

# How to Guide to Marketing CIL Services to Health Plans and Payers

## *Webinar Questions with Responses*

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**1. If we offer case management type services (i.e., Person Centered Counseling, Care Management, etc.), will it not require CIL staff to have a degree?**

This requirement will vary from state to state and is likely to depend on the services you provide and the terms of the agreement/contract with the health plan or payer.

**2. In Ohio we have had almost no luck with getting contracts through our MCOs. I have offered that they contract with us to do outreach for home care/home health providers. The MCOs say that they cannot do that. What do you recommend we do next?**

Next, identify the needs the payer needs addressed. In order to secure contracts with an MCO or other payer, you want to reach out and learn more about their needs and their pain points. Have a conversation with the payer about how your organization can address their needs.

**3. Can you share a business plan with us?**

The guide includes resources on creating a business plan such as the [HCBS Business Acumen Center Toolkit](#) from the National Association of States United for Aging and Disabilities (NASUAD). An additional resource on creating a business plan and templates is offered by author, Jim Horan, at [www.onepagebusinessplan.com](http://www.onepagebusinessplan.com).

Also, recommend resources from the U.S. [Small Business Administration](#). In addition, many local colleges or universities offer help with creating business plans for non-profits. In some instances, non-profits receive direct support from business school students.

**4. Would you share your "sell sheet"?**

Seeing one sell sheet may not be as valuable since the sell sheet might vary based the organization you're marketing to and their needs. A sell sheet is essentially a scope of work, which will only be developed after the initial conversations with the health plan or payer. In these conversations, their representatives will describe their needs, and you will want to tailor the sell sheet/scope of work to their needs.

**5. Will offering "fee for service" services subject organizations to HIPAA guidelines?**

If your organization is already handling medical information for consumers, you are likely already subject to HIPAA guidelines. The primary goal of Health Insurance Portability and Accountability Act (HIPAA) of 1996 is to make it easier for programs/agencies to ensure confidentiality and security of personally identifiable health care information. Understand and carefully follow the HIPAA regulations because it is the law, and your organization is responsible for ensuring that all information is obtained and shared only with the full written agreement of the individual. By doing this and always handling all information in a confidential manner, you are modeling the key principle of self-determination. Additionally, if your CIL provides health-related services, documentation may need to be included that the consumer was informed about his/her rights under HIPAA.

To learn more about HIPAA guidelines, please view the “HIPAA & HITECH Compliance for CBO-Healthcare Partnerships” webinar at <https://vimeo.com/asaging/review/285423774/a54f3452ef>.

**6. Have you seen any data that shows the effect that home modifications have on health outcomes?**

The following references may be useful: [The Role of Human Factors in Home Health Care: Workshop Summary](#); [Client-centered home modifications improve daily activity performance of older adults](#).

**7. What type of fee structure do you have to provide services?**

There’s no “one size fits all” fee structure. When determining a fee structure to use, consider your cost of delivering the service, the operating margin that covers your risk in the market, and the value to the purchaser. It is important to assess and estimate the cost of your risk because you are taking on a business venture with exposure and some unknowns. This will be different than your state contracts where you are given a certain cost per unit or service. For example, you might have a contract to provide services with no guaranteed minimum, so there is a risk that you do not provide the number of services you estimated.

If you’re looking for resources to develop pricing models, [The SCAN Foundation](#) has developed [pricing tools](#) specifically targeted towards CBOs to help value and price their services. You could also reach out to your local college or business school.

**8. How would you recommend a CIL or CBO prioritize working with health plans and payers when the staff is already spread thin?**

Your organization will want to build the program around the cost of adding new staff as there will be additional demands on your organization while working with health plans. However, plan to start small by utilizing your own staff to fill the needed roles while you prepare to hire the needed staff. You will want to know that when you’re providing the service to “x” number of people that you will then need to hire a new person.

**9. As CIL staff, how can we promote the concept of empowerment and non-case management, if we are expected to fill a case management role by MCO's?**

This will be a continuous process throughout the relationship with the MCO’s. Even though the MCO is contracting with your organization for community-based case management services, there are opportunities to promote this concept:

- If applicable, attempt to include protocols/language that incorporates the independent living philosophy in the agreement;
- Share training activities that promote person centered practices that put the person first; or
- Consider reframing the type of service (e.g., “community case management, “Person Centered Counseling”).

In regards to empowerment, people have to understand that consumers will need more involvement and help from CIL staff when they're in a health crisis. The intensity of support provided during a health crisis differs from daily independent living support. However, the need for more attention is only short-term until the consumer is in better health. You have to educate the consumers and health plans on the importance of the consumer direction program you use.

**10. As an Area Agency on Aging, we recently partnered with an MCO for case management services. How do we learn specific billing procedures, codes, etc.? We are new and they, the MCO, seems well versed for long-term care (LTC) and doctor offices, but community case management seems somewhat new to them to offer specific help.**

If it's related to your state's Medicaid program, every state's program is unique. Additionally, part of addressing this is understanding what the appropriate billing code and activity might be. However, if this is a contract with an MCO, then there should be some agreed upon rate where "we will perform this procedure for 'x' rate". You must get the billing straight in your contract, and if there are specific questions or concerns regarding billing, it might be worthwhile to have your MCO train your staff/organization.

**11. We are finding that providing occupational therapy services at a CIL is very challenging when interfacing with the healthcare reimbursement bureaucracy, which does not recognize CILs as a place where such services are reimbursable. Any examples you are aware of where this has been accomplished?**

Occupational therapy must be provided by a properly credentialed occupational therapist. Licensure requirements set in each state for occupational therapists and occupational therapy assistants. For specific state licensure requirements consult the state occupational therapy regulatory agency. The health payer may require other certifications. For more about credentialing, see [The OT Alphabet Soup: Occupational Therapy Credentials](#). If the health payer is reluctant to contract for the service, even if your staff are properly credentialed, you must address this as a marketing challenge.

**12. I want to know about other CILs contracting with MCOs to do relocation from nursing facilities & other services.**

This will vary as some CILs have direct agreements with MCOs and some work in a partnership with other organizations but do not have the contract themselves. Webinar presenter, Orion Bell, gives the example that as an Area Agency on Aging (AAA) his organization has an agreement with a CIL to support the transitions around Money Follows the Person (MFP). The CIL does not have the contract with the MCO; however, the AAA works with them. Collaborating with other CBOs can elevate the strength you have in working with MCOs or other health plans and payers.

**13. What if the payment does not cover the expenses?**

Webinar presenter, Patricia Yeager, shares that her CIL works with the State Vocational Rehabilitation (VR) agency to provide employment services. However, the payment from the VR agency does not cover all the expenses. The board and other leaders of the CIL she directs believe the value of the service is so important that they subsidize it. In order to do

this, you must know the cost of the service and know whether your organization can cover the difference.

Another example is shared by presenter, Orion Bell, in which a managed care company (MCO) provides referrals to his organization for services, but does not reimburse them for these services. Because the service is related to their core mission, they provide the service. However, if the purpose of working with the health payer is to find an additional revenue stream, then offering a service at a loss does not accomplish that purpose.

A few tips:

- Avoid entering into a contract outside of your organization's normal scope that will cost more to deliver than you receive.
- Consider why you would provide the service at a loss and how long you can continue without compromising other programs and/or financial stability of the organization.
- If you do start providing a service at a loss, your chances of receiving payment in the future are quite limited.

#### **14. How would you go about finding out what the cost is for the healthcare plan?**

To determine the costs of services for the health plan, research the hospital and healthcare costs in your area. Your state might have this information available as there is a push for healthcare organizations to be more transparent with their costs. Additionally, it is beneficial if you know someone who works or has worked in the healthcare setting and who understands the costs.

An example of a cost you would want to determine is the cost of staying in the hospital for 24 hours. Then, you can use this information to compare how the cost of your service compares to that cost and how it will save the health plan or payer money.