2021 Renewal Questionnaire for Employer-Purchasers

**Delete this summary before sending to Administrator.** Employers and other health care purchasers (or their brokers/consultants) may solicit administrative fee or premium quotes on an annual basis from their incumbent Administrator for the next Plan Year. Catalyst for Payment Reform’s Renewal Questionnaire allows purchasers to monitor their Administrator’s progress and direction on payment & delivery reform, benefit & network design, and other priority areas. Check in with your Administrator by adding this Questionnaire to your request for a quote.

**Administrator instructions:** Please respond to this Renewal Questionnaire with either prior Plan Year data/information or the most recent 12 months of data/information available.

Time period used:

# Administrator’s Efforts to Combat High and Rising Prices

* 1. What is Administrator doing to combat high and rising health care prices in purchaser’s key geography? Cite recent results.

* 1. Deconstruct purchaser’s medical and pharmacy cost increase for the time period. How much is the increase driven by higher prices, higher utilization, or other causes?

# Administrator’s Efforts to Address Provider Market Power and Competition

* 1. Has there been recent adverse M&A activity among providers in purchaser’s key geography? What is Administrator doing to combat growing provider market power?

* 1. During the time period, how has Administrator supported independent physician practices and other provider types to help them remain independent? Cite specific examples and results in purchaser’s geography.

* 1. How many health systems accessed by purchaser’s plan participants during the time period still have anti-competitive contract provisions in place, e.g., anti-steering, anti-tiering, “most favored nation” clauses, or gag clauses? How can purchasers support Administrator in the next contract negotiation to get these removed?

# Administrator’s Efforts to Enhance Price and Quality Transparency

* 1. During the time period, what enhancements has Administrator made to its price and quality transparency tool?

* 1. Has Administrator set up the infrastructure to contribute purchaser’s claims data to geographically relevant all-payer claims databases (APCDs)? Describe the implementation process and timeline to contribute purchaser’s claims data to the APCD(s).

# Administrator’s Efforts to Reform Payment and Care Delivery

* 1. What percent of purchaser’s total dollars (i.e., claims, fees, and incentives) did Administrator pay to providers through value-oriented contracts in the time period? What are Administrator’s goals for percent of total dollars paid to providers in downside risk arrangements (e.g., shared risk, bundled payment, or capitation)?

* 1. Identify any key providers in purchaser’s geography that have transitioned newly to downside risk arrangements during the time period or who may transition in the next 12 months.

* 1. Describe Administrator’s plans to expand its bundled payment program in the next 12 months, including types of episodes and key providers of purchaser interest. Is Administrator willing to use open-source standard definitions of episodes?

* 1. What are Administrator’s near-term plans to reform payment for in-person primary care and telehealth/virtual care?

* 1. What percent of purchaser’s plan participants are attributed to a provider participating in an accountable care organization, patient-centered medical home, or other attribution-based delivery model?

# Administrator’s Efforts to Innovate with Benefit and Network Design

* 1. Among the following high-value benefit design strategies, cite at least three for purchaser to consider for the next Plan Year, and provide purchaser-specific data supporting the recommendation:
  + Change(s) to benefit design that do not discourage health care utilization particularly for employees with low wages (cite benefit design recommendation).
  + Center of excellence (cite service, provider, and benefit design recommendation).
  + Product model ACO
  + Reference-based pricing (cite service and benefit design recommendation).
  + Strategy that shifts plan participants away from low-value services (cite service and benefit design recommendation).
  + Strategy that shifts plan participants away from higher-intensity sites of care (cite service and benefit design recommendation).
  + Value-based insurance design (cite benefit design recommendation).

* 1. Among the following high-value network design strategies, cite at least one for purchaser to consider for the next Plan Year, and provide purchaser-specific data supporting the recommendation:
  + Direct- or semi-direct provider contract with Administrator retaining its role (cite provider and service).
  + Narrow network product (include product details and impact analysis).
  + Tiered network product (include product details and impact analysis).

# Administrator’s Efforts to Improve Population Health and Increase Health Equity

* 1. How does Administrator address health equity? Cite specific programs Administrator supports in key purchaser geographies.

* 1. For what percentage of purchaser’s plan participants does Administrator have race or ethnicity data? If below 80%, does Administrator commit to obtaining 80% or more in the next 12 months?

* 1. Behavioral health, cancer, diabetes, maternity and musculoskeletal conditions are some of the prevalent conditions, among others, in purchaser’s population. Describe any new programs accessible to purchaser that address these conditions and whether they are fully implemented or in pilot status. Are any of these programs designed to increase health equity, and if so, how?

# Administrator’s Efforts to Comprehensively Report and Collaborate

* 1. Does Administrator commit to reporting to purchaser on all the metrics in CPR’s [Standard Plan ACO Report for Customers (SPARC)](https://www.catalyze.org/product/sparc/) and pertinent [Reform Evaluation Frameworks](https://www.catalyze.org/product-category/tool-library/program-evaluation/)?

* 1. Does Administrator commit to participate in any upcoming external price and quality transparency initiatives of purchaser interest, e.g., RAND’s Hospital Price Transparency Study and contributing to all-payer claims databases?

* 1. Given the vendors, consultants, and data warehouse company with whom purchaser contracts, what limitations does Administrator place on sharing data with them and how is Administrator working with them to eliminate these challenges?

* 1. Does Administrator agree to abide by the elements of CPR’s [Model Contract Language](https://www.catalyze.org/product/2018-aligned-sourcing-contracting-toolkit/)? If not, to which provisions does Administrator object?

# Administrator’s Efforts to Support Purchasers Through COVID-19 And Beyond

# What, if any, is the 2022 projected premium equivalent rate change for purchaser due to COVID-19?

* 1. How is Administrator supporting its purchaser clients with vaccine rollout?

* 1. How is COVID-19 impacting Administrator’s provider payment reform strategy? Which payment models is Administrator prioritizing or de-prioritizing considering the pandemic? For example, is Administrator increasing primary care capitation or delaying moving providers to downside risk? Are efforts to implement bundled payment for particular episodes of care still moving forward?

* 1. Which benefit design (e.g., V-BID) or network design (e.g., narrow networks) products is Administrator prioritizing, de-prioritizing or modifying considering the pandemic?

* 1. What does Administrator project the impact of COVID-19 will be on provider consolidation and the sustainability of independent physician practices? What mitigating strategies is Administrator prioritizing (e.g., joint ventures, other Administrator-provider integration, etc.) to support financially weaker physician practices?