

Frequently Asked Questions

Total Cost of Care – Phase III Regional Expansion RFP

Q1. Where can I learn more about NRHI Regional Health Improvement Collaborative members?

A1. Please visit our website at <http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/> for a current list of NRHI members.

Q2. Can a joint application be submitted – i.e. a RHIC that does not have adequate data but partners with an APCD, or an APCD that does not have an adequate multi-stakeholder forum but partners with a RHIC?

A2. Yes. An APCD and RHIC may join together and submit one proposal. One of the organizations would indicate themselves as the primary, and their partnering organization would be considered a contractor. The primary organization would receive funds and be responsible for distributing funds appropriately.

Q3. Will the (standardized regions) final data be used privately or publically?

A3. Initially the data will be used privately, however public reporting is the ultimate goal. For this reason, multi-stakeholder engagement and proper provisions in data use agreements for public reporting are critical.

Q4. Are voluntary APCDs eligible to submit an application or is this RFP restricted to only those APCDs that are mandated by State law?

A4. The RFP is open to both mandatory and voluntary APCDs.

Q5. How will applicants be notified if they are not selected?

A5. Applicants who were not selected will be notified immediately prior to the award announcement.

Q6. When will funds be made available to award recipients?

A6. A minimum of 30% of grant funds will be released within 15 days of NRHI's receipt of grant funds from RWJF; payment is contingent upon execution of letter of agreement. Remaining payments will be release upon receipt and acceptance of required financial and program reports. Payments to re-grantees will be modified should under spending occur.

Q7. Will the webinar scheduled for November 17th be available to those who are not able to attend?

A7. Yes, the webinar will be recorded and posted at <http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/> for those who were unable to attend. The webinar should be posted no later than 24 hours after the event, barring any technical difficulties.

Q8. Does this RFP require commercial claims data or can it focus specifically on Medicaid data?

A8. Access to commercial data is a requirement for standardized regions. Development and Alignment site proposals may focus on reporting Medicaid.

Q9. Can you share if most participants in the original Pilot conducted the work in house, utilized vendors, or pooled resources across organizations to maximize the use of grant dollars?

A9. The structure varied among the Original Pilot team members. Most utilized at least one external vendor and performed some of the work internally. In addition, there were shared learnings among the project participants.

Q10. I have read the materials shared on the TCOC website. How can I find out more about lessons learned, so that I can ensure my proposal builds on the previous work and limits unnecessary expenses?

A10. Join the Getting to Affordability community (<https://g2a.healthdoers.org/home>) to access learning modules that provide some insights from the Phase I and II regions, email (maromando@nrhi.org) or submit your questions at: <https://app.smartsheet.com/b/form?EQBCT=6a81776510f74711a3f85ceaa114f494>.

Q11. Is there a preferred format for the response?

A11. A format in which the review team can clearly see a response to each question found in the proposal is ideal. For example: listing the question followed by your answer and any respective examples, or indicating if examples can be found as an attachment. A word version of the RFP questions can be found at <http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/>

Q12. I am not an NRHI member, and there is no Regional Health Improvement Collaborative (RHIC) in my area. Is a letter of recommendation still required?

A12. A letter of recommendation from an NRHI member is required. If there is no member RHIC in your area, you may provide a letter of recommendation from any of the member RHICs.

Q13. Can Medicaid claims data be considered commercial data for the purposes of this project, if the population is managed similar to other commercial services by a commercial Managed Care Organization contracted by DHHS?

A13. No. Commercial, Medicaid and Medicare populations are inherently different and should not be treated the same way for the purposes of this project, even if they are all managed under a similar commercial structure.

Q14. How is a global measure like TCoC helping practitioners improve? What is below the TCoC measure to help practitioners identify what can and needs to change?

A14. The Total Cost of Care and Resource Use index can be further broken down to isolate and compare utilization and cost, it is not a single number. Some of the practice level reports developed and distributed in the pilot provide a more detailed breakdown. For example including expense categories like inpatient, outpatient, professional, and pharmacy, and even event specific services like MRIs. The suite of reports provides detail that helps practitioners identify variation.

Q15. Is the use of a specific risk adjuster and/or grouper a requirement of participation?

A15. To be considered as a standardized region and/or to submit data to the benchmark, sites must use the same risk adjuster in order to create valid comparisons across regions. You may use a different risk adjuster for practice level reporting if one is already established in your area, but at a minimum the John Hopkins ACG is required for the benchmarking portion of the work and will be made available.

Q16. Do practitioners accept utilization data that is not condition specific?

A16. While we cannot speak to individual sites on what has been discussed and accepted, we can share that some practice level reports did include condition specific breakouts of the total cost and resource use indexes. One Original Pilot team member shared that they used another grouper to provide practices with condition specific results as well. The practices found this interesting, but also found total population level results interesting.

Q17. What have been the biggest barriers to success that an organization would need to anticipate?

A17. The Original Pilot team members who contributed content to the learning modules provided guidance below. We also encourage you to view our G2A Learning Modules (<https://g2a.healthdoers.org/home>) and read the HealthDoers Who Have Done It booklet posted on the TCoC web page, as it includes stories and learnings from the Pilot work.

- Understand the data you have and pay attention to opportunities to improve the integrity of your data. It is an iterative process and extremely helpful not only to TCoC but all reporting.
- Don't underestimate the level of effort required and plan for more time that you think you may need. Be humble and reasonable in your expectations. Remember that it is the relationships you establish in local communities that facilitate the greatest impact, credibility is hard won and easily lost.

Q18. Is direct access to claims data required for participation in the project, or would a distributive model of access meet the requirement?

A18. Access to claims data via a distributive model that meets all other data requirements is acceptable, but may pose other challenges. For example, full participation in the regional comparison may be limited due to the level of detail available in the data accessed under this model.

Q19. Can an indirect rate be used to develop the final budget, and are indirect costs allowed in the proposal?

A19. Yes, an indirect rate can be used to develop the final budget, and indirect costs are allowed based on the standard Robert Wood Johnson Foundation guidelines. The Foundation's approved rate is 12% of all costs associated with the project. However, if the Purchased Services category equals more than 33% of the total of Personnel, Other Direct Costs and Purchased Services, RWJF allows 12% indirect on Personnel and Other Direct Costs, and 4% on Purchased Services.

Q20. Is there a specific format for the cost proposal?

A20. Yes, a sample template is provided in the RFP and a word version is available at: <http://www.nrhi.org/work/multi-region-innovation-pilots/tcoc/>.

Q21. What is the scope of individualized technical support that NRHI plans to provide?

A21. The expectation is that each region will perform their own data collection, analysis and reporting and will be provided access to a centralized Technical Advisor (TA) to assist with data integrity analysis. You will provide the TA with aggregated files and work with them to resolve any identified issues for benchmarking purposes. The Getting to Affordability Learning Modules contain a wealth of resources and some additional support from the TA is available. In addition, the expansion sites will be paired with an original pilot site mentor, and subject matter experts among the original pilot sites will also be identified and made available.

Q22. Can RVU based standardized proxy reimbursement amounts, derived from actual allowed and paid amounts, be used to meet the requirement for claim line level cost information?

A22. For standardized regions the HealthPartners NQF endorsed measure will be used and requires the use of allowed and paid amounts in order to contribute to the benchmark.

Q23. During the webinar the project start date indicated November 1st. How does that effect the start date of any selected applicants?

A23. The project officially kicked off on November 1st, 2016 and focus of the first few months will be on recruiting and contracting with expansion regions and other project partners.

Q24. With a limited number of participants to be selected through the RFP process, will there be accessibility to the various lessons learned resources to non-participants?

A24. The Getting to Affordability learning modules and resources are available to everyone and include the lessons learned and resources.

Q25. Can regions who have participated in prior phases apply for participation opportunities in Phase III?

A25. Participating regions in Phases I and II were offered the opportunity to participate as a standardized region in Phase III. In addition, they are also eligible to apply for additional funding as an alignment or development site.

Q26. If an applicant will not have access to the claims data necessary to report TCOC until August 2017 timeframe, would they be considered a viable Standardized Region applicant?

A26. Based on the experience and timeframes of the two prior phases, it is highly unlikely that a standardized region could meet the deliverables and timelines as outlined in the RFP if data was not available until August of 2017. The applicant may consider applying as a Development or Alignment Site for Round 1 and as a Standardized Region for Round 2 if funding is available.

Q27. Will there be more than one round of funding opportunities through the two-year project?

A27. Depending on the volume and amount of funds awarded as a result of the November 10th RFP process, a second round of funding opportunities and RFP process may be held in the summer to early fall 2017 timeframe.

Q28. If an applicant intends to apply as a Development or Alignment Site in response to the November 10th RFP and is considering the possibility of applying as a Standardized Region, or additional funding, for Round 2 as defined in the RFP, do they need to apply for both during the initial RFP process?

A28. Depending on the volume and amount of funds awarded as a result of the November 10th RFP process, a second round of funding opportunities and RFP process may be held in the summer to early fall 2017 timeframe. If an applicant is considering this, they should note that intention in their initial RFP responses to Question # 38, Additional Considerations.

Q29. Can an applicant submit multiple proposals?

A29. Yes. An applicant may submit more than one proposal, either for the same participation level with different topics, or different participation levels.

Q30. Is the December 12th deadline firm?

A30. Yes. The intent is to review and select expansion regions to begin work in January 2017.

Q31. If any of the regions who produced standardized practice level TCoC reporting in Phases I or II apply for funding as an Alignment or Development Site, do they need to complete the Readiness Assessment as part of the RFP process?

A31. No. The Readiness Assessment requirement will be waived for any of the regions who produced standardized practice level TCoC reporting in Phases I or II if they apply for funding in Phase III since NRHI is fully aware of their state of readiness. Regions who participated as Development Sites in Phase II do need to complete the Readiness Assessment as part of the RFP response for Phase III funding.

Q32. Do applicants who participated as Development Sites in Phase II need to complete the Readiness Assessment as part of the RFP process if they apply for funding in Phase III?

A32. Yes. Regions who participated as Development Sites in Phase II do need to complete the Readiness Assessment as part of the RFP response for Phase III funding.

Q33. Alignment site deliverables include contributing standardized, aggregated data for inclusion in the national benchmark. This level of participation does not include reporting at the practice level and/or public reporting?

A33. Yes, alignment sites will submit a standardized aggregated data set for inclusion in the national benchmark using the required technical specifications. No practice level reports required.

Q34. In reviewing the RFP deliverables, one of the Supporting Documents, on Page 19 mentions “evidence of familiarity with lobby rules that apply to section 501[c]3, i.e. policies and procedures”. Is there some kind of form that we need to fill out? Do you have an example of a document that you would like to see from us, or is a statement that we don’t lobby sufficient?

A34. The language below will be included in any agreement executed with sub-grantees. A statement of your intent not to use any funds for the following would be sufficient:

“No part of the grant shall be used to carry on propaganda or otherwise attempt to influence legislation or the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive. “

Draft contract language:

1. USE OF GRANT FUNDS

- a. No part of the grant shall be used to carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Internal Revenue Code.
- b. No part of the grant shall be used to attempt to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of Section 4945(d)(2) of the Internal Revenue Code.

Q35. If a region wants to apply as a Standardized Region however wants to report on 2016 measurement period in Round 1, should they submit an application even though that defined measurement period is 2015?

A35. Yes. You should still apply and answer “yes” to Question #2 on your application.

Please submit additional questions via the web form using the following link:
<https://app.smartsheet.com/b/form?EQBCT=6a81776510f74711a3f85ceaa114f494>

For questions regarding the web form, please contact Mary-Isabel Aromando at maromando@nrhi.org or (207)-805-1683.

December 7, 2016