

Tips for Contracting with Medicaid Managed Care Organizations

Many community-based organizations (CBOs) such as YMCAs, local health departments, and faith-based organizations have never contracted with a Medicaid managed care organization (MCO). The contracting process, in addition to the health care system's acronyms and terminology, can be unfamiliar and daunting. However, while the contracting process requires patience, it presents an exciting opportunity for private health plans and community organizations to partner in the delivery of the National DPP lifestyle change program to Medicaid beneficiaries. Below are some tips CBOs can use for contracting with MCOs.¹

1. Approach the process with patience

- Contracting from start to finish with the MCOs can take at least 90 days on average but can take significantly longer.
- The CBO's contracting request may pass through multiple channels for approval and require several phone conversations with the MCO.

2. Build a relationship

- Use your CBO's events to build relationships with the MCO
 - Invite an MCO representative to be a guest speaker at a board, community, or advisory meeting
 - Feature the MCO and the National DPP lifestyle change program in the CBO's newsletter or other communications
 - Invite MCO representatives to CBO-hosted community events
- Consider a recurring phone call with the MCO that starts with the contracting process and extends through delivery of the National DPP lifestyle change program.

3. Pitch your organization to the MCO

- Be prepared to discuss your organization, how it is structured, and how it plans to deliver the National DPP lifestyle change program to the MCO's members.
- Leverage your existing relationships with community health care providers outside the CBO for insight into MCO health plans.

¹ This list of tips was compiled from several sources, including learnings from the [Medicaid Coverage for the National DPP Demonstration Project](#).

Tips for Contracting with MCOs

- Highlight your CBO's value proposition
 - Create a PowerPoint presentation to highlight your organization
 - Share patient and client stories to highlight outcomes
- Identify how your services are compatible and can position your CBO to be regarded as a business partner rather than a vendor
 - What does the MCO value? (e.g., patient satisfaction and retention, quality service, reducing emergency department and hospital use, positive return on investment and value, etc.)
 - What does your CBO do well now?
 - Only promise what you can deliver
 - Be consistent and persistent

4. Speak the MCO's language

- When talking with the MCOs about your organization's National DPP lifestyle change program, keep in mind that the MCOs pay for health care services, **not** programs. Use the MCO's terminology to describe your organization's services for their members. It may help to refer to the people who attend your National DPP lifestyle change program classes as "patients" or "MCO members or enrollees" receiving a "preventive health care service" that provides health education to help prevent illness.
- Understand the priorities of the MCO(s) with whom you are trying to contract. For example:
 - Quality service
 - Improved health of patients
 - Improved social well-being of patients
 - Cost effectiveness
 - Strong relationships with healthcare providers
 - Patient satisfaction
 - Accurate and timely documentation
 - Communication

5. Take advantage of MCO resources

- Look for a FAQ section on the MCO website which may answer many of your questions.
- It may be necessary to reach out to an MCO before being assigned a Contract Manager. Contact the MCO provider call center for help with questions and troubleshooting.
- Sign up for email alerts and updates: You may sign up on the MCO's website or contact the provider call center to ask how to sign up. Alerts may include information about training, rule or process changes, or new resources.
- When your organization has a confirmed contract, you may be granted access to the MCO's provider portal to do a variety of activities including: verify patient eligibility and benefits, look up medical claims, view electronic provider care notes, and add other staff as users.