



LTSS Provider Checklist for Engaging Insurers

New Medicare Advantage rules now allow insurers additional flexibility to offer long-term services and supports (LTSS) as supplemental benefits, and to target these benefits to certain enrollees. The following checklist provides top considerations for LTSS providers in California who are interested in engaging with insurers around the design and offering of these new benefits.

1. Start your outreach with independent physician practices
 - They are often in partnership with insurers
 - They are often at risk for medical spending (i.e., receive capitated payments from insurers)
2. Approach insurers with your provider partners (e.g., hospitals)
 - Do you already deliver services through partnership with other providers? Insurers are looking for operationalized programs
 - Go with that partner (e.g., hospital) to talk to the insurer about your outcomes and operations
3. If you are a small organization, use your size to your advantage
 - Insurers will contract with large organizations but you can be the “back-up” to help the insurer meet access and availability requirements
4. Communicate your capabilities
 - Offer social work services together with home care (i.e., insurers don’t want to deal with service problems)
 - Be prepared with data on your quality: assurances about safeguards, training, key competencies
 - Educate insurers on how your service is different from medical care (insurers won’t know!)
5. Demonstrate your ability to support good relationships between the insurers and their enrollees (i.e., members)
 - Many insurers believe these new supplemental benefits could help them retain enrollees
6. Bring peer-reviewed studies to the conversation
 - Insurers will be skeptical of your data but will believe peer reviewed literature on programs similar to yours
7. Approach insurers with whom you already have a Medicaid contract
 - This makes their contracting simpler
8. Consider how your services could fit into different programs
 - For example, home care can be part of a transitional care program or a respite care program
9. Don’t forget the caregivers
 - The Centers for Medicare & Medicaid Services explicitly allows insurers to provide “Support for Caregivers”
10. Watch for new guidance from CMS for the 2020 rate year and be ready!