GUIDE TO
Innovative Practice Models

Partnering with Payers

Learn how to transform your relationship with third-party payers from adversaries to collaborators focused on improving patients’ health.

This is the sixth of seven sections in the Guide to Innovative Practice Models. To access other sections or the full guide, visit apapraacticecentral.org.

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Traditionally, psychologists and third-party payers have had a combative relationship. But it doesn’t have to be that way. These days, insurers are no longer viewing psychologists and their interventions as a cost to be controlled but as a resource for meeting shared goals – improving patients’ health, reducing costs and enhancing patient satisfaction.

How can you foster that kind of collaborative relationship with the payers you work with? Try these tips for demonstrating psychology’s value and showing payers how you can help them achieve their goals:

- **Ask payers what they need.** Instead of focusing on what you think is important, ask insurers what they think you should focus on and how you could improve your services. Like patients, insurers care about your results.

- **Grow your practice.** Being a large, interdisciplinary practice gets payers’ attention. That’s especially true if you can include psychiatrists on your staff or at least have collaborative relationships with psychiatrists in your community. Even if you want to stay small, you can still command attention from payers by forming collaborative relationships with other professionals in your area.

- **Ensure access to care.** Insurers don’t want to hear from patients that they called your practice to make an appointment and no one picked up or no one called them back. Even if you’re a small practice, you can ensure high-quality customer service by sharing a secretary or call service with other practices in your area. Extended office hours also make you more attractive to insurers. Many members work at jobs that don’t allow them to take time off for appointments during the work day, so offering evening and weekend hours increases access. You might even explore moving into tele-behavioral health, an emerging area that interests many insurers.

- **Focus on patient transitions.** Payers are eager for practitioners to follow up with patients soon after they’re released from the hospital as a way of preventing unnecessary re-admissions. Because it can be difficult to connect with patients once they’re discharged, some behavioral health providers are visiting an insurer’s behavioral health patients in the hospital, creating a list of their medications, learning why they were admitted and connecting with the other practitioners involved in

*Innovative Practice Models (IPM), formerly referred to as Alternative Practice Models, is now being used to avoid confusion with Alternative Payment Models.*
their care to get additional information. The behavioral health providers even show up when the patients are discharged and alert the insurer’s care managers to any psychosocial factors that put patients at risk of re-admission.

**Measure outcomes.** You may be providing the best services possible, but if you can’t prove that to insurers, it doesn’t matter. As a result, you need to collect data to prove that what you do is making a difference in patients’ lives and then provide those data to insurers. But be sure the data you collect is data the payer wants, not simply information that interests you. Being able to show payers that you get results means gaining a seat at the decision-making table and possibly higher reimbursement as well.

- **Ask about incentives.** Insurers might want you to integrate your services within primary-care practices. That’s good for patients, but requires new skills and more time than traditional psychological services. Recognizing that, an insurer might offer a separate billing code with higher reimbursement for services provided in primary-care settings. Payers may also be willing to incentivize the use of outcome measures. If you’re able to reduce overall health care costs, you should share in the savings.

- **Explore value-based contracting.** Value-based contracting is the ultimate form of incentivizing new ways of working. Ask payers if they offer value-based contracting, which means your reimbursements increase if you meet certain criteria. Those criteria could include getting patients seen quickly, using assessment tools, collaborating with physicians, referring patients to psychiatrists when appropriate, following up with patients who stop treatment before they should, even reaching out to patients with customer satisfaction surveys. You can negotiate what criteria – and the details of each of them – with payers.

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