the same for both parties, • require only as much notice as needed for smooth transition of patients; • consistent with a facility's ability to voluntarily decertify. • Watch out for termination by plan for vaguely defined quality issues – conditions should be specific.
<input type="checkbox"/>	2.	Term and Termination	<ul style="list-style-type: none"> • Read and understand all defined terms. • Any CAPITALIZED term should reference a definition • Closely review key terms like covered services, clean claim, medical necessity, eligible person, etc. • Make sure definitions are consistent with any Medicare or Medicaid laws or regulations, state or federal
<input type="checkbox"/>	3.	Definitions	<ul style="list-style-type: none"> • There should be a section outlining in detail what rates are paid, for what services and when. • Do you understand any “carve-out” or “carve-ins” for covered services, if any exist? • What are claims processing requirements and billing formats? • How timely will payment be? • Note any technical or administrative billing system requirements the plan has • Who is responsible for collection of co-payments or member cost sharing?
<input type="checkbox"/>	4.	Reimbursement	<ul style="list-style-type: none"> • Facility should get notice and chance to reject any contract changes (and ideally provider manual changes) • How can the Plan amend the contract?
<input type="checkbox"/>	5.	Amendments and Provider Manuals	