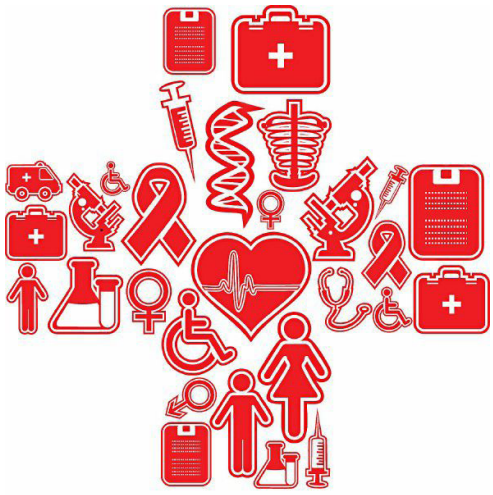
Negotiating Managed Care Contracts

Webinar Presented by Jeffrey Baird, Esq. of Brown & Fortunato
Tuesday, December 11, 2:30-3:30 p.m. EST

Until relatively recently, DME suppliers only dealt with Medicare and Medicaid fee-for-service ("FFS") programs. The FFS programs would establish coverage and reimbursement criteria…and suppliers would submit claims directly to the FFS programs. All of this is changing. Today, approximately 35% of Medicare beneficiaries are covered by Medicare Advantage Plans and this percentage is increasing. Approximately 70% of state Medicaid beneficiaries are covered by Medicaid Managed Care Plans; this percentage is also increasing.



A supplier's obligations to the Plan and the Plan's covered lives are set out in a Plan contract that the supplier signs. The contract contains coverage and reimbursement requirements. Many suppliers believe that when presented with a Plan contract, then it is a "take it or leave it" proposition. This is not the case. While there are some contractual provisions that the Plan will likely not budge on, there are other provisions that can be negotiated.

This webinar will discuss (i) the most important provisions in Plan contracts, (ii) those provisions that are normally non-negotiable, and (iii) those provisions that Plans are open to modify. Equally as important, this program will discuss practical steps that the supplier can take that will increase its chances to successfully negotiate key provisions in Plan contracts.

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