Support for Acuplan Implementation

NGAOM Provider Guide

Here is a clear, step-by-step, "idiot-proof" guide designed specifically for acupuncturists to understand and navigate an "Implementation Modeling Review" with an insurance company.

When an insurance executive or employer says, *"Let's review the implementation modeling,"* they are simply saying: **"Let's plug your costs into our calculators to prove this actually saves us money, and figure out the exact rules for how patients get access to you."**

As an acupuncturist, you do not need to be a math genius or an insurance expert. The insurance company's actuaries (their math and risk experts) will do the heavy lifting. Your job is simply to guide the conversation using this 5-step process.

Step 1: The Discovery Phase (Asking for Their Current Costs)

Before you can prove acupuncture saves them money, you need to know how much they are currently losing.

- **The Goal:** Find out what their "status quo" costs are for chronic pain.
- **What You Ask Them:** "Before we input our costs, what is your plan currently spending on average for a patient with chronic lower back pain or severe osteoarthritis? Specifically, what is your average cost for a lumbar MRI, a year of opioid management, and a spinal fusion surgery?"
- **Why It Matters:** You need them to admit out loud that their current pathway is incredibly expensive. (e.g., They might say a spinal fusion costs them $85,000).

Step 2: The "Plug and Play" (Giving Them Your Numbers)

Once they admit their high costs, you hand them your exact, capped costs. This is where you use the data from the presentation deck.

- **The Goal:** Show them that your financial risk is completely capped and highly predictable.
- **What You Tell Them:** "Now, please plug our NGAOM framework into your software. Assume a strict maximum of 20 acupuncture visits per year. Using our negotiated fee schedule, your absolute maximum financial exposure for a patient completing our full program is exactly $1,900."
- **The Math Translation:** You are pointing out that they can fund roughly 45 full acupuncture treatment plans for the cost of just one spinal fusion surgery. If acupuncture prevents even one surgery, the benefit has paid for itself.

Step 3: Establishing the "Gatekeeper" Rules (Step-Therapy)

Insurance companies worry that adding a new benefit just means patients will use acupuncture and still get the expensive surgery anyway. You must establish rules that prevent this.

- **The Goal:** Make acupuncture a mandatory first step.
- **What You Tell Them:** "To guarantee this remains cost-neutral, we don't just add acupuncture as a free-for-all. We require 'Step-Therapy.' This means before your medical directors are allowed to authorize an expensive MRI or back surgery, the patient must complete a 12-session trial of acupuncture first."
- **Why It Matters:** This ensures the insurance company actually achieves the offset savings. Acupuncture becomes the filter that stops unnecessary surgeries and opioid prescriptions from happening in the first place.

Step 4: Defining the Network (Who Gets Paid)

Insurance plans hate "leakage"—when patients go out-of-network and providers hit the insurance company with massive, unexpected bills.

- **The Goal:** Assure them that costs will be tightly controlled through a closed network.
- **What You Tell Them:** "To ensure these fees stay exactly where we modeled them, this benefit is only available through NGAOM-credentialed providers who have agreed to this specific fee schedule. There is no out-of-network 'super-billing' allowed."
- **Why It Matters:** It protects the insurance company from price gouging and ensures that NGAOM acupuncturists get the exclusive patient volume.

Step 5: Setting the Pilot Program (The 18-Month Test Run)

Insurance companies rarely change their entire system overnight. They prefer to test things.

- **The Goal:** Agree to a pilot program to track the data in real life.
- **What You Tell Them:** "Let's set up an 18-month pilot program for a specific group of your members (e.g., just the members with chronic lower back pain). At the 6-month, 12-month, and 18-month marks, we will meet with your data team to track three things:
  - Did opioid prescriptions drop in this group?
  - Did MRI requests drop?
  - Did surgical referrals drop?"
- **Why It Matters:** It gives them a safe, low-risk way to say "yes" without overcommitting.

Summary Cheat Sheet for the Acupuncturist

If you find yourself in a meeting and get overwhelmed by insurance jargon, always steer the conversation back to this core premise:

"Our model is simple: We cap your cost at $1,900 per patient per year. If you make us the mandatory first step for back pain, the surgeries and MRIs we prevent will completely pay for our services. We have the network ready to execute this at these exact price points. Let's run a pilot for your back-pain patients and track the savings."