

# Checklist

# Checklist for Selling to Payers

## 10 questions to answer *before* your next pitch or pilot ask

Use this with your founding team or GTM leads. No hand-waving. Yes/no or short, concrete answers only. If you can't answer "yes" (and show proof) on most of these, you're not ready to "sell to payers" yet.

	✔ Yes / ✘ No
<p><b>#1 Do we know exactly which payers we're targeting?</b></p> <ul style="list-style-type: none"> <li>List 5–10 specific payers by name.</li> <li>For each: segment (national vs regional vs sub-1M), lines of business, and why they care.</li> </ul>	
<p><b>#2 Do we know who inside the plan has to say yes?</b></p> <ul style="list-style-type: none"> <li>Can you name the titles (not just "the CMO") who must sign off?</li> <li>Do you know what each of them actually cares about?</li> </ul>	
<p><b>#3 Do we understand their regulatory and operational reality?</b></p> <ul style="list-style-type: none"> <li>Have we mapped how our product touches CMS rules, state regs, HIPAA, HITRUST, data flows, and existing workflows?</li> <li>Do we know which approvals and reviews we'll trigger?</li> </ul>	
<p><b>#4 Can we explain the value in their terms, not startup speak?</b></p> <ul style="list-style-type: none"> <li>Can we describe the problem and outcome in one or two sentences a health plan exec would repeat to their board?</li> <li>Can we tie our impact to their metrics (STARS, MLR, call volume, grievance rates, retention), not vanity metrics?</li> </ul>	
<p><b>#5 Do we have evidence that matters to payers?</b></p> <ul style="list-style-type: none"> <li>At least one real-world case, pilot, or proxy with measured results that a skeptical actuary or medical director would not laugh at?</li> <li>References or champions they can call?</li> </ul>	
<p><b>#6 Have we quantified the cost of change for the plan?</b></p> <ul style="list-style-type: none"> <li>Can we outline, in a slide, the people, time, and process changes required on their side to implement and sustain us?</li> <li>Have we pressure-tested that with anyone who has actually worked inside a plan?</li> </ul>	

	✔ Yes / ✘ No
<p><b>#7 Do we know how this impacts their brokers, providers, and members?</b></p> <ul style="list-style-type: none"> <li>• Can we show what changes for brokers, what changes for members, and what could go wrong?</li> <li>• Do we have draft member / broker messaging that is plain English and compliant?</li> </ul>	
<p><b>#8 Are we realistic about timelines?</b></p> <ul style="list-style-type: none"> <li>• Do we know their selling / AEP/OEP / RFP calendar and how long approvals realistically take?</li> <li>• Are we pitching something that fits that timeline, or are we assuming they can move at startup speed?</li> </ul>	
<p><b>#9 Do we have a sustainment plan, not just an implementation plan?</b></p> <ul style="list-style-type: none"> <li>• Who does what after go-live: monitoring, updates, training, support?</li> <li>• Is that factored into our pricing and capacity, or are we secretly assuming the client will do it?</li> </ul>	
<p><b>#10 If we were them, would we take this on right now?</b></p> <ul style="list-style-type: none"> <li>• Knowing their constraints, would you bet your job on this?</li> <li>• If not, what would have to change in the offer, scope, or proof for you to say yes?</li> </ul>	

If you're staring at more ✘ than ✔, that's the work. Fix the gaps before you ask a plan to spend political capital on you. That's how you turn "we'll sell to payers" from a slide into something a real health plan can actually buy.



**Fractional GTM, CMO, and CCO for the messy middle of health care.**

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