

# **Get Higher-Paying Contracts with Proven Negotiation Strategies**

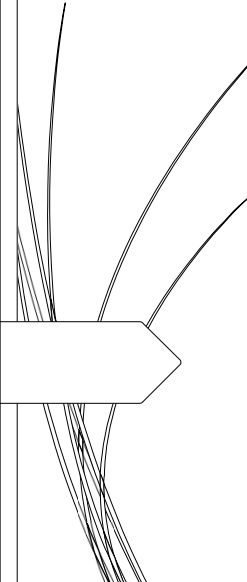
Presented by:  
**Doral Jacobsen MBA, FACMPE**

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# Set Your Practice Up for Success: Payer Contracting Best Practices


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Doral Jacobsen does not have any financial conflicts to report at this time.

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## Learning Objectives

☐

Differentiate your practice through value proposition development

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Analyze payer contract negotiation tactics and strategies

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Inspect payer contract language for deal breakers

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<div data-bbox="175 562 289 625">➤</div> <div data-bbox="315 569 487 617">Agenda</div>	<div data-bbox="680 317 1196 359">Setting Up to Succeed: Toolkit</div> <div data-bbox="680 394 1102 436">Payer Contracting Steps</div> <div data-bbox="691 453 1282 701"><ul style="list-style-type: none"><li>• Develop a value proposition</li><li>• Complete market/payer assessment</li><li>• Complete top code analysis and establish modeling mechanism</li><li>• Engage in negotiation</li><li>• Evaluate contract language</li><li>• Monitor contract performance</li></ul></div> <div data-bbox="680 720 1037 758">Value-Based Models</div> <div data-bbox="680 795 1102 837">Summary: Best Practices</div>
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# Setting Up to Succeed: Toolkit

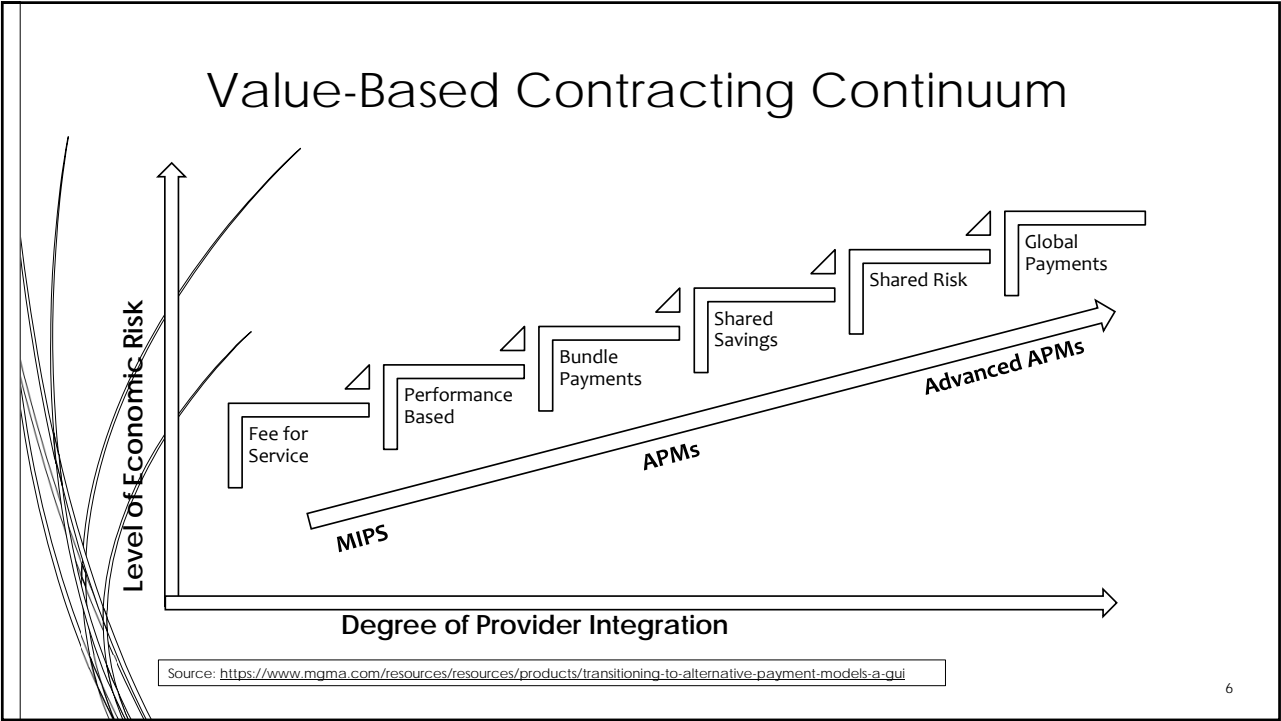
Toolkit

- Preparation grid
- Contract catalogue
- Transparency grid
- Proposal determination
- Hassle factor grid



Setting Up to Succeed - Payer Contracting Preparation Grid		
Practice:		
Date:		
Steps	Responsible Party(s)	Target Timeline
Develop a Value Proposition		
Complete Market/Payer Assessment		
Complete Top Code Analysis & Establish Modeling Mechanism		
Engage in Negotiation		
Evaluate Contract Language		
Monitor Contract Performance		
Value-based Goals		

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# Payer Contracting Steps

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# Step 1: Develop a Value Proposition

- Articulate practice's "vital stats"
- Understand how your practice compares to the competition
- Research payer market position/goals
- Tell your story in written format—Make it appealing and simple

Practice Information	Goals & Ratings	Key Questions for Paper Discussion
<ul style="list-style-type: none"><li>How would you describe your practice location? (2 words or less)</li><li>How many office locations? (What zip codes?)</li><li>How would you briefly describe your "service mix"?</li><li>What ancillary services do you provide?</li><li>Do you participate in any alternative payment models? If so, which ones?</li><li>What are your affiliations with hospital systems, IDNs, etc?</li><li>What specialties does the practice hold? And in what are you seeing growth?</li></ul>	<ul style="list-style-type: none"><li>How would you describe your organizational mission in one sentence?</li><li>How would you state your organizational "goals"? (succinct)</li><li>How does your practice "rate" relative to peers/practice?</li><li>• Reputation: Hospital/Community</li><li>• Quality</li><li>• Cost</li><li>• Access</li><li>• Financial</li><li>• Revenue growth (past 3 years)?</li><li>• Transparency cost information?</li><li>• Do you participate in any alternative payment models?</li><li>• How do you compare in terms of quality to peers?</li></ul>	<ul style="list-style-type: none"><li>Identify a few key practices that you would like to focus on during your discussion.</li><li>How can we work together?</li><li>What kind of value-based contracts should we explore together?</li><li>How can we further improve reimbursement?</li><li>What types of models would be worth investigating?</li><li>What incentives are we working with?</li><li>What kinds of arrangements are being explored with our group?</li></ul>
<ul style="list-style-type: none"><li>What does your practice offer in the market that differentiates you from the competition?</li><li>• Service mix</li><li>• Technology</li><li>• Access</li><li>• Affiliations</li><li>• Alternative payment models</li><li>• Patient population</li><li>• Quality</li><li>• Cost</li><li>• Financial</li><li>• Revenue growth</li><li>• Transparency cost information</li><li>• Do you participate in any alternative payment models?</li><li>• How do you compare in terms of quality to peers?</li></ul>	<ul style="list-style-type: none"><li>What do you know about practice location?</li><li>• Reputation: Hospital/Community</li><li>• Quality</li><li>• Cost</li><li>• Access</li><li>• Financial</li><li>• Revenue growth (past 3 years)?</li><li>• Transparency cost information?</li><li>• Do you participate in any alternative payment models?</li><li>• How do you compare in terms of quality to peers?</li></ul>	<ul style="list-style-type: none"><li>Specify the areas where "business" growth is your shared interest in practice goals and your goals?</li><li>What statement can you make that reflects how your practice is working with this group?</li><li>Where is your practice in terms of reimbursement? (How much are you getting for your work?)</li><li>Where do you want to be in the managed care environment and how are you going to get there?</li></ul>

## Value Proposition: Step 1

Steps	Specifics
<ul style="list-style-type: none"><li>• Articulate practice's "vital stats"</li><li>• Understand how your practice compares to the competition</li><li>• Research payer market position/goals</li><li>• Tell your story in written format—Make it appealing and simple</li></ul>	<ul style="list-style-type: none"><li>• Practice's goals/purpose</li><li>• Clinician information, services, locations</li><li>• Technology, access, affiliations</li><li>• Alternative payment models</li><li>• Patient population information (active patients, visits)</li><li>• Goals for the next 1-2 years</li></ul>

Have stories ready to tell outside stakeholders about how your team improved quality, improved patient access or dramatically improved the health of a patient. Make sure it is memorable and easily repeatable.

### Value Proposition: Step 2

Steps	Specifics
<ul style="list-style-type: none"><li>• Articulate practice’s “vital stats”</li><li>• Understand how your practice compares to the competition</li><li>• Research payer market position/goals</li><li>• Tell your story in written format—Make it appealing and simple</li></ul>	<ul style="list-style-type: none"><li>• What does your practice do differently?</li><li>• How do you serve patients better, faster, more efficiently?</li><li>• Have you received quality designations from other payers?</li><li>• Have you earned awards/designations from independent organizations?</li><li>• Do you have high social media rankings?</li><li>• Do you have low staff turnover?</li><li>• What does your practice do to reduce healthcare costs?</li></ul>

Think: Why are we valuable to a network? What do we do that keeps patients healthier and costs minimized?

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### Value Proposition: Step 3

Steps	Specifics
<ul style="list-style-type: none"><li>• Articulate practice’s “vital stats”</li><li>• Understand how your practice compares to the competition</li><li>• Research payer market position/goals</li><li>• Tell your story in written format—Make it appealing and simple</li></ul>	<ul style="list-style-type: none"><li>• Define payer’s position in the market</li><li>• Understand competitors’ network participation</li><li>• Appreciate that payer’s goals and focus are for the year</li><li>• Define products—Anything new?</li><li>• Alternative payment models?</li><li>• Get to know the people you are talking to—they are human too</li></ul>

“Thank you for being our champion in your internal discussions. What other information can I provide you?”

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### Value Proposition: Step 4

Steps	Specifics
<ul style="list-style-type: none"><li>• Articulate practice’s “vital stats”</li><li>• Understand how your practice compares to the competition</li><li>• Research payer market position/goals</li><li>• Tell your story in written format—Make it appealing and simple</li></ul>	<ul style="list-style-type: none"><li>• Make it clear and easy to follow</li><li>• Anticipate questions the payer may have about your value proposition</li><li>• Provide facts, figures and data that demonstrates your value—quantify</li><li>• Ensure it is visually interesting</li><li>• Print and email format</li><li>• Use it as a relationship-building tool</li></ul>

This should be a “sales” piece for your practice. Something you are proud to share.

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### Tell Your Story

#### Cataract Surgery

BCBS NC Website Accessed 10/16/18

Provider	Total Cost
CHRISTENBURY EYE CENTER	\$921
EYE SURGERY & LASER CLINIC	\$1,786
SOUTHPARKS EYE CENTER	\$2,734
GATEWAY SURG. CENTER	\$2,761
SOUTHPARK SURG. CENTER	\$2,798
CHARLOTTE SURG. CENTER	\$2,809
LAKE NORMAN REGIONAL	\$3,077
UNION WEST SURG. CENTER	\$3,361
CAROLINAS HEALTHCARE UNIV.	\$5,457
CAROLINAS HEALTHCARE UNIV.	\$5,737
NOVANT HEALTH PRES.	\$5,815
NOVANT HEALTH MATTHEWS	\$7,135
NOVANT HEALTH ROWAN	\$8,038

Cost Savings = \$6,252 each surgery

Providers in Concord, NC

Every time a member comes to our practice for cataract surgery, your customer(s) enjoy more than \$6,000 in savings.

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We practice concierge-style medicine with excellent results. We really know our patients and are able to engage them in their care as demonstrated through our ability to manage chronic conditions depicted in this chart. We estimate that we are saving your organization an estimated \$1.7 million annually.

### Tell Your Story

90% of diabetic patients - Controlled A1C

80% of patients with high blood pressure - Controlled



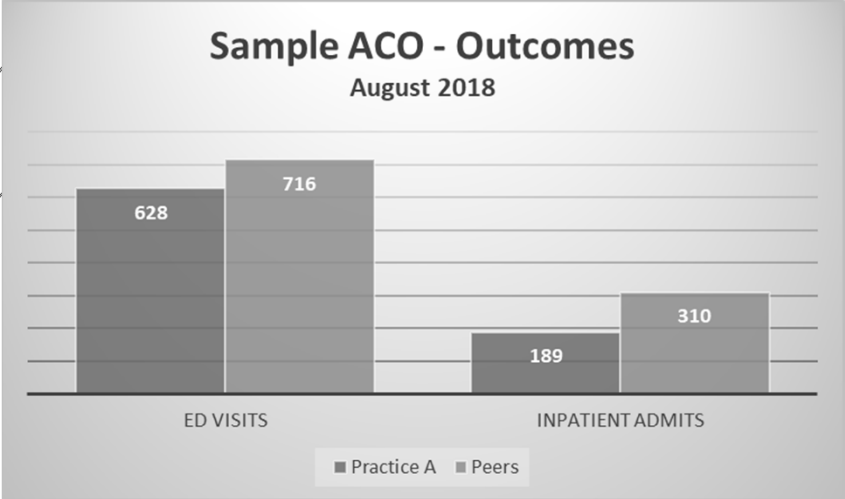
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### Tell Your Story

Excellent outcomes including decreasing emergency room use by 12% and inpatient admissions by 39% in 2018. We are a valuable partner.

### Sample ACO - Outcomes

August 2018



Category	Practice A	Peers
ED VISITS	628	716
INPATIENT ADMITS	189	310

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## Payer Contracting Steps to Succeed

Develop	value proposition
Complete	market/payer assessment
Establish	top CPT/modeling mechanism
Engage	in negotiations
Evaluate	contract language
Monitor	contract performance

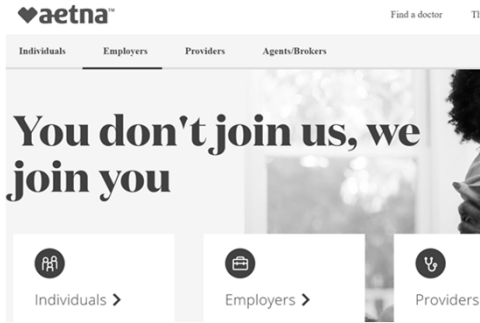


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## Step 2: Complete Market/Payer Assessment

- Key questions—payer
  - Any urgent matters in the market?
  - Competition considerations?
  - Payer product initiatives?
  - Alternative payment models?
  - Website review
  - Payer ratings—DOI rate filings
  - <http://healthinsuranceratings.ncqa.org/2018/Default.aspx>
  - <https://interactives.commonwealthfund.org/2018/state-scorecard/>



Source: <https://www.aetna.com/>

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## Step 2: Complete Market/Payer Assessment

- Key questions—provider
  - How do you rate?
  - Competition considerations?
  - Growth strategies?
  - Alternative payment models?
  - Practice goals?
  - Total cost of care?



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## Step 2: Complete Market/Payer Assessment



Transparency Grid					
Practice:					
Date:					
Indicator	Payer 1	Payer 2	Payer 3	Payer 4	Payer 5
Provider 1					
Provider 2					
Provider 3					
Provider 4					
Provider 5					
Provider 6					
Provider 7					

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Step 2: Complete Market/Payer Assessment

Key questions—practice

- % payer mix?
- Gross collections?
- Last negotiation?
- Hassle factor?
- APMs?

Payers	Total Charges	% Payer Mix	Total Revenue	Gross % Collections
Payer 1	\$ 1,000,000	17%	\$ 700,000	70%
Payer 2	\$ 500,000	8%	\$ 300,000	60%
Payer 3	\$ 750,000	13%	\$ 590,000	79%
Payer 4	\$ 250,000	4%	\$ 100,000	40%
Medicare	\$ 1,500,000	25%	\$ 1,000,000	67%
Medicaid	\$ 500,000	8%	\$ 300,000	60%
Commercial	\$ 750,000	13%	\$ 600,000	80%
Self Pay	\$ 500,000	8%	\$ 400,000	80%
Others	\$ 250,000	4%	\$ 200,000	80%
Total	\$ 6,000,000	100%	\$ 4,190,000	70%

Payers 1 and 3 have same base fee schedule, but gross collections tells us payer edits impact bottom line

Source: Transitioning to Alternative Payment Models: A Next Generation Guide to Managed Care Contracting MGMA 2016

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Step 2: Complete Market/Payer Assessment

Hassle Factor Grid

Payer	Gross Collections	Adjusted Collections	AR Days	AR 120+	% Payer Mix Prior Period	P4P Comments	Hassle Factor (A-F)
Payer 1	38%	115%	42	10%	17%	Reporting challenges	C
Payer 2	36%	69%	79	35%	1%	Communication issues	D
Payer 3	29%	97%	56	22%	2%	NA	D
Payer 4	51%	85%	51	18%	13%	No Issues	C
Payer 5	32%	84%	40	9%	3%	NA	C
Payer 6	18%	105%	63	8%	61%	NA	B

Source: Transitioning to Alternative Payment Models: A Next Generation Guide to Managed Care Contracting MGMA 2016

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Payer Contracting Steps to Succeed

Develop

value proposition

Complete

market/payer assessment

Establish

top CPT/modeling mechanism

Engage

in negotiations

Evaluate

contract language

Monitor


contract performance



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Step 3:  
Prewrite—  
Complete a  
Contract  
Inventory



Contract Catalogue

Practice:

Date:

Payer	Executed Contract Location	Products Covered	Network
Payer 1			
Payer 2			
Payer 3			
Payer 4			
Payer 5			

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### Step 3: Complete Top Code Analysis and Establish Modeling Mechanism

Top CPT codes:

- What drives at least 80% of your practice revenue?
- New services?
- New CPT code changes to consider?
- Specialty mix?
- Billing issues?
- Modifiers?

CPT	Description	Total Volume	Est Total Payment = Rate*Vol	% of Total Revenue	Top Codes
99213	Office Visit	5,000	\$ 375,000	76%	85%
69210	Ear Wax Removal	500	\$ 32,500	7%	
90471	Immunization admin.	500	\$ 10,000	2%	
83036	Glycosylated hemoglobin test	500	\$ 4,000	1%	
Other codes			\$ 75,000	15%	
<b>Totals</b>			<b>\$ 496,500</b>		

Source: Transitioning to Alternative Payment Models: A Next Generation Guide to Managed Care Contracting MGMA 2016

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### Step 3: Complete Top Code Analysis and Establish Modeling Mechanism

Modeling mechanism:

- Excel expertise
- Medicare FS
- CPTs/Volumes

A	B	C	D	E	F	G	H
				Est Total Payment (Rate*Vol)		%Mcare (Rate/Medicare)	Est Total Medicare Payment (Mcare * Vol)
CPT	Desc	Total Volume	Contracted Rate Payor A		Medicare		
99213	Office Visit	5,000	\$ 75	\$ 375,000	\$ 70	107%	\$ 350,000
69210	Ear Wax Removal	500	\$ 65	\$ 32,500	\$ 50	130%	\$ 25,000
90471	Immunization admin	500	\$ 20	\$ 10,000	\$ 25	80%	\$ 12,500
83036	Glycosylated hemoglobin test	500	\$ 8	\$ 4,000	\$ 15	53%	\$ 7,500
<b>Totals</b>				<b>\$ 421,500</b>			<b>\$ 395,000</b>

Source: Transitioning to Alternative Payment Models: A Next Generation Guide to Managed Care Contracting MGMA 2016

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## Pulling It Together—the Math

CPT	Description	Contracted Rate Payer A	Medicare	%Mcare	Total Volume	Est Total Payment = Rate*Vol	Est Total Medicare Payment = Mcare * Vol
99213	Office Visit	\$75	\$70	107%	5,000	\$375,000	\$350,000
69210	Ear Wax Removal	\$65	\$50	130%	500	\$32,500	\$25,000
90471	Immunization admin	\$20	\$25	80%	500	\$10,000	\$12,500
83036	Glycosylated hemoglobin test	\$8	\$15	53%	500	\$4,000	\$7,500
Totals						\$421,500	\$395,000
Fee for Service Aggregate Equivalency						107%	
	Current	Target	Actual	% Increase	Up	Actual	
Generic Rx	50%	55%	55%	2%	\$8,430	\$8,430	
Lab	10%	7%	8%	2%	\$-	\$-	
Auto Inflator	1%					\$4,215	
Totals						\$434,145	
Fee for Service Aggregate Equivalency with PB						110%	

Source: Transitioning to Alternative Payment Models: A Next Generation Guide to Managed Care Contracting MGMA 2016

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## Payer Contracting Steps to Succeed

Develop

value proposition

Complete

market/payer assessment

Establish

Top CPT/modeling mechanism

Engage


in negotiations

Evaluate

contract language

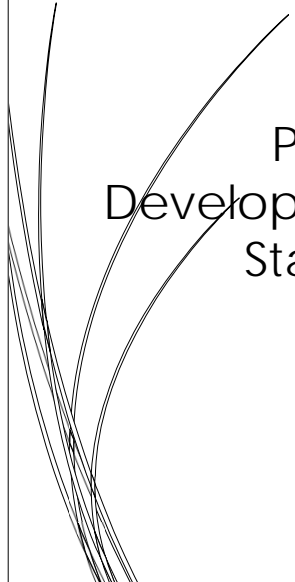
Monitor

contract performance



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Proposal Development—  
Start Here

### Step 4: Engage in Negotiations

- Follow your established strategy (priorities)
- Determine when your “negotiation window” occurs
  - Most commonly found in the “term” section
  - Some contracts prohibit renegotiation during the initial term
  - Some contracts allow negotiations within 60-90 days before the contract renewal date

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Proposal Development

### Step 4: Engage in Negotiations

- What should your reimbursement target be?
  - Start by raising the bar to your best contract and add a buffer
  - Use medical CPI @ 3%
  - Consider contract relevance
  - Think through long-term goals
  - Determine your practice-specific annual expense experience
  - Consider hassle factor

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Step 4: Engage in Negotiations

Pulling it together:  
Use the data to  
prioritize  
target  
payers

Sample	Payer 1	Payer 2	Payer 3	Payer 4
% Payer Mix	17%	8%	13%	4%
Gross Collection Rate	70%	60%	79%	40%
Avg. Reimb/Visit	\$58	\$55	\$62	\$31
% Medicare	115%	105%	130%	91%
Hassle Factor	D	D	C	B
# Yrs Since Last Negotiations	4	8	8	Never
Contract Term	2 Yrs.	3 Yrs.	Evergreen	Evergreen
Last Neg. Increase	2.5%	5%	15%	N/A
Medical CPI	3.2	3.2	3.2	3.2

Source: Transitioning to Alternative Payment Models: A Next Generation Guide to Managed Care Contracting MGMA 2016

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Step 4: Engage in Negotiations

Communication

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## Step 4: Engage in Negotiations

### Communication

- 1) Email
- 2) Phone
- 3) Face to Face



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## Step 4: Engage in Negotiations

### Communication—Email

- Pros
  - Clarity
  - Trackable
- Cons
  - Not personal
  - Hard to balance brevity with substance

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Communication—Initial Email

Dear \_\_\_\_\_,

The purpose of this letter is to initiate renegotiations of the contract for our practice. As you might recall, this contract was renegotiated for a two-year term back in 2016, which will end in June 2018. In reflecting back on the timetable for that negotiation, we felt it prudent to begin this process a little early.

We request that Payer A increase our current fee schedule X% beginning in June 2018. This is less than half the medical rate of inflation. As we are sure you are aware, our expenses increased at an alarming rate as they did for most physician practices. The most significant increases were in malpractice premiums (XX%) and healthcare coverage for our staff (XX%), although as with many small businesses, we also suffer under increased fuel and petroleum-related product costs.

We depend entirely on reimbursements from health plans to cover our expenses. We realize that Payer A is faced with similar challenges as premium increases suggest. To ensure that we are financially healthy and able to provide the high quality standard of care for your membership to which they are accustomed, we request an increase to merely cover our inflationary costs.

We are open to discussing this matter in person. If you would like to have a face-to-face meeting, please let me know and I will begin working on a date.

We thank you in advance for your attention to this matter. We value our relationship with Payer A and look forward to continuing to serve your membership.

Sincerely,

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Communication—Follow-Up Email

Dear \_\_\_\_\_,

We are in receipt of your response to our proposal. While we appreciate the adjustments for a few vaccines, to continue to maintain the level of service to which your members are accustomed, we also need inflationary adjustments for a few CPT codes. As your costs increase each year, ours do as well. Additionally, we have invested significantly in becoming a Patient Centered Medical Home (PCMH) which bolsters our ability to proactively manage patient populations. This saves everyone on the cost side and enables us to rigorously work on the quality piece as well (helping your HEDIS measures).

I'm sure you are aware that independent medical practices are in a position to bend the cost curve because we are not beholden to any system. To remain independent, we depend on our payer partners to work with us on reimbursement integrity, compensating us at reasonable rates considering inflation costs. We understand that these small increase requests, see below, are a drop in the bucket because we know we keep children out of the ED. It costs significantly more when a child is seen at the ED instead of our office. Our expanded hours and medical home focus saves your employers money—and that is exactly what we strive for with our care management protocols.

We would like to discuss our proposal by phone with a representative from Payer A. Please provide a contact for us and we can set up a call. Our response to your initial proposal is below:

Counter: CPT Rate, CPT Rate etc.

We look forward to collaboratively working with Payer A to serve our community.

Sincerely,

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Step 4: Engage in Negotiations  
Communication—Phone

- Pros
  - More personal than email
  - Better relationship building framework
- Cons
  - Hard to reach representatives
  - Not as trackable as email

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Step 4: Engage in Negotiations  
Communication—Face to Face

- **The *best* option is always in person**
- Provider role
- Practice
- Location
- Tour
- Roll out the red carpet
- Understand that they need you...
- It's all about building relationships



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Step 4: Engage in Negotiations

Evaluate proposal and counter

CPT	Description	Contracted Rate Payer A	Medicare	%Mcare	Total Volume	Est Total Payment = Rate*Vol	Est Total Medicare Payment = Mcare * Vol
99213	Office Visit	\$75	\$70	107%	5,000	\$375,000	\$350,000
69210	Ear Wax Removal	\$65	\$50	130%	500	\$32,500	\$25,000
90471	Immunization admin	\$20	\$25	80%	500	\$10,000	\$12,500
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Lab		10%	7%	8%	2%	\$-	\$-
Auto Inflator		1%					\$4,215
Totals						\$434,145	
Fee for Service Aggregate Equivalency with PB						110%	

Source: Transitioning to Alternative Payment Models: A Next Generation Guide to Managed Care Contracting MGMA 2016

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Step 4: Engage in Negotiations

Decision

Possible scenarios


- Proposal response less than request
- Proposed reimbursement worse than current reimbursement
- Counter proposal denied
- Unable to obtain reimbursements in writing
- Code-by-code proposals
- If at first you don't succeed...

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## Step 4: Engage in Negotiations

### Termination?

- To bluff or not to bluff?
- Downside
  - Payment goes to patient
  - No steerage
  - Political issues
  - Hassle factor increases as non par
- Upside
  - Payment goes to practice
  - Steerage
  - Referring providers are happy
- Questions to pose to your practice
  - Do you want to work for this paycheck?
  - Do you have the capacity?
  - Are the contract terms something you can live with?



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## Payer Contracting Steps to Succeed

Develop	value proposition
Complete	market/payer assessment
Establish	Top CPT/modeling mechanism
Engage	in negotiations
Evaluate	contract language
Monitor	contract performance



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## Step 5: Contract Language Approach

- Big Rocks: Focus here
- Always hidden "gotchas"
- Outside assistance
  - ▀ Consultants
  - ▀ Attorneys
- Leverage
- Deal breakers



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## Step 5: Contract Language

### Language Evaluation—High Notes

- Term and termination
  - Defines the length of the contract and when it may be terminated
  - Is this in your contract?
- Areas to examine
  - What is the length of the contract? When and how does it renew?
  - What are the conditions in which you may terminate the contract? With cause? Without cause?
  - **Without cause: 90 days-out at any time is optimum**

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## Step 5: Contract Language

### Language Evaluation—High Notes

- Fee schedule language
  - Defines how you are reimbursed
- Areas to examine
  - What is it based on?
  - Lesser-than language?
  - Carve outs? Case rates?
  - How are new codes or unspecified codes reimbursed?
  - Exclusions?
  - Withholds?
  - Maximums?

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## Step 6: Monitor Contract Performance

### Go-Forward Strategy

- Review your experience on an annual basis
- Keep executed agreements
- Compare performance to other payers
- Review fee schedules annually
- Trend your payer mix and collection %s at least annually
- Constantly renegotiate agreements



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## Step 6: Monitor Contract Performance

### Go-Forward Strategy

- Load allowables
- Monitor payer websites
- Meet your partner
- Share successes
- Constantly renegotiate agreements (worth saying twice!)



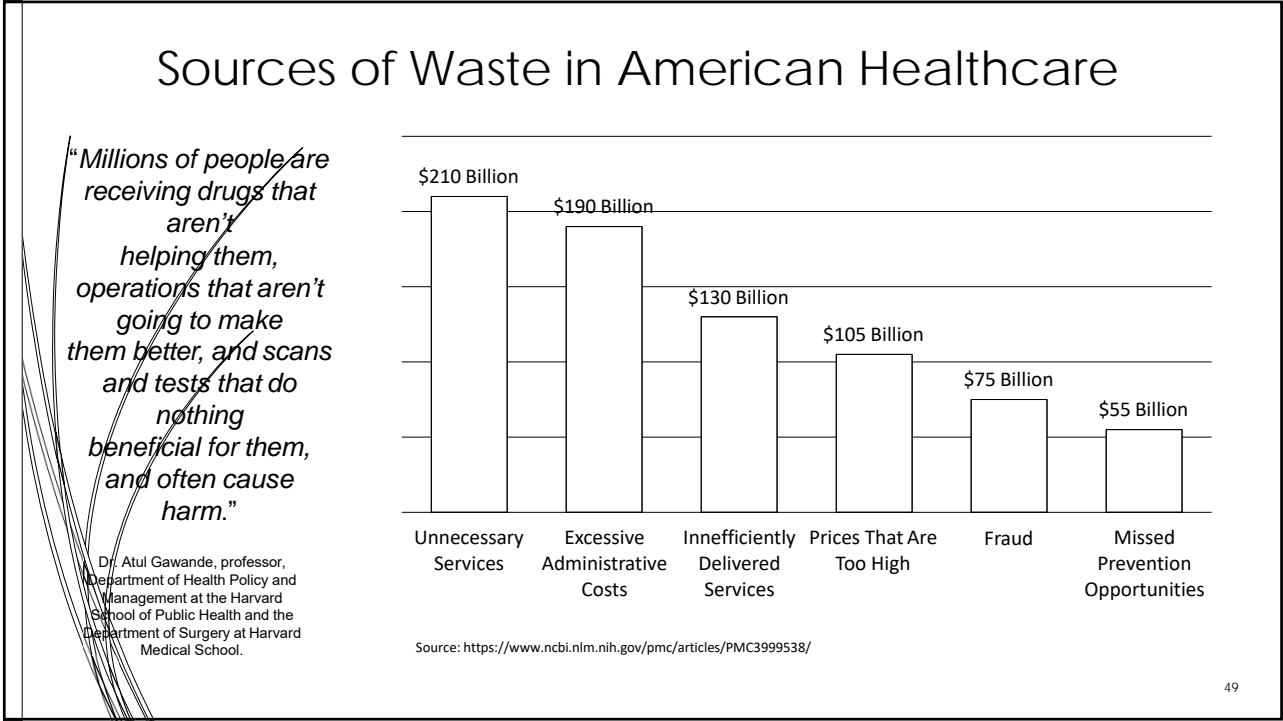
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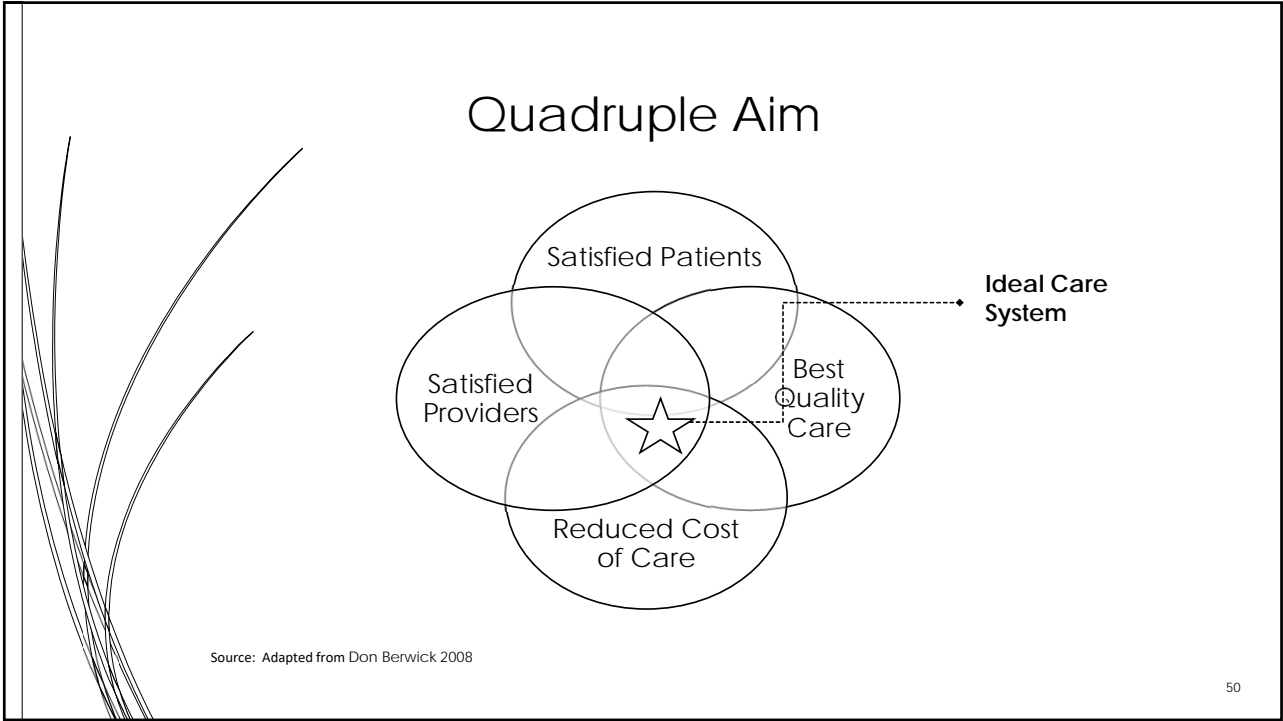


## Value-Based Models

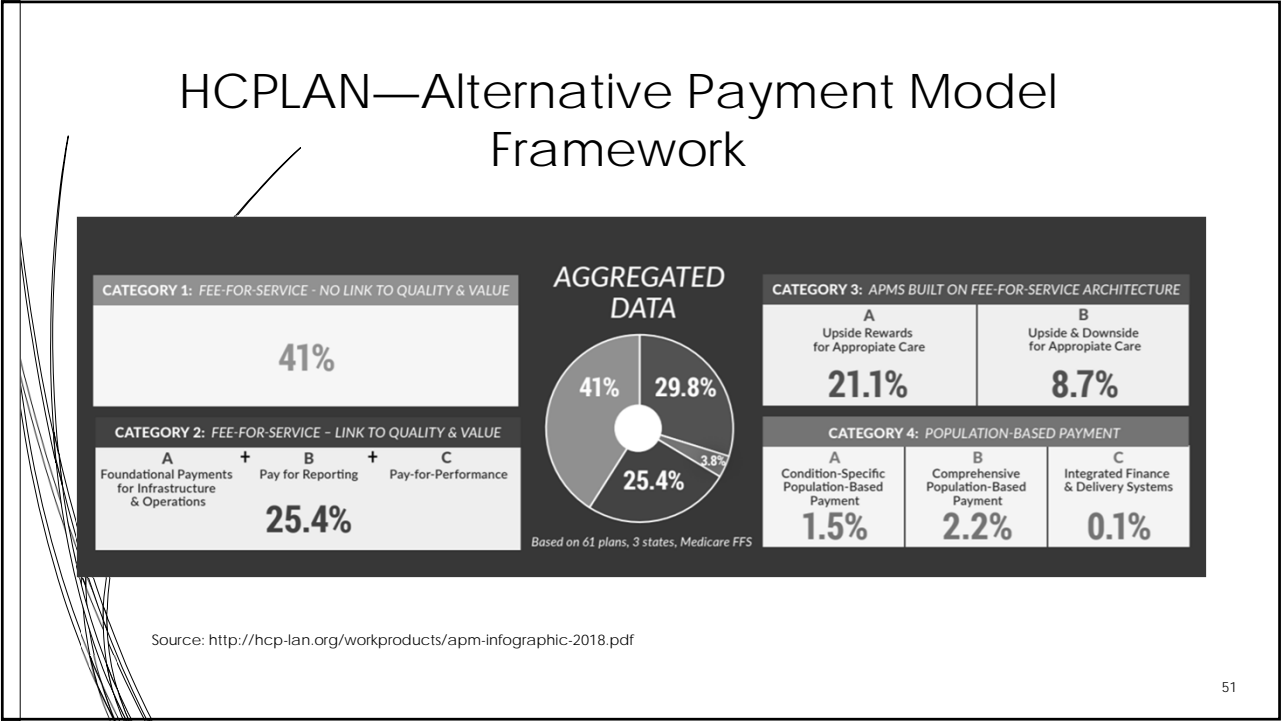
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### Value-Based Model Alignment

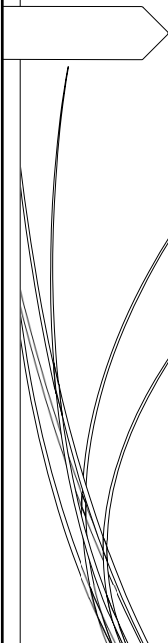
Payment Models		Provider Integration Necessary	Technology / Analytics Capabilities	Admin. Complexity	Care Management Capabilities	Provider Engagement Level
Fee For Service		Low	Low	Low	Low	Low
Pay For Performance		Low	Low	Low	Medium	Medium
Bundled Payments – BPCI, CJR		Medium	Medium	Medium	Medium	Medium
Shared Savings – MSSP Track 1		Medium	Medium	Medium	Medium	Medium
Shared Risk	MSSP Tracks 2 & 3	Medium	High	High	High	High
	Next Gen ACO	High	High	High	High	High
	CPC +	High	High	High	High	High
	CEC	High	High	High	High	High
	OCM	High	High	High	High	High
Global Payments		High	High	High	High	High

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## Summary: Best Practices

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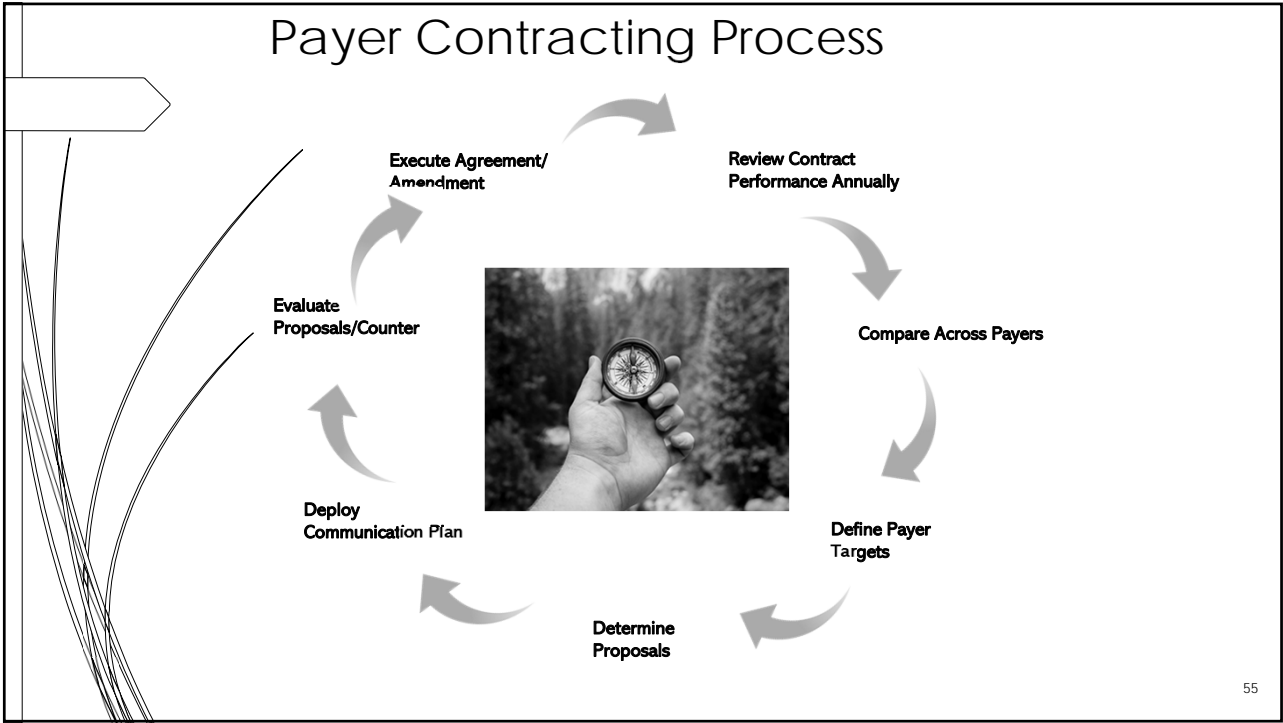


### Keys to Success

- ✓ Develop your personal sales pitch—**value proposition**
- ✓ Understand that they need you...
- ✓ Ask to meet and roll out the red carpet
- ✓ Involve the team
- ✓ It's all about building relationships
- ✓ Draft your communication and include reimbursement goal
- ✓ Do it all in writing
- ✓ Keep at it
- ✓ Quantify success
- ✓ You're not ever really done: Conclude by planning your renegotiation next start date

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- ### Resources
- Professional associations
  - Local medical societies
  - American Medical Association
  - MGMA resources – books, conferences, articles
  - Listservs
  - Periodicals
  - Contracting group discussions
  - Practice peers
  - Department of Insurance
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Thank you!

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