

Medicare Advantage Engagement Strategy Checklist



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How to Use This Document: LeadingAge’s Center for Managed Care Solutions & Innovation has prepared a toolkit of materials to help members engage Medicare Advantage plans on new opportunities around supplemental benefits. This checklist highlights key questions to direct your organization’s education and preparation. Additional resources in the toolkit will provide more information to help you answer these questions.

Medicare Advantage Plan Engagement Toolkit Resources	Purpose of Resource
Medicare Advantage and SNP 101	This document provides context on the Medicare Advantage program.
Medicare Advantage Supplemental Benefits Explained	This document provides an overview of and update on Medicare Advantage supplemental benefits policies and opportunities.
Medicare Advantage Engagement Strategy Checklist	This document highlights key questions to direct your organization’s education and preparation activities.
Medicare Advantage Plan Engagement Tips	This document provides an overview of new opportunities to engage health plans and an overview of how to prepare your organization.
Step-by-Step Guide to Understanding Medicare Advantage Activity in Your Market	This document provides instructions for identifying Medicare Advantage enrollment and penetration in your organization’s market.
Telling Your Story Template	This editable document provides a template for your organization to insert information on your services and value that you can provide to Medicare Advantage health plans.
Contracting Tools and Templates	This set of information provides sample contracts and exhibits, as well as editable tools to populate with your organization’s information to track contracts.
Glossary of Terms and Acronyms	This document provides a comprehensive list of terms, acronyms and definitions related to managed care and alternative payment models.

Know the Context and Opportunity: *Understand the Medicare Advantage program and new policies that encourage collaboration between Medicare Advantage plans and non-medical providers.*

- 1. Medicare Advantage 101:** You need to be familiar with how Medicare Advantage health plans make money to understand how your organization can provide value in the health care system. Initial things to know about the Medicare Advantage program:
 - How do these plans work?
 - Why do older adults select Medicare Advantage compared to Original Medicare Fee-For-Service?
 - What are supplemental benefits and what types of supplemental benefits have been historically offered by Medicare Advantage plans?
 - What do Medicare Advantage plans care about?
- 2. New Flexibility in Medicare Advantage Supplemental Benefits:** Until recently, the Medicare program prohibited Medicare Advantage plans from paying for or covering non-medical services to meet the needs of its enrollees. Recent changes in federal policy expand the criteria for what qualifies as a supplemental benefit and creates new opportunities for non-medical providers to collaborate with Medicare Advantage health plans. Things to know about the new flexibility of supplemental benefits:
 - How has Medicare policy been updated around Medicare Advantage supplemental benefits and who is eligible for these benefits?
 - What types of non-medical supplemental benefits can be offered by Medicare Advantage plans?
 - What are Special Supplemental Benefits for the Chronically Ill (SSBCI)?
 - What is the significance of this shift in policy?
- 3. Why Medicare Advantage Plans Care About Your Population:** Medicare Advantage enrollees with moderate to severe functional impairment are twice as expensive to Medicare than someone who does not have functional impairment. The people your organization serve are health care's most expensive patients. This is the beginning of a longer trend toward blending medical and non-medical services as the health care system learns how to manage high cost, high need populations. Things to know about the high cost populations and your services:
 - How does functional impairment contribute to health care costs?
 - How do multiple chronic conditions contribute to health care costs?
 - What are examples of Medicare Advantage and non-medical provider partnerships?
 - Are there outcomes data on the impact of non-medical services and on health care costs?

Understand Your Market and the Medicare Advantage Plans to Target: *Understand why and how to engage Medicare Advantage plans. Know the capabilities that they will be looking for in provider partners. Learn the basics for approaching plans in your market.*

1. **Medicare Advantage Enrollment and Penetration:** Medicare Advantage enrollment is growing overall. Things to know about your market specifically:
 - How many plans are in your market?
 - What percentage of the 65+ population is enrolled in Medicare Advantage plans in your market (i.e., Medicare Advantage penetration compared to Original Medicare Fee-For-Service)?
 - Who are the plans in your market and what is each plans' market share (i.e., what plans have the most enrollees)?
 - What are the plans' quality performance (i.e., their Star Rating)?
2. **Outreach Strategy:** Some Medicare Advantage plans in your market may be more receptive to your outreach and potential partnership. Things to know about plans:
 - Which plans serve special populations in the Medicare population (e.g., eligible for Medicaid, institutional need, etc.)?
 - Are the Medicare Advantage plans in your market part of a national or regional organization? Are they local plans?
 - Does your organization have any Medicaid contracts with the plans in the market?
 - What plans are your clients enrolled in? Tip: Open enrollment (Oct.-Dec.) is a good time to update this information on your clients.
 - Are there physicians you work with who are part of the plan's network that could advocate for the plan to partner with your organization?
 - Are you part of a network of similar providers who could approach the plan jointly?

Know How to Communicate Your Capabilities and Value: *Medicare Advantage plans may not have experience working with non-medical providers. Learn how to communicate your organization's capabilities and articulate your value to Medicare Advantage health plans.*

1. **Communicating Your Organization's Capabilities:**
 - What are your organization's service offerings? Can you articulate clear descriptions of each offering?
 - When and where are services provided, including geographies served, days of the week, and hours? Also, note if your organization would be willing to expand any of these to serve the plan's enrollees.
 - What assessment tools does your organization use and what types of client information do you document (e.g., fall hazards observed in the home, need for mobility assistive device, medications not taken)?
 - Does your organization offer any programs that combine multiple service offerings?
 - Does your staff interface with medical providers (e.g., nurse practitioners)?
 - How is your organization's staff trained and qualified?
 - Can your organization exchange client data with external partners?
 - Does your organization currently collect information on outcomes (e.g., client/family satisfaction)? If not, can the infrastructure be developed and implemented to enable information sharing?

- 2. Articulating Your Organization's Value:** Once you have assessed your organization's capabilities, organize the information for Medicare Advantage plans. In addition to your capabilities, include important information on your population and similar program outcomes in materials and conversations:
- What are the characteristics of the population you serve (e.g., how many ADLs do they typically have; how many chronic diseases do they have)? And how many are enrolled in the plan you will meet with, if significant?
 - Does your staff understand the importance of integrated service delivery?
 - What outcomes have your programs achieved (e.g., reduced hospitalization rates, number of meals delivered, etc.)?
 - Are your organization's clients satisfied? Are their families satisfied?
 - Does your staff know the importance of client satisfaction?
 - How do you propose that your organization share information back with health plans (e.g., verify visits, share assessment and care plans)?
 - Who are your referral partners in the market? Do you have repeat referral partners?
 - What community partnerships do you have?
- 3. Planning for Meetings:** Consider whether your existing referral relationships may be able to advocate for the inclusion of your services to the plan or help you identify Medicare Advantage plan contacts. Consider partnering with other non-medical providers to expand your offerings and ability to deliver more services; and get the attention of the plan(s).
- Do your existing Medicaid health plan contacts know about their organization's Medicare Advantage health plan and offerings? Do they have a counterpart in Medicare Advantage?
 - Can you partner with other non-medical providers to expand your collective offerings and share information about Medicare Advantage meetings, contacts, etc.?
 - Have you prepared your questions for Medicare Advantage plans? Consider:
 - What requirements do you have for contracting with non-medical providers (e.g., licensure, certifications, requirements)?
 - What are the rates you propose to pay and is there room for negotiation?
 - What requirements do you have for information sharing?
 - What requirements do you have for visit verification?
 - What requirements do you have for claims processing? How can we facilitate the process on our end?