Frequently Asked Questions

Total Cost of Care – Site Expansion RFP

Last Update: 5/22/2015

Important Update: The deadline for submission of proposals has been extended to June 1, 2015. See Question 17 for details.

Q1. The renewal project will include an exploration into the use of Medicare and Medicaid data; is there a requirement related to an established relationship with the state Medicaid office?

A1. An applicant's ability to work closely with their state Medicaid office may be beneficial to the regional work and overall project goals. An existing relationship is not required, but is preferred.

Q2. Where can I learn more about NRHI Regional Health Improvement Collaborative members?

A2. Please visit our website at www.nrhi.org/about-collaboratives/

Q3. 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?

A3. 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.

Q4. Will the final data be used privately or publically?

A4. 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 are critical.

Q5. Are voluntary APCDs eligible to submit an application or is this RFP restricted to only those APCDs that are mandated by State law?

A5. The RFP is open to both mandatory and voluntary APCDs.

Q6. How will applicants be notified if they are not selected?

A6. Applicants who were not selected will be notified immediately prior to the award announcement.

Q7. When will funds be made available to award recipients?

A7. 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 one interim and one final financial and program report. Payments to re-grantees will be modified should under spending occur.

Q8. What level of funding will be available if a proposal is successful?

A8. 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. To give you some sense of the budget parameters, please consider a range of $9,000 to $13,000 monthly for the 17 month grant period.

Q9. Why is the timeline for the RFP so short, with a deadline of May 22nd?

A9. The timeline is brief because the RFP could not be issued prior to the RWJF grant start date, as recruitment of the new sites is part of the early grant deliverables.

(Update 5/14/15 – The deadline has been extended to midnight, June 1, 2015)

Q10. If we are an RHIC partnering with an APCD, or vice versa, how should we apply?

A10. 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.

Q11. Will the webinar scheduled for May 13th be available to those who are not able to attend?

A11. 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.

Q12. Does this RFP require commercial claims data or can it focus specifically on Medicaid data?

A12. Access to commercial data is a requirement for this project.

Q13. 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 Site Expansion applicants consider best practice structural arrangements.

A13. 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.

Q14. 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?

A14. 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.

Q15. Is there a preferred format for the response?

A15. 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.

Q16. Can the RFP be provided in a Word format to allow for cutting and pasting of the questions section, to facilitate a questions-by-question response format?

A16. Yes, a Word version has been posted to the TCoC page of the NRHI website.

Q17. Will a submission deadline extension be granted?

A17: We appreciate the concern about the original timeline and have decided to extend the submission deadline. We hope this will allow for more thorough responses, and the potential formation of partnerships. The deadline has been extended by an additional 10 calendar days (5 business days given the Memorial Day holiday). The revised timeline is as follows, additional extensions cannot be granted.

- Deadline for Proposal Submission: Midnight, Monday June 1, 2015
- Applicants Notified of Selection: No later than Monday, June 15, 2015
- A virtual kickoff meeting for the Original Pilot Team and Expansion Sites will be held in late June, all sites (original and newly selected) should plan to attend
- This reduces the working period to 16 months, however the expectations and deliverables have not changed.

Q18. 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?

A18. 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.

Q19. 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?

A19. 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.

Q20. 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?

A20. 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.

Q21. Is the use of a specific risk adjuster and/or grouper a requirement of participation?

A21. 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 John Hopkins ACG is required for the benchmarking portion of the work and will be made available to all sites.

Q22. Do practitioners accept utilization data that is not condition specific?

A22. 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 shareed 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.

Q23. What have been the biggest barriers to success that an organization would need to anticipate?

A23. The Original Pilot team members who participated as panelists on the webinar provided guidance below. We also encourage you to 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.

Q24. Is direct access to claims data required for participation in the project, or would a distributive model of access meet the requirement?

A24. 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.

Q25. Does the non-profit status requirement apply to APCDs as well, many of these entities would not meet this status requirement.

A25. No, the non-profit requirement has been lifted for this grant, for all applicants.

Q26. Can an indirect rate be used to develop the final budget, and are indirect costs allowed in the proposal?

A26. 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.

Q27. Is there a specific format for the cost proposal?

A27. While there is no required format for the cost proposal, we recommend the following to assist in the review process and reduce the number of follow up questions that may be required. In addition to breaking out the personnel hours and FTE hourly rate for each task/deliverable, please include travel expenses, vendor or other purchased services, and other costs associated with the project but not reflected in personnel hours.

Sample Cost Breakout:

Total Cost	
Cost Justification	

Task/Deliverable	Est'd Hours	FTE hourly rate	Total Cost
[Add rows as needed]			
Total			

Q28. What destinations should we use for the four 2-day face to face meetings?

A28. For planning purposes, please assume the in-person meetings will take place in: Portland, Oregon; Minneapolis, Minnesota; and Portland, Maine. A fourth meeting may be required but has not yet been confirmed.

Q29. What destinations should we use for the National Physician Leadership Seminar?

A29. For planning purposes, please assume the National Physician Leadership Seminar will take place at Stanford University in Stanford, California.

Q30. What is the scope of individualized technical support that NRHI plans to provide?

A30. 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. The TA's role also includes training and support to new sites to implement the technical specifications in order to produce practice level and community reporting of Total Cost of Care and Relative Resource Use, and to work collaboratively with your technical team and vendors as needed. 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.

Please submit additional questions via the web form using the following link:
https://app.smartsheet.com/b/form?EQBCT=900fcb25e42e4c339b7645c5c87ed5bd

For questions regarding the web form, please contact Kelly Seiler at kseiler@nrhi.org or (207)-805-1687.