

Issue Date: June 1, 2017
Response Date: July 15, 2017

I. General Information

I-1 Purpose The purpose of this Request for Proposals (RFP) is to identify organizations to partner with Catalyst for Payment Reform (CPR) and sponsor the implementation of a Scorecard on Payment Reform in their state. Scorecard “2.0” measures the progress of payment reform in commercial, Medicaid, and Medicare Advantage markets at the state level. The Robert Wood Johnson and the Laura and John Arnold Foundations provide grant funding for this project. As such, the organization we select, who will be referred to as the “sponsor,” will not bear the costs to produce the Scorecard (see section II-3).

The issuance of this RFP does not constitute a commitment to award a contract, or pay any costs incurred in preparation of a response to this RFP. Any information received in response to this RFP will assist CPR’s project team in finalizing the scope of work and requirements, which may be used at a future date.

I-2 Issuer CPR is issuing this RFP. Please refer all inquiries and proposals to Andréa Caballero, Program Director, Catalyst for Payment Reform, at acaballero@catalyze.org or (714) 815-8425.

Pertinent Dates:

Submit questions by 5:00 p.m. PDT on June 30, 2017

Proposals due by 5:00 p.m. PDT on July 15, 2017

CPR will notify applicants of its selection by 5:00 p.m. PDT August 15, 2017

I-3 Project Overview CPR has tracked the implementation of payment reform since 2013. Scorecard 2.0 assesses how much and what types and combinations of payment reforms health plans have been implementing, as well as whether these payment reforms are having their intended impact on the quality and costs of health care. It also measures the proportion of health care payments in both the commercial and Medicaid sectors, and possibly Medicare Advantage, that meet CPR’s definition of “value-oriented.”¹ Specifically, Scorecard 2.0 measures

¹ Value-oriented payment means: 1) payment that reflects the performance (especially the quality and safety) of care that providers deliver; or 2) payment methods that are designed to spur efficiency and reduce

what payment methods make up this percentage (bundled payment, capitation, pay-for-performance, etc.), the prevalence of combined payment methods (e.g., a combination of fee-for-service with shared savings and pay-for-performance), and whether together these payment reforms have a positive impact on indicators of quality, efficiency and cost of care.

I-4 Confidentiality and RFP Ownership This RFP is both confidential and proprietary to CPR, and CPR reserves the right to withdraw the RFP in its entirety or in part. Respondents agree that they will not duplicate, distribute or otherwise disseminate or make available this document or the information contained in it without the express written consent of CPR. Respondents shall not include or reference this RFP in any publicity without prior written approval from CPR. All responses to the RFP will become the property of CPR and will not be returned.

I-5 Disclosure of Proposal Contents CPR will hold in confidence all information provided in proposals and will not discuss it with others. All other material submitted becomes the property of CPR and may be returned only at CPR's option.

II. Description of Catalyst for Payment Reform & Project

II-1 CPR Catalyst for Payment Reform (CPR) is an independent, nonprofit corporation working to catalyze employers, public purchasers and others to implement strategies that produce higher-value health care and improve the functioning of the health care marketplace.

CPR's efforts drive toward three strategic goals:

1. **Effective Payment Reform:** 20% of payments will flow through methods proven to improve value by 2020.
2. **Innovative Health Care Purchasers:** Health care purchasers will become more educated and activated on the use of benefit designs, payment methods, and other tactics that support higher value health care.
3. **Better Health Care Marketplace:** Through greater visibility and competition, the health care marketplace will be more responsive to the needs of those who use and pay for health care.

II-2 Project & Scope This project occurs over a period of one year and includes nine major steps.

Step 1. Introduce CPR to Stakeholders

unnecessary spending. If a payment method only addresses efficiency, it is not considered value-oriented. It must include a quality component.

- Step 2. Recruit Health Plans through Information Sessions
- Step 3. Conduct Health Plan Training Sessions
- Step 4. Collect Data
- Step 5. Conduct Interviews with Health Care Leaders
- Step 6. Validate Data
- Step 7. Analyze Data
- Step 8. Develop Scorecard(s)
- Step 9. Disseminate Scorecard(s)

The following table outlines the timing of these activities.

Table 1 Project Timeline

Month	Activity
1	Introduction of CPR and the project to stakeholders
2	Information sessions with health plans to describe project, answer questions and encourage participation
3 & 4	Continued health plan outreach and recruitment
5	Health plan training and data collection
6	Data collection continues; interviews of health care leaders
7	Data validation
8	Data analysis
9 & 10	Develop the Scorecard(s) and related publications
11 & 12	Disseminate results

II-3 Associated Costs CPR's labor and data collection costs, including the production of the final Scorecard and related methodology description and FAQs, are funded by the Robert Wood Johnson and the Laura and John Arnold Foundations. The sponsor will need to cover the costs of any additional promotional materials, printing, and dissemination.

III. Response Requirements

III-1 Sponsor & State Information Please submit a proposal containing, at a minimum, the following information:

General Questions

1. Please describe your organization's interest in tracking implementation of payment reform and its potential impact in your state.
2. If selected, your organization will be the sponsor of a Scorecard on Payment Reform in your state. Please provide a brief description of your organization's past experience with championing similar projects. Please also cite any experience working across different stakeholder groups as well as your contact with health care leaders in the state.
3. Since most of the data for the Scorecard must be provided voluntarily by

health plans, some influence on or strategy for encouraging their participation is crucial. Please describe how your organization would garner participation by health plans and cite any unique qualifications or other circumstances supporting your organization's proposal.

4. How many commercial, Medicaid managed care, and Medicare Advantage plans are actively operating in your state? Please provide an estimate of the number of payers in each of the market segments.
5. If your organization is not a governmental entity, please describe whether you think the state government (governor, department of insurance, department of health, Medicaid agency, etc.) will help your organization by supporting and promoting this effort.
6. To the best of your knowledge, please describe the payment and delivery reforms being implemented in the state by commercial payers, Medicaid managed care plans and Medicare Advantage plans.

Questions about Data Availability

7. Are you aware of any existing state-based data sources designed to manage and track health, drug, or health care cost outcomes that can be used to help capture the metrics specified in the metrics document (included in Scorecard 2.0 Zip file), such as a multi-payer initiative or an all-payer claims database?
 - i. If yes,
 1. Is it at the state, regional, or community level, or a combination thereof,
 2. Who houses the data,
 3. Who contributes to the database (e.g. commercial payers, Medicare, Medicaid, self-funded claims),
 4. Who has access to the data, and
 5. Are there any costs associated with obtaining the data?
8. Does your state collect the AHRQ "Prevention Quality Overall Composite, Prevention Quality Indicator ([PQI](#)) 90" measure?
 - i. If yes:
 1. Who houses the data,
 2. Who contributes to the database (e.g. commercial payers, Medicare, Medicaid, self-funded claims),
 3. Who has access to the data,
 4. Are there any costs associated with obtaining the data, and
 5. What is the most recent year for which the data are available?
9. Does your state operate a health insurance exchange or marketplace?
 - i. If yes,
 1. Do you know if there is an expectation for participating health plans to implement value-based or value-oriented payment methods?
 2. Does the agency that operates the exchange monitor health plans' progress on payment reform?

- a. If so, do you know how?

Questions about Potential Impact

10. What is the most compelling reason your organization is in the best position in your state to be the sponsor of this project?
11. How do you think your state can benefit from the information Scorecard 2.0 will provide?
12. If selected, what do you believe the stakeholders participating in the project will do with the results? What actions do you expect your organization to take?
13. Please provide any other additional information you believe supports your application.

III-2 Additional Considerations Please also respond to the following questions in your proposal:

1. From your past experience, has CPR identified all the major components necessary to complete this project? If not, please suggest other necessary components.
2. Provide a list of potential barriers/risks that CPR may encounter during this project.
3. Provide ideas or suggestions about how CPR could address such barriers/risks.

III-3 Response Format Responses are to be clear, concise, and specific to the information requested. Please limit the final proposal to seven pages, either by filling out CPR's e-form (www.catalyze.org/rfp) or by preparing a proposal using a template of your choosing, addressing all of the questions. Please submit questions and final proposals to CPR's Program Director, Andréa Caballero at acaballero@catalyze.org.