The following pages contain a RFP Template CPR has created for purchasers to use for sourcing price transparency tools. We hope it will be useful to those of you who may be in the market for a price transparency tool in the near future.

Request for Proposal (RFP) Template for Price Transparency Tools

Throughout this document, CPR has highlighted in yellow sections where you would need to add specifics about your organization. The document also includes an appendix with the questions CPR asked the major price transparency vendors to populate the Comparison of Price Transparency Products we created exclusively for our member companies.

If you have any questions, please don’t hesitate to contact Emily Roesing at eroesing@catalyze.org.

**REQUEST FOR PROPOSAL**

Price and Quality Transparency Tool

Effective Date: XX XX

**Submitted by:**

Company Name and Logo

Contact Name

Address

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|  |
| --- |
| **Contact Information** |
| Primary Contact (Name/Title) |  |
| Office Phone Number |  |
| Cell Phone Number |  |
| Email Address |  |

1. **Introduction**

**A. Background**

Provide basic background on your company here, including:

* + An overview of your organization, its mission
	+ Number of covered lives
	+ Basic demographics of covered lives

**B. Brief overview on your approach to health benefits**

* + Include information on specific health care goals and outcomes
	+ Provide any information on your short-term and long-term strategic health care goals

**C. Purpose and Objectives of the RFP**

The purpose of this RFP is to evaluate Price and Quality Transparency Vendors and make a selection for FYXXXX.

The price and quality transparency tool should: **(you can select any that apply or add your own.) This list is drawn from** [**CPR’s November 2013 Report: The State of the Art of Price Transparency Tools and Solutions**](http://www.catalyzepaymentreform.org/images/documents/stateoftheart.pdf)**:**

* Be available to employees who are covered by an array of plans and benefit designs including [Insert your plan offerings here]Have a single sign on from our employee portal
* Be accessible to employees through mobile applications
* Assist employees in multiple languages, including Spanish, XX, YY
* Readily and easily present information about provider quality and cost, including employee’s share of cost
* Provide information about employer’s cost and why it matters
* Allow the employee to compare quality and price among providers
* Help employee understand value
* Suggest lower cost treatment options, or flag unneeded procedures when appropriate
* Assist employees with a chronic illness in estimating their care needs and costs
* Exist as a user-friendly interface that evolves based on user feedback.
* Be compliant with all HIPAA regulations and standard security features
* Offer our Company annual/quarterly reports on data that share accuracy, and employee use of the tool
* Have the capability to integrate well with other vendors, including[Insert Wellness, PBM, Behavioral Health or other vendors as appropriate]
* Provides regular reports on employee use and estimates savings
* Ability to customize and present employer programs
* Offer a communication package and marketing support
1. **Proposal Process and Instructions**

To facilitate an objective evaluation, Company requests that your organization respond to the requested information in the format specified herein. All costs associated with the submission of your RFP response and any requested meetings are the sole responsibility of the bidder. The RFP and supporting material submitted will become the property of Company and will not be returned. Your responses to this RFP and any subsequent information relating to this RFP will be considered part of the contract, if the contract is awarded to you.

Company reserves the right to accept or reject any and all proposals or to request additional proposals. This RFP may be amended or withdrawn at any time without awarding a contract. Selection of the successful vendor(s) will depend upon the economic aspects of the proposal as well as demonstrating proven vendor effectiveness, efficiency of services, and capabilities. Additional consideration will be provided to vendors who offer robust operational guarantees.

Proposed financial offer is valid for (xx) days.

All information included in this RFP response, as well as other information disclosed to Company during this process, shall be considered confidential and will not be discussed with anyone except **(Choose all that apply or add your own)**

* Company employees
* Company Board members
* Other
1. **Timeline**

A timeline for RFP is outlined below.

|  |  |
| --- | --- |
| **Activity** | **Timeline** |
| Confidentiality NDA signed and returned |  |
| Release Request for Proposal |  |
| Questions by vendor and answers returned |  |
| RFP Responses Due from Vendors |  |
| RFP Evaluations/Company Presentations |  |
| Discussion Meetings with Finalists |  |
| Program Effective Date |  |

1. **Submission Format**

**The deadline for receipt of proposals is XX**. Please submit **one electronic version** along with a cover letter from an authorized person validating that the RFP information is accurate.

* All narrative responses to questions in the RFP should be provided within the RFP, saved as a Word (or PDF) document, and submitted to Company as an electronic Word (or PDF) document;
* Completed RFPs should be submitted to: **Name and email address**
1. **Company’s Health Benefits and Approach to Employee Wellness**
2. **Details of Current Model**

Insert details of all relevant information about your benefits and wellness strategy including:

* Relationships with health plans
* Type of coverage and coverage options for employees
* Value-based strategies, such as reference pricing, Centers of Excellence
* Approach to wellness, including use of HRA, wellness vendors
* Other strategies for employee engagement in wellness
* Claims data for vendor to evaluate and propose potential ROI
1. **Future Growth Plan**

If appropriate and relevant, insert explanation if your strategy or employee population is expected to change.

**4. Overall Contracting Information**

There are several contracts that exist for the overall Company health program. The following chart identifies the types of contract and the contracting parties:

|  |  |
| --- | --- |
| Type of Contract | Contracting Parties |
| Plans |  |
| Data Warehouse |  |
| Any third-party vendors |  |
| PBM |  |

**5. Requested Services**

Company seeks a Price and Quality Transparency vendor who can provide a Price and Quality Transparency solution to employee population X. This product should provide the following functionality: (Company, choose options from Appendix A).

\*Note: These options are drawn from CPR’s Questionnaire of Price Transparency Vendors (2013).

1. **Program Business Requirements and Questionnaire**

Outlined below are the business requirements that need to be incorporated into Company program for which you are being asked to provide a quote. Your quoted fees should reflect your acceptance of these requirements unless otherwise noted in the comments/deviations of each requirement, or if the service is being requested as a separate buy-up in Section 9, Financial – Fee Quotation.

1. **General Information and Contracts**

Note: You may wish to involve your legal team in reviewing these questions in the event any additional information is desirable given your organization’s position.

1. Based on the information provided, why would your organization be a good fit for Company? (Brief Summary)
2. Provide a brief history of your company including the structure of ownership.
3. Provide your most recent annual statement documenting the financial stability of your organization.
4. List any pending litigation against your company at this time.
5. Provide information about your organization, including the various markets served.

|  |  |  |  |
| --- | --- | --- | --- |
| **Markets Served** | **# of Clients** | **# of Employees** | **# of Members** |
| Health Plan |  |  |  |
| Employer |  |  |  |
| Government Entities (i.e. Medicaid) |  |  |  |
| Coalition Business |  |  |  |

1. Provide three client references similar to our Company in size, industry, or geographic location. Include client name, contact, title, and phone number that are current clients and list three clients that have terminated your relationship (for reasons other than a merger).
2. What was your company’s turnover rate for 2012 and 2013?
3. Does your firm partner with any companies to provide price and quality transparency services? If so, please define relationships and services.
4. Vendor will be required to have a signed contract with Company by Date.

:

1. Please provide a standard copy of your current License Agreement as Attachment 1.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **Comments/additional information** |
| 11. Vendor will accept full responsibility for the performance of each affiliated or sub-contracted service vendor (if applicable) that you may use to meet any of your obligations under an Agreement, and that such vendors will be held to the same standards and requirements to which you agree.  |  |  |  |
| 12. Vendor has performed an appropriate due diligence review of the capabilities of any vendor affiliate or subcontractor expected to provide any of the services specified in this RFP. |  |  |  |
| 13. Vendor carries professional liability and errors and omissions insurance. |  |  |  |
| 14. Vendor will remain in full compliance with all federal and state laws applicable for the services offered through Company to its employees. |  |  |  |
| 15. Vendor agrees that organization is compliant with all required privacy and security HIPAA requirements. |  |  | . |
| 16. Vendor agrees not to sell or otherwise provide Company data or aggregated data housed in any warehouse to a third party. |  |  |  |
| 17. Vendor agrees to a XX day termination without cause. |  |  |  |
| 18. Vendor agrees not to solicit Company’s customer companies |  |  |  |

1. **Data: Quality**
	1. How do you define quality?
	2. What do you use as primary and secondary data sources? (If using specific criteria, please cite the source (e.g., Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs -the “Patient Charter,” etc.)
	3. Do you incorporate outcomes, process, or a combination of measures into your tool/solution?
	4. Please specify answers for questions above for both hospitals and physicians.
	5. How do you integrate a health plan’s quality designation (e.g., premier network) into your application?

**C. Data: Price**

1. What do you use as primary and secondary data sources for price date?
2. What data are used if carriers refuse to provide claims data?
3. In what ways are you working to improve the quality and accuracy of your pricing data?
4. What sorts of audits do you perform to ensure accuracy of information (e.g., if you indicate that a procedure is $100, how do we know this is accurate?)
5. Are there fees associated with file/data feeds?
6. How do you present pricing -- Primary Care or Specialty first? Is it presented by the doctor with the lowest price – not in a specific order?

**D. Product**

1. How do you see your products evolving over time?

2. How do you differentiate yourselves from your competitors?

3. Do you offer connection to HSA account information?

4. Explain how your organization plans on managing transparency effectively as the industry moves towards and implements various types of contracts focused on payment reform. How will this change your tool in the future?

**E. Service**

1. Please describe your customer service model and offerings (services, hours, etc.)

2. How do you measure customer satisfaction at both the corporate level and individual user level?

3. What metrics do you use to measure your customer service agents?

4. Do you provide potential customers the ability to experience your customer service model first-hand (e.g., using a “dummy” account, etc)?

5. What creative ways have you developed to increase enrollment of our tool including incentives and without incentives?

6. What creative ways have you implemented to ensure that plan participants return to your tool?

7. What is your average enrollment rate when your tool is first introduced? Please specify for one year and two years.

8. What is the average return rate to your tool (percentage of enrollees)? What is the average number of times they return?

**F. Implementation**

1. Provide a sample implementation plan with timelines and deliverables
2. What is the typical time required to implement your solution and get it up and running?
3. **Financial – Fee Quotation**

Outlined below are the key components to consider in providing your fee quote for a Price and Quality Transparency Tool for a XX year contract. Please consider the following:

1. Provide your fee quote as a PMPM
2. Is there an early termination policy for terminating contract within 180 days’ notice?

**Appendix A: CPR’s 2013 RFI to Price Transparency Vendors**

**\*These were asked largely as a series of “yes/no” questions\***

1. Scope

**Tool includes provider information on:**

* Network Physicians and Hospitals
* Out-of-Network Physicians and Hospitals

**Tool includes information on:**

* Medication (pharmacy)
* Services (e.g. office visits, diagnostic tests, etc.)
* Procedures (e.g. hip replacement, screening colonoscopy)

**Tool includes detailed, meaningful provider information, such as:**

* Contact information (e.g. phone, address, email, access hours)
* Whether or not provider is accepting new patients
* Credentials (e.g. board certifications, education, relevant specialty information, maintenance of certification)
* Languages spoken
* Displays physician and hospital relationships where physicians have privileges for applicable specialties and diagnoses/procedures

**Tool posts meaningful price and quality information, including:**

* Relevant information on quality (including outcomes measures and other measures of safety, effectiveness, timeliness, efficiency, and equity)
* Price (including out-of-pocket contribution and total price)
* Patient experience of care (such as patient reviews)

**Tool displays benefit design information for consumer and dependents**

**Tool displays consumer financial liability in *real time* including:**

* Remaining deductible
* Copay
* Out-of-pocket maximum
* Savings and account balances are integrated across health savings accounts (HSA, HRA, FSA) so consumers know the amount of funds available to pay for services

**Tool has features to engage consumers, such as:**

* Real time messaging and/or email exchange between plan (provider of the tool) and consumer
* Savings calculators
* Highlighting of high-value providers
* Components that support steerage toward high-value providers (e.g. distinction based on price and quality)
* Wellness incentives (please explain):

**Tool accommodates a variety of plan, benefit and network designs, including:**

* PPO
* POS
* HMO
* Consumer-directed health care
* Tiered/narrow networks
* Reference-based pricing
* Centers of Excellence
* Travel benefits for medical tourism

**Tool contains specific pricing for services in:**

* Primary Care (including pediatrics)
* Specialty Care (e.g. dermatology, oncology)
* Lab Testing
* Hospital
* Physical therapy
* Imaging
* Ambulatory surgery
* Pharmacy
* Other (list in notes)

**Tool can display bundled pricing for complex services (e.g. hip replacement). Price, displayed as a single price estimate, reflects all services expected to be included in the bundle.**

**Tool supports transparency for ancillary services (e.g. DME, behavioral health, dental, vision). Please list:**

**Tool can be customized to meet purchasers' specific needs, including:**

* Communication/specific messaging campaigns
* Integration with specific programs (e.g. incentive programs)
* Integration with employer/purchaser portal
* Other (please explain):

**Consumer-facing transparency tool is also electronically connected to:**

* Health plan customer service
* Information about claims status and consumers' ability to pay claims

1. Utility

**Tool/information is accessible to consumer and dependents through:**

* Web-based applications
* Mobile applications (a true "app," not a mobile version the website)
* Telephone customer service
* Multiple languages (please list)

**Tool has web access/security:**

* Consumers can easily identify and find tool from purchaser’s or plan's website home-page
* Access is secure and password protected

**Tool has customer support, including:**

* Real-time customer support online
* Real-timecustomer support telephonically, including ability to speak with a live support during hours specified for each time zone
* Access to pertinent medical and/or pharmacy reference material (glossary, key terms, articles, etc.)
* Access for individuals with special needs, such as the visually impaired
* Access for individuals with limited technological access
* Live online and telephonic clinical support (e.g. patient education, treatment decision support)
* Live online or telephonic financial guidance (e.g. how to use the benefit efficiently, including in the context of benefit designs like reference pricing, tiered networks, or Centers of Excellence)

**Tool supports consumer's ability to compare choices by displaying:**

* Price and quality for multiple providers
* Price and quality for multiple care settings (e.g. urgent care v. hospital)
* Combined price and quality information into a single value score/rating that allows consumer to select highest value option

**Simple and understandable terms are used throughout the tool to support health literacy, including lay definitions of quality information, such as mortality rates and surgical complications**

**Tool allows consumers to search based on:**

* Procedure category
* Provider specialty
* Centers of Excellence
* Accountable Care Organization (ACO)
* Patient Centered Medical Home (PCMH)
* Provider and facility location
* Price
* Quality
* Provider name
* In-network vs. out-of-network
* Other (explain in notes)

**Tool provides consumers with real-time, annual, personalized scorecards about their own health activities, including:**

* Use of high-quality/efficient providers
* Price of services used
* Use of in- and out-of-network providers
* Use of services
* Overall financial impact of choices compared to benchmarks where possible
* Other: (explain in notes)

**Tool provides assistance with and/or personalized alerts for:**

* Online appointment scheduling
* Personalized calendars that display appointments
* Upcoming appointments (alerts)
* When consumer is due for preventive screenings
* When consumer can save money (e.g. by selecting an alternate care setting)

**Tool provides consumers with maps and directions to provider offices**

**Tool supports consumer email messaging, including:**

* Email contact with provider's office to schedule appointments and complete paperwork
* Email provider and/or provider's office with health questions
* Full compliance with all data and information security methods (HIPAA compliant at a minimum).

**Tool has user-generated provider ratings, including:**

* Allows consumers to rate and review providers
* Publishes their ratings and reviews, makes them easily accessible in real time

**Tool allows consumers to save user-specific information, such as:**

* Demographic information
* Location
* Provider preferences (e.g. name, gender, experience)
* Treatment preferences
* Historical usage of services
* User-generated notes
* Other

**Tool interfaces with EMRs/PMRs:**

* Allows consumers to obtain their medical information
* Allows consumers to update their medical information
1. Accuracy

**Price information reflects the total provider-specific, out-of-pocket expense for a particular service at the moment of query, based on the individual consumer’s benefit plan and provider-specific contracts (not average price for region).**

**If estimates are not based on provider**-**specific contracts, what is the timeline, if any, to move to using contracted amounts (please explain):**

**Price estimates reflect real-time information on:**

* Current status of deductible
* Copay
* Current out-of-pocket maximum reached
* Actual physician unit price derived from historical claims or contracted, negotiated amounts
* Actual hospital unit price derived from historical claims or contracted, negotiated amounts
* Actual pharmacy price derived from historical claims or contracted, negotiated amounts
* Out-of-network providers and services (please explain how these are derived, are they employer specific?)
* Full adjudication of the cost estimate, (i.e. submitted charge, covered charges, member out of pocket, net paid or employer plan cost)

**90% of the time, prices quoted in the tool are within 10% of actual prices submitted in claims. If tool uses a different accuracy measure, please explain in notes.**

**Member deductibles etc. are updated monthly or more frequently. If less frequently, please describe:**

**Criteria for data inclusion/exclusion**

* What percent of providers do not allow cost estimates to be displayed? Please explain:
* What threshold must be reached for a cost estimate to be displayed for a provider (in the instance when historical claims experience is used)? If a provider-specific estimate is not available, what is displayed to the user?
* What is the size of your database used to generate estimates displayed?

**Quality data**

* Quality data is provider-specific
* Quality data is only displayed when a sample size yields a confidence level of 90% or greater.
1. Data Sharing and Reporting

**Data are maintained electronically by vendor for future purposes (e.g. audits and analysis)**

**Vendor works with other vendors of the purchaser to maximize member/customer experience when they access the purchaser's benefit offerings (e.g. wellness)**

**The consumer interface, navigation and content is continually improved based on usage data and feedback from consumers**

**Quarterly utilization reports include:**

* Use of quality information (separated by physicians, hospitals and ancillary providers)
* Use of clinical decision supports
* Use of customer service options (e.g. telephonic or online)

**Quarterly savings reports measure/evaluate a purchaser’s specific savings attributable to consumers’ use of the tool**

**Customers get regular reports on data accuracy**

**How often do you refresh the following data:**

* Eligibility files
* Claims
* Both medical and Rx
* Accumulators