

Model Request for Proposal (RFP) Template for Price Transparency Tools

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.

Throughout this document, CPR has highlighted in yellow sections where you would need to add specifics about your organization. This document is also designed to pair with CPR’s 2017 Comprehensive Specifications for the Evaluation of Transparency Tools. Purchasers should use the Specs to identify the features the price and quality transparency tool should possess.

If you have any questions, please don’t hesitate to contact Emily Roesing at [eroesing@catalyze.org](mailto: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**
2. **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

1. **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
2. **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 include the following features as identified in *Attachment A: 2017 Comprehensive Specifications for the Evaluation of Transparency Tools.*

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 Approach**
2. **Details of Current Model**

Insert details of all relevant information about your benefits 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 use of HRAs, HSAs, etc.
* 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.

1. **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 |  |

1. **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 and features: (Company, choose options from 2017 Comprehensive Specifications for the Evaluation of Transparency Tools and include as Attachment A).

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 the past two years?
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.
5. 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 the price of 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. Explain how your organization plans on managing transparency effectively as the industry 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?