Request for Proposal
Total Cost of Care – Phase III
Regional Expansion
Round 2
August 16, 2017
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I. General Background

Network for Regional Healthcare Improvement Overview

The Network for Regional Healthcare Improvement (NRHI) is a national organization representing over 30-member Regional Health Improvement Collaboratives (RHICs) and state partners. These multi-stakeholder organizations are working in their regions and collaborating across regions to transform the healthcare delivery system and achieve the Triple Aim: improving the patient experience of care, including quality and satisfaction; improving the health of populations; and reducing the per-capita cost of health care. The RHICs are accomplishing this transformation by working directly with physicians and other healthcare providers, provider organizations, commercial and government payers, employers, consumers, and other healthcare related organizations. Both NRHI and its members are non-profit, non-governmental organizations. Additional information about NRHI and its members can be found at nrhi.org.

Guiding Principles & Vision

NRHI’s overarching vision is to bring stakeholders together to improve health and healthcare in communities across the US through an active and engaged network. The mission of the Network for Regional Healthcare Improvement is to help all of the stakeholders in communities across the country build the capabilities needed to take unified action to create lower-cost, higher-quality healthcare and to improve the health and productivity of their residents.

NRHI is a network of leading multi-stakeholder organizations from across the country engaging key players in health improvement and health care transformation. NRHI members are committed to improving population health and the quality and affordability of healthcare in the U.S. We promote community benefit over individual and organizational interests and believe that all stakeholders must work together to achieve change. NRHI members have different structures and operate in different markets but share common goals and priorities and adhere to the following shared principles:

1. **The status quo of our healthcare system is not acceptable in terms of its quality, safety or cost.** Though we are inclusive, neutral conveners of stakeholders, we are not neutral on the need for change.

2. **We strive for win-win solutions recognizing that change is required by all.** No single stakeholder group can ‘fix’ healthcare – it is the coordinated work of all stakeholders that will achieve transformation. Likewise, no stakeholder group is to ‘blame’ for current system failings. Coordinated and aligned action is needed.
3. **We promote and actively pursue transparency of healthcare cost, quality and patient experience and outcomes.** We believe that transparent and reliable information is foundational to change. Every stakeholder needs fair and meaningful access to complete information to improve and evaluate performance and to redesign current practices.

4. **We believe the best solutions come from multi-stakeholder input.** We are voluntary, consensus-based entities and strive for a balance of priorities across groups. We value all perspectives and believe the multi-stakeholder process—while difficult—brings the richest ideas and the most lasting support.

5. **We work together to accelerate and scale innovation.** Each member brings unique value to the table and can inform best practice. Through the NRHI network we can share those lessons for rapid dissemination and national impact.

**Total Cost of Care Project Background and Phase III Overview**

*Project Background*

In November 2013, with funding from the Robert Wood Johnson Foundation (RWJF), NRHI launched the Total Cost of Care Pilot project (The Pilot). The goal of the Pilot was to develop and produce information to enable communities to reduce the total cost of care in multiple regions with replicable, multi-stakeholder driven strategies. The Total Cost of Care and Resource Use (TCOC) framework developed by HealthPartners was selected as the common measure set for the purpose of The Pilot. The HealthPartners TCOC measure was determined to be the most appropriate option based on the goals of The Pilot, the broad use of the measure, and the National Quality Forum (NQF) endorsement following rigorous reliability and validity testing. TCOC is an analytical tool that is designed to support affordability initiatives, to identify instances of overuse and inefficiency, and to highlight cost-saving opportunities. HealthPartners TCOC framework was endorsed by the NQF in January of 2012, the first endorsement of a full-population total cost of care measurement approach. Five pilot sites participated in the initial phase of the project to report TCOC measures in their regions, and develop a benchmark approach to compare results across regions. These sites are NRHI member RHICs and included: the Center for Improving Value in Health Care (CIVHC), the Maine Health Management Coalition (MHMC), the Midwest Health Initiative (MHI), Minnesota Community Measurement (MNCM) and the Oregon Health Care Quality Corporation (Q Corp).

All four pilot goals were achieved in the pilot phase, which ended in April 2015. The achieved goals included:

- Standardized the approach to measuring total cost of care and resource use across five regions;
- Created and tested a process for benchmarking multi-payer commercial healthcare costs;
• Each RHIC produced and distributed attributed practice level reports in their communities;
• Identified physician champions in each of the 5 RHICs and provided them with support to lead change on both the local and national levels with a reporting framework, strategy and approach to affect change.

In May 2015, the Pilot was extended by RWJF through October 2016. In this new phase of work, two additional regions were brought on board, HealthInsight Utah (an NRHI member RHIC) and the Maryland Health Care Commission (MHCC), testing the spread of this work beyond NRHI members to include an All Payer Claims Database (APCD) entity. Four additional regions joined as Development Sites to address specific barriers they faced to test potential solutions. Development Sites included the following: The Health Collaborative (Ohio), The University of Texas Health Science Center at Houston (Texas), Washington Health Alliance (Washington), and Wisconsin Health Information Organization (Wisconsin). Compass Health Analytics was retained as the Technical Advisor. Phase II goals included the continuation and refinement of The Pilot project goals, and expanded production, sharing and use of TCOC that resulted in the following:

• Improved data collection and analysis process;
• Issue Briefs on how to apply TCOC reporting to the Medicare and Medicaid populations;
• Deepened stakeholder engagement with physicians through the National Physician Leadership Seminar and development of a physician training program for using TCOC for reduction in variation of cost;
• Deepened stakeholder engagement with purchasers through the National Employer Leadership Seminar and publication of the Purchaser Roadmap: Pathways to Better Value with strategies for purchasers to collaborate with other stakeholders toward value based benefit designs;
• Demonstrated that the TCOC has national applicability, by expanding into additional regions (MHCC and HealthInsight Utah);
• Developed and distributed the Technical Resource for Measurement of Total Cost of Care Using Multi-Payer Data Sets in collaboration with the APCD Council.

Phase III

On November 1, 2016, NHRI embarked on Total Cost of Care Phase III which is focused on Dissemination, Acceleration and Sustainability of actionable total cost of care measurement and reporting. The overarching goal is to find a balance between achieving spread and keeping information standardized and aligned in a replicable and sustainable model, using the multi-stakeholder approach for which RHICs are known and trusted. With continued funding from RWJF, this phase will expand the previous work of (1) measuring, analyzing, a n d reporting the total cost of health care to inform strategies to reduce rising costs, and (2) using the Total Cost of Care and Resource Use measure, endorsed by the NQF, in that effort. As part of this
renewal, NRHI will engage in the following activities: (1) support five and as many as seven regions in measuring and reporting TCOC at the physician-practice level using commercial and/or Medicare data; (2) maintain and grow the Getting to Affordability (G2A) learning community hosted on the HealthDoers Network platform to increase the capacity of and demand for this approach to data-driven local transformation; (3) convene a national multi-stakeholder summit that will include stakeholders from regions across the country focused on using TCOC and (4) develop a sustainability plan based on a market assessment.

With standardization and alignment in mind, Phase III is designed to meet regions where they are currently and help each move along the path to measuring and reporting total cost of care.

II. Participation Benefits, Opportunities and Requirements

This section describes the benefits, opportunities and requirements for funded participation in Phase III.

Participation Benefits & Support

*Getting to Affordability (G2A) Learning Modules*
  - Readiness Assessment Tool to assist in evaluating the current state of regions
  - On-demand, virtual learning modules sharing the technical and engagement pathway, tools and experiences from the Phase I & II regional sites
  - Physician Training Track tailored to meet the needs of physicians and practice administrators regarding how to leverage multi-payer TCoC reporting to identify opportunities for improvement; skills and techniques for effectively engaging physicians and links to proven methods and resources to reduce variation
  - Access to the G2A Navigator to provide individual guidance on how to maximize the learning platform and experts
  - Participation in the G2A social learning community to access TCoC experts, Tech Talk Tuesdays, virtual classrooms, and a robust resource library

*Physician Leadership Seminar Program – TCoC (Available Fall 2017)*
  - Based on the National Physician Leadership Seminars, access to facilitation guide, templates, tips for success, content (including videos) and materials that can be co-branded for delivery in your region

*Affordability Summit Program – TCoC (Available Summer 2018)*
  - Based on the National Affordability Summit, access to facilitation guide, templates, tips for success, content (including videos) and materials that can be co-branded for delivery in your region
Participation Opportunities

Total Cost of Care Phase III is focused on Dissemination, Acceleration and Sustainability of actionable total cost of care measurement and reporting. The overarching goal is to find a balance between achieving spread and keeping information standardized and aligned in a replicable and sustainable model, using the multi-stakeholder approach for which RHICs are known and trusted. There are a variety of ways NRHI members can participate and there is recognition that regions are in different places along the continuum of progress toward measuring, reporting and using TCOC in their community. Phase III is designed to meet regions where they are and help each move forward along the path. Outlined below are options for various funding levels for which regions can apply. Regions will be funded as NRHI sub-grantees for a defined period not to extend beyond the project end date of October 31, 2018.

Opportunities for different levels of participation are available and include some options that do not require current access to claims data. These options include:

- Standardized Regions (Requires access to data)
- Alignment Sites (Limited or no access to data)
- Development Sites (No access to data necessary)

Regions’ submissions will be reviewed by a selection team and evaluated based on the following criteria:

- Ability to meet the requirements and deliverables
- Assessment of capability and capacity to meet deliverables in the timeline specified
- Geographic location to achieve desired spread
- For Alignment and Development sites, diversity and relevance of topics to meet overall initiative goals and deliverables
- Preference given to Regional Health Improvement Collaboratives (RHICs) with a strong track record of multi-stakeholder engagement

Standardized Regions

NRHI will recruit two to five regions who meet the following criteria:

- Current access to all of the commercial data elements required to produce the HealthPartners’ NQF endorsed TCOC measure framework as specified in the Technical Resource for Measurement of Total Cost of Care Using Multi-Payer Data Sets (published by NRHI and the APCD Council on October 11, 2016);

and/or

- Current access to all of the Medicare Fee for Service data elements required to produce the HealthPartners’ NQF endorsed TCOC measure
framework, except pharmacy claims and pharmacy enrollment, as specified in the [Technical Resource for Measurement of Total Cost of Care Using Multi-Payer Data Sets](https://www.nrhi.org) (published by NRHI and the APCD Council on October 11, 2016);

- Data use agreements that allow cost reporting to meet the required deliverables for your proposed level of participation;
- Commitment to data analysis resources and tools necessary to meet deliverables outlined below;
- Knowledge of Total Cost of Care and Resource Use reporting methodologies;
- Capacity to collect and analyze the integrity of essential data to produce Total Cost of Care reporting, in addition to the ability to attribute and risk adjust consistently in accordance with the project technical specifications;
- Access to both the analytic resources and tools necessary to ensure the completeness and integrity of the required data set;
- Ability to submit aggregated data to benchmarks and supporting Data Use Agreements for purposes of publication;
- Established and engaged multi-stakeholder platform and experience collaborating with local stakeholders, especially community healthcare providers and employers; and
- Ability to meet all of the Participation Requirements and Deliverables outlined in more detail below.

**Funding available:**
Round 2  Measurement on Calendar Year 2016 (Grant period: 11/2017-10/2018)

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<th>Community Reporting Blinded</th>
<th>Community Reporting Public (full transparency)</th>
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Alignment & Development Sites

NRHI will recruit between 5 and 10 organizations, with funding amounts dependent upon specific scope of deliverables for each region, but in general, ranging from $10,000 - $25,000 per organization. Two types of funding will be made available based on the deliverables outlined in more detail below.

Participation Requirements – All Funding Levels

All selected applicants, regardless of the level of participation, will need to meet the following requirements:

- Willing to strive toward appropriate levels of standardization in order to move toward greater alignment and transparency of total cost of care measurement nationally;
- Familiar with the value of providing total cost of care reporting to stakeholders for engagement and uses to drive payment reform and reduce overall cost of healthcare;
- Obtain Board of Directors support;
- Be familiar and willing to comply with the lobbying rules that apply to Section 501(c)(3) or similar tax-exempt status organizations;
- If the applicant is not an NRHI member, obtain a letter of recommendation from their local Regional Health Improvement Collaborative. To find a RHIC in your area please visit the NRHI website at www.nrhi.org; and
- Execute of a formal letter of commitment.

Standardized Regions Deliverables

All deliverables must be achieved no later than October 31, 2018

- Produce and distribute standardized multi-payer commercial practice level reports in their regions
  and/or
- Produce and distribute standardized Medicare Fee for Service practice level reports in their regions
- Produce and share community level multi-payer commercial practice comparison reports (blinded or public)
  and/or
- Produce and share community level Medicare Fee for Service practice comparison reports
• Annually submit standardized, aggregated **multi-payer commercial and/or Medicare Fee for Service** data sets for evaluation for inclusion in the national benchmark in the required timeline for commercial and/or Medicare

• At a minimum actively pursue public reporting of TCoC; additional funding provided for regions who publicly release reporting no later than October 31, 2018

• Hold a multi-stakeholder forum (can leverage existing or create new) to bring all stakeholder groups together around a common table to promote use of TCoC reporting to identify and implement strategies to address overall healthcare cost and quality

• Send one technical team member to participate in Innovation Team meetings

• Contribute to the development of the Data Quality Assessment & Improvement Program

• Actively engage in the G2A community through consistent and meaningful contributions to discussions, forums, Tech Talks etc.

• Complete G2A Readiness Assessment (part of application process)

• Work with G2A Navigator to develop a customized training program

• Complete customized training program

• Actively engage in G2A learning platform

• Participation in Innovation Team meetings (1 analyst/region)

**Additional NRHI Support for Standardization Regions**

• Access to a Technical Advisor for quality data assessment and improvement for contribution to benchmark

• Access to limited, non-commercial license of ACG grouper for purposes of benchmarking

**Alignment & Development Site Requirements**

• Share the vision of cost transparency

• Complete G2A Readiness Assessment (part of application process)

• Work with G2A Navigator to develop a customized training program

• Complete customized training program

• Actively engage in G2A learning platform

• Review and comment on draft Data Quality Assessment & Improvement Program
Alignment Site Deliverables

- Identify, develop, record and share a G2A learning on a relevant topic related to advancement of affordability and/or measurement and reporting of TCoC in your region

or

- Submit a standardized, multi-payer commercial and/or Medicare Fee for Service aggregated data set for inclusion in the benchmark using the required technical specifications in the required timeframe. All benchmark submissions are subject to data quality, completeness and comparability standards in order to be included in the benchmark report.

Alignment Sites interested in contributing to the benchmark can apply for Round 2 Measurement on CY2016 (Grant period: 11/2017-10/2018) for either Multi-Payer commercial or Medicare Fee for Service.

Development Site Deliverables

- Identify a barrier and work to overcome it utilizing the resources available through the G2A learning modules and social learning community (may be with technical or stakeholder engagement focus)

and

- Write and share a case study for the G2A learning community

and

- Facilitate a Tech Talk or Virtual Classroom on the G2A community to share lessons learned and/or best practices

Development Sites grants can be for various length of time depending on your proposed barrier and strategies to overcome. NRHI will accept grant requests for various lengths of time however no end date can be beyond October 31, 2018.
III. Request for Proposal Process, Timeline and Questions

Process and Timeline

All Requests for Proposal (RFP) respondents shall complete and submit the information listed below no later than 5 PM ET on Monday, October 2nd, to the e-mail address noted below. All responses will be reviewed against the requirements and respondents shall be notified of the final decision no later than October 16th, 2017. Follow up interviews may be requested.

Proposals shall be submitted to the following e-mail address no later than noon ET on Monday, October 2nd, 2017:

Network for Regional Healthcare Improvement Attn: Mary Isabel Aromando, Project Manager E-mail: maromando@nrhi.org

Join the Getting to Affordability (G2A) Community

To gain a more thorough understanding of the Total Cost of Care project, access the Learning Modules mentioned above, obtain more resources and interact virtually with others embarking on this work, we strongly suggest you join the Getting to Affordability community. The registration process is open to everyone by clicking on the following link: https://g2a.healthdoers.org/home. If you have any issues or questions about the G2A Community, please contact Lucy McDermott, G2A Navigator at lmcdermott@nrhi.org.

Attend the RFP Expansion Region Informational Webinar

NRHI will host an informational webinar on Thursday, September 7th, 2017 from 2:00 – 3:00 PM ET. This webinar will be recorded and posted on our website at http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/ as soon as possible following the session. Questions about the webinar or issues with registration may be directed to Mary Isabel Aromando, Project Manager via e-mail at maromando@nrhi.org or at (207) 805-1683.

Click here to register for the webinar: https://nrhi.zoom.us/webinar/register/84318910dbce4c5cdc2040ba88984b7b
Submit RFP Questions

Questions about the RFP may be submitted using the web form linked below. All questions and answers will be posted on the Frequently Asked Questions (FAQ) document found at [http://www.nrhi.org/uploads/rfp-round-2_faqsv1.pdf](http://www.nrhi.org/uploads/rfp-round-2_faqsv1.pdf). For assistance with accessing the web form or FAQ’s, please contact Mary Isabel Aromando, Project Manager via e-mail at maromando@nrhi.org or at (207) 805-1683.

Please submit questions through the following web form:
[https://app.smartsheet.com/b/form/e34ff8d21e9845879ef7cecc13d282f0](https://app.smartsheet.com/b/form/e34ff8d21e9845879ef7cecc13d282f0)

Review the Technical Resource

NRHI, in collaboration with the APCD Council produced the Technical Resource for Measurement of Total Cost of Care Using Multi-Payer Data Sets. Together we have worked to translate the standardized technical specifications and lessons learned from the TCOC pilot regions into a more formal how-to guide for measuring and reporting total cost of care. This effort uses the HealthPartners National Quality Forum endorsed TCOC and Resource Use framework and applies it to a multi-payer data set. This Technical Resource is intended to provide step-by-step instructions, along with tips drawn from the experiences of the pilot project participants, to give entities wanting to report TCOC using a multi-contributor data source with a clear path while increasing measurement standardization and alignment nationally. We encourage you to review it in advance of responding to the RFP and use as a reference to answer some of the specific questions below. Separate technical specifications and support for both multi-payer commercial and Medicare fee for Service measurement will be provided to regions selected. The Technical Resource is available at [http://www.nrhi.org/uploads/technical-resource-4-tcoc-multi-payer-dataset-final-web.pdf](http://www.nrhi.org/uploads/technical-resource-4-tcoc-multi-payer-dataset-final-web.pdf).

Review the TCoC Benchmark Report

Regions selecting to submit data for inclusion in the benchmark report should review From Claims to Clarity: Deriving Actionable Healthcare Cost Benchmarks from Aggregated Commercial Claims Data to evaluate if your current Data Use Agreements permit inclusion.
Steps for Proposal Submission

The following steps must be completed prior to 5 PM ET on October 2\textsuperscript{nd}, 2017 to be considered for funding opportunities:

**Step 1: Complete the G2A Readiness Assessment**

This 14-question on-line survey will help you to assess your technical and stakeholder engagement readiness to measure and report TCOC in your region and will also be used in the selection process for funding opportunities. Please only submit one response per applicant. A PDF version of the assessment is available for download. Once submitted, a copy of your responses will be sent to the e-mail provided in the survey and to NRHI directly. You do not need to send your survey results to NRHI. If you have any issues or questions about the Readiness Assessment, please contact Lucy McDermott, G2A Navigator at lmcdermott@nrhi.org.

Click here to complete the Readiness Assessment:


**Step 2: Complete and submit the Request for Proposal Questions**

Please respond to the appropriate questions below based on your desired level of participation and funding. A version of these questions in Word format is available to download from our website at [http://www.nrhi.org/uploads/proposal-questions-1.docx](http://www.nrhi.org/uploads/proposal-questions-1.docx). Not all questions apply to every applicant and are noted accordingly. For questions regarding the proposal, please contact Mary Isabel Aromando, Project Manager via e-mail at maromando@nrhi.org or at (207) 805-1683.

Written proposals shall be submitted to the following e-mail address no later than 5 PM ET on Monday, October 2\textsuperscript{nd}, 2017:

Network for Regional Healthcare Improvement
Attn: Mary Isabel Aromando, Project Manager
E-mail: maromando@nrhi.org
Proposal Questions

Please provide a brief answer to each of the following questions. Please answer all questions, unless noted that it does not apply for your funding level requested.

**General**

Organization Name:
Contact Person Name:
Contact Person Phone:
Contact Person Email:
CEO Name:
CEO Phone:
CEO Email:

1. Please indicate your preferred level of participation and indicate product line for measurement and reporting

   ____ Standardized Region Round 2 Measurement on CY2016
   (Grant period: 11/2017-10/2018)
   ____ Multi-payer Commercial
   ____ Multi-payer Commercial with public reporting
   ____ Medicare Fee for Service
   ____ Medicare Fee for Service with public reporting
   ____ Commercial and Medicare Fee for Service
   ____ Commercial and Medicare Fee for Service with public reporting

   ____ Alignment Site
   ____ Benchmarks Round 2 Measurement on CY2016  (Grant period: 11/2017-10/2018)
   ____ Multi-Payer Commercial
   ____ Medicare Fee for Service
   ____ Both
Other (Please specify your Learning Module Topic)

Topic _________________________________________________________

Development Site

Topic _________________________________________________________

2. If you are not selected for your preferred level, would you consider a different level of participation if you meet the requirements?

3. Is your organization currently a member of NRHI? If not, a letter of recommendation from your local Regional Health Improvement Collaborative (RHIC) is required. If there is no local RHIC, a recommendation from any NRHI member is acceptable. A list of current NRHI Members can be found on our website at http://www.nrhi.org/about-collaboratives/

4. If you are not an NRHI member and are located in an area represented by an existing NRHI member, please describe how you will collaborate if participating in this project.

5. Please describe the geographic region you are able or planning to report Total Cost of Care.

6. Have you identified a lead staff person from your RHIC for this project? If yes, please indicate their name and title.

Data

This set of questions (7-17) are required for regions applying for both Standardized and Alignment Site levels of funding and are optional for Development Site applicants.

7. Please provide both the number and market percentage of covered lives represented in your commercial data.

8. Please provide the number of commercial payers represented in your data, and what percentage of the commercial market this represents.

9. Please indicate what percentage is fully insured and what percentage is self-insured.

10. Please indicate what percentage of the self-insured and fully funded market is represented in your data.

11. Please describe your access to multi-payer claims data, including source, age, frequency of updates, level of patient identification etc.
12. Please describe the commercial claims to which you currently have access (Statewide? Portion? Number of plans?)

13. Do you have access to Medicaid data? If not, do you expect to have access to Medicaid data and in what timeframe?

14. Have you been approved as a Qualified Entity by CMS? Do you have alternative sources of Medicare data?

15. What cost variables does your database contain such as charged (billed amount), paid amounts, copays, deductibles, allowed amounts, etc.?

16. Aggregated reporting of data for centralized quality analysis is required and includes, but is not limited to the details noted below. Please describe your ability to report on the following on a PMPM basis by population, for both medical and pharmacy claims separately:
   a. Medical eligibility vs Pharmacy eligibility
   b. Average age
   c. Claim counts
   d. Cost per eligible member
   e. % of members with no medical claims
   f. Cost per claim
   g. Primary and additional diagnosis codes
   h. Surgical procedure codes (ICD 10)

17. Do you have an up-to-date provider database/directory, that includes primary care physicians, with practice and system affiliations, and if so, at what percentage of completion and how frequently is it updated and maintained?

**Analysis**

*This set of questions (18 – 26) are required for regions applying for both Standardized and Alignment Site (benchmark applicants only) levels of funding and are optional for Development Site applicants.*

18. Please briefly describe your experience analyzing claims data that would be relevant to this project. Please include steps you have taken to understand the quality of your data and what your process includes if data integrity concerns arise.

19. Please describe any contractual limits with data suppliers or members on analyzing or reporting healthcare costs that could inhibit reporting of Total Cost of Care and Resource Use publicly.

20. Who is your data vendor/partner?
21. Have you or your data vendor/partner implemented the Health Partners Total Cost of Care and Resource Use measure set (or equivalent)? If not, would you or your data vendor be willing to implement this measure set, including Relative Resource Use? What is the estimated timeframe for implementation?

22. What risk adjuster do you use?

23. If important to the project would you consider changing this risk adjuster? Why or why not?

24. Do you currently attribute patients to providers using claims data?

25. At what unit of measurement do you currently measure or plan to measure Total Cost of Care (provider system, practice or medical group, physician)?

26. If not currently measuring at the practice/provider organization level would you be prepared to measure at the practice or provider organization level for the project? Why or why not?

Engagement

27. Do you currently have a public reporting program of healthcare quality, cost, safety, and/or patient experience? If so, how long has that program been operational?

28. Have you publicly reported Total Cost of Care and Resource Use? If not do you have existing plans to do so and in what timeframe?

29. Can you commit to reporting Total Cost of Care and Resource Use using 2016 data by August 2018? If not, what timeframe is possible?

30. Do you have Board/member approval to measure and report Total Cost of Care and Resource Use? If not do you have plans to obtain approval and in what timeframe?

31. Please briefly describe any experience working with physicians on using cost and/or resource use information.

32. Please briefly describe any experience working with employers on using cost and/or resource use information.

33. Please briefly describe any other relevant experience working with physicians, employers and/or health plans on using quality or cost information that you think may be relevant to this project.
Barriers

34. Please describe all of the barriers you currently face related to publicly and/or privately reporting Total Cost of Care and/or Resource Use, attributed to primary care practices, in your region.

Alignment Site Topic

This question is only required for regions applying for non-benchmarking Alignment Site level of funding.

35. Please describe your proposed topic for a G2A Learning module, including who will be contributing to the content, who will be featured in the module, why is this module important to your advancing affordability in your community and how do you intend to use this, and other G2A Learning modules, to move your community along the continuum toward affordable healthcare.

Topic  _____________________________________________________

Brief Description including responses to the questions above:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
This set of questions (36 – 38) are required for regions applying for Development Site level of funding only.

36. Please describe the barrier you would focus on resolving as part of this project.
37. Discuss how participation in this project will increase your readiness to report Total Cost of Care.
38. What is the likelihood that you will be able to overcome all barriers to report on Total Cost of Care in 2018?

Additional Considerations:
39. Please share any other information that you would like to include regarding your participation in this project.

Step 3: Submit Supporting Documentation

Please provide the following additional information as attachments:

- Organization Description, Mission and Vision
- Evidence of Section 501(c)(3) tax-exempt status, if applicable
- Evidence of Board Support
- Evidence of familiarity with lobby rules that apply to Section 501(c)(3), i.e. policies and procedures
- Samples of any relevant reporting or analysis
- Resumes or biographies of key staff if known

Step 4: Complete and submit the Participant Cost Proposal

Details below in Section IV.

IV. Participant Cost Proposal

Please provide a detailed cost proposal to support the services described in section III above, including all specified activities and associated costs and expenses requiring reimbursement. Ranges of proposed costs are acceptable however please describe any drivers of the variance. The funding available will likely not cover all costs associated with these efforts, however the funds should be strategically used to accomplish the overall deliverables.

Please consider the following to inform your cost proposal:

1. Designation of a lead staff person to serve as a Local Coordinator for the project;
2. Staff and resources needed to accomplish the deliverables outlined above for the participation level for which you are applying;

3. Costs associated engaging community stakeholders;

4. Time and resources required to participate in the Getting to Affordability social learning community and to communicate and disseminate project results and lessons learned;

5. If applying as a Standardized Region please include estimated travel cost of $975 for one attendee and the cost of personnel time.

Please provide a detailed cost proposal to support the services described in section II above, including all specified activities and associated costs and expenses requiring reimbursement. Ranges of proposed costs are acceptable however please describe any drivers of the variance. Please submit your proposed budget using the following template. Additional rows may be added as need:

<table>
<thead>
<tr>
<th>Item</th>
<th>FTE Hourly Rate (if applicable)</th>
<th>Total Hours (if applicable)</th>
<th>Proposed Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel (name, title)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Direct Costs (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchased Services (please describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicate if personnel costs are fully loaded and if they are, do not also include indirect costs.*