Frequently Asked Questions

Total Cost of Care – Development Site RFP

Last Update: 10/23/2015

The deadline for submission of proposals has been extended to October 26, 2015.

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

A1. Please visit our website at www.nrhi.org/about-collaboratives/

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 working with the primary organization. The primary organization would receive funds and be responsible for distributing funds appropriately.

Q3. Are voluntary APCDs eligible to submit an application or is this RFP restricted to only those APCDs that are mandated by State law?

A3. The RFP is open to both mandatory and voluntary APCDs.

Q4. How will applicants be notified if they are not selected?

A4. Applicants who were not selected will be notified immediately prior to the award announcement.

Q5. When will funds be made available to award recipients?

A5. We anticipate that a portion of the grant funds will be made available within 15 days of a fully executed letter of agreement. The remaining payments will be released upon the receipt and acceptance of one annual and one final financial and narrative report. Payments to re-grantees will be modified should under spending occur. More details regarding this will be included in the letter of agreement.

Q6. What level of funding will be available if a proposal is successful?

A6. In order to allow interested applicants to be as flexible and creative as they would like, we encourage you to build your budget based on participation requirements and deliverables outlined in the RFP. We understand that a budget range may exist depending on resources and technology – please feel free to submit a cost range and explain the variance. Each site is eligible for funding up to $27,421 plus travel expenses (based on Robert Wood Johnson Foundation travel guidelines) for two individuals to attend both the National Physician Leadership Seminar and the National Employer Leadership Seminar, for a total of $32,621. If attendance and/or presentation at a payment reform summit is requested, additional and separate travel funding may be made available.

Q7. If we are an RHIC partnering with an APCD, or vice versa, how should we apply?

A7. The category for your application (RHIC vs. APCD) would be determined by which organization is considered the primary applicant leading the work. The partnering entity would be considered a contractor of the primary entity. Please keep in mind that as the primary entity, you will receive the grand funds and be responsible for allocating funds to your contracting partner.

Q8. Will the webinar scheduled for October 14th be available to those who are not able to attend?

A8. Yes, the webinar will be recorded and posted on the NRHI Total Cost of Care page for those who were unable to attend. The webinar should be posted no later than 24 hours after the event, barring any technical difficulties.

Q9. Does this RFP require commercial claims data or can it focus specifically on Medicare or Medicaid data?

A9. The purpose of the RFP is to identify development sites who will identify and work to resolve at least one barrier for the purpose of future full participation in regional TCoC reporting. Access to commercial data may be a barrier that a site is willing to work toward resolving. If data access is the barrier your site has identified, please describe what your current access looks like, what your specific barrier(s) is(are), and whether or not you believe the barrier(s) can be resolved to prepare you for possible full participation in 2016/2017. Please include in your description whether or not you have access to and the ability to report on other payer data, such as Medicare or Medicaid.

Q10. Can you share if most participants in the original Pilot conduct the work in house, utilized vendors, or pooled resources across organizations to maximize the use of grant dollars? This information may help applicants consider best practice structural arrangements.

A10. The structure varied among the Original Pilot team members. Most utilized at least one external vendor and performed some of the work internally. None of the sites pooled resources across organizations, however two sites had separate and existing relationships with the same vendor and leveraged the same vendor analyst to perform the analysis for each site.

Q11. I have read the summary documents shared at the National Summit and posted on your 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?

A11. A Lessons Learned document provides additional content and has been posted to the TCoC page of the NRHI website, along with the other Original Pilot documents. Additionally, Health Management Associates published an evaluation of the pilot which includes many lessons learned and an appendix for each of the five pilot regions.

Q12. Is there a preferred format for the response?

A12. 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. In addition, a Word format has been provided if you would prefer to enter your responses directly on the RFP document.

Q13. 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?

A13. 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.

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. Yes, in order to participate in the benchmarking work, all 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 Johns Hopkins ACG is required for the benchmarking portion of the work and will be made available to all sites.

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. Is there a specific format for the cost proposal?

A17. Please see the template provided in the RFP.

Q18. Can an indirect rate be used to develop the final budget, and are indirect costs allowed in the proposal?

A18. 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.

Q19. What destinations should we use for the National Physician Leadership Seminar?

A19. For planning purposes, please assume the National Physician Leadership Seminar will take place at Stanford University in Stanford, California.

Q20. Which of the 5 pilot sites managed to accomplish calculating TCoC without the use of an APCD?

A20. Minnesota Community Measurement (MNCM) used a distributed data model. Both Oregon Health Care Quality Corporation (Q-Corp) and the Midwest Health Initiative (MHI) used a voluntary data base, and obtained the data use agreements to report the data.

Q21: Is NRHI asking for a commitment to use the HealthPartners tool as a part of the total cost of care work? Or can organizations use other tools to arrive at total cost?

A21: One of the primary aims of the NRHI Total Cost of Care project is to standardize to one measure set for total cost and resource use and we have committed to using the HealthPartners Total Cost of Care and Resource Use measures. We believe there are numerous benefits to standardizing, including the ability to compare across regions, however do recognize that some local customization is necessary and we explored those during the original pilot. For purposes of this RFP response, we would require commitment to use the HealthPartners measure.

Q22: Are the questions asked in the RFP considered "minimum requirements" and do you need to meet those in order to be selected as a Development Site?

A22: No, the only minimum requirements are that you can meet the Participant Expectations, commit to the deliverables and meet the eligibility criteria as described in the RFP. The answers to the

questions in the RFP will help the selection team to assess the current and future state of readiness of an applicant to report on Total Cost of Care in the next few years.

Q23: Can a region submit an application to focus reporting Total Cost of Care for a single payer as opposed to having a multi-payer data set?

A23: Yes, that would be considered, and detail about the percent of market penetration would be assessed by the selection team.

Q24: Would exploring and testing on the impact of different contracting and reimbursement methodologies be a worthwhile barrier to propose as a focus area?

A24: This is something that would be of interest, however would be very dependent on the level of claims detail that would be available for analysis and will be assessed against the required data elements for reporting Total Cost of Care and Resource Use.

Q25: Do you need to be publically reporting on quality measures in order to be eligible to participate in the RFP?

A25: No, however all five of the project pilot regions agreed and are committed to publically reporting cost alongside quality. If you are not currently producing or have a solid plan for public reporting quality measures in the next few years, please note that as one of your barriers on the application.

Q26: Are the Development Sites considered part of the Total Cost of Care Phase II project?

A26: Yes. The development sites will be considered participants of Phase II, although described as having a more limited scope than the initial five pilot sites and the previously selected expansion sites (HealthInsight Utah and Maryland Health Care Commission).

Q27: Will the Development Sites be considered first for participation and grant funding in future phases?

A27: Currently we are focusing on and committed to the Phase II project, there is no active planning for a Phase III project at this time. Therefore, no commitment can be made at this time about any

future phase participation, however if a region becomes a development site and increases their level of readiness to report TCoC in their region, they likely would be in a better position to qualify if there are future phases and funding. Discussions about any future phases will likely begin in spring of 2016.

Please submit additional questions via email to Ellen Gagnon at egagnon@nrhi.org.