2019 Renewal Questionnaire for Employer-Purchasers

Employer-purchasers (or their brokers/consultants) typically solicit administrative fee quotes or premium quotes on an annual basis from their incumbent Administrator for the next Plan Year. This questionnaire allows the purchaser to monitor their Administrator’s progress and direction on payment & delivery reform, benefit & network design, and other areas. Check-in with your Administrator by including this Renewal Questionnaire with your request for a quote.

**Administrator instructions:** Please respond to this Renewal Questionnaire with either prior calendar year data or the most recent 12 months of data available.

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| **Time period used:** |       |
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| **2019 Renewal Questions for Employer-Purchasers** |
| 1. **Payment & Delivery Reform**
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| 1. What percent of **[PURCHASER]**’s total dollars (claims, fees, and incentives) were paid to providers through value-oriented contracts, e.g., shared savings, shared risk, bundled payment, capitation, etc.?
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| **RESPONSE:**       |
| 1. Identify any key providers for **[PURCHASER]** that the Administrator expects to transition newly to a value-oriented payment arrangement (excluding shared risk) in the next 12-18 months.
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| **RESPONSE:**       |
| 1. Identify any key providers for **[PURCHASER]** that the Administrator expects to transition newly to a shared risk payment arrangement in the next 12-18 months.
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| **RESPONSE:**       |
| 1. During the time period specified above, what percent of **[PURCHASER]**’s Plan Participants have sought care at least one time from Administrator-designated high-value providers?
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| **RESPONSE:**       |
| 1. What percent of **[PURCHASER]**’s Plan Participants are attributed to a provider participating in a delivery reform program, e.g., an ACO, PCMH or other delivery model in which patients are attributed to a provider?
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| **RESPONSE:**       |
| 1. Identify any bundled payment programs the Administrator offers that the **[PURCHASER]** should consider for next year. Provide supporting documentation.
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| **RESPONSE:**       |
| 1. **Benefit & Network Design**
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| 1. Identify any medical and/or pharmacy value-based insurance design provisions the Administrator offers that the **[PURCHASER]** should consider for next year. Provide supporting information.
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| **RESPONSE:**       |
| 1. If the Administrator supports reference pricing, identify which procedures that the **[PURCHASER]** should consider for reference pricing for next year. Provide supporting information.
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| **RESPONSE:**       |
| 1. Identify any benefit design incentives the Administrator offers that **[PURCHASER]** should consider for specific procedures performed at centers of excellence for next year. Provide supporting information.
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| **RESPONSE:**       |
| 1. Are there any new narrow or tiered network products the Administrator offers that the **[PURCHASER]** should consider? Provide supporting information, e.g., quality, cost savings, disruption, etc.
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| **RESPONSE:**       |
| 1. **Price & Quality Transparency**
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| 1. What percent of **[PURCHASER]**’s eligible Plan Participants have registered for the Administrator’s transparency tool?
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| **RESPONSE:**       |
| 1. What percent of **[PURCHASER]**’s registered Plan Participants have conducted a search on this tool at least once?
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| **RESPONSE:**       |
| 1. For **[PURCHASER]**’s key health systems or provider groups, which providers do not allow the Administrator to publish price or quality information in its transparency tool?
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| **RESPONSE:**       |
| 1. **Special Topics**
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| 1. Identify any initiatives that the Administrator has in place to reduce inappropriate care.
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| **RESPONSE:**       |
| 1. What is the current NTSV cesarean delivery rate for the 5 most frequently selected health systems utilized by **[PURCHASER]**’s population for labor and delivery (by number of total deliveries)? How is the Administrator working with these health system(s) to lower its rate to Healthy People 2020 [guidelines](https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives)?
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| **RESPONSE:**       |
| 1. For **[PURCHASER]**’s 5 most utilized health systems (by number of deliveries), please report on whether each health system’s contract includes incentives to adhere to clinical guidelines, which, if followed, would reduce unnecessary elective medical intervention during labor and delivery, e.g., bundled payment, blended payment, or non-payment for care that is not evidence-based.
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| **RESPONSE:**       |
| 1. Identify any initiatives the Administrator has to reform pharmacy payment and delivery in the next 12-18 months.
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| **RESPONSE:**       |
| 1. Identify any initiatives the Administrator has to improve behavioral health care access, cost, and quality, e.g., payment reforms, integration with primary care, and use of quality measurement, in the next 12-18 months.
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| **RESPONSE:**       |
| 1. **Use of CPR Aligned Sourcing and Standard Plan ACO Reporting for Customers (SPARC) Tools**
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| 1. Has the Administrator incorporated CPR’s [Model Contract Language](https://www.catalyze.org/product/2018-aligned-sourcing-contracting-toolkit/) as an amendment to **[PURCHASER]**’s Administrative Services Only (ASO) Agreement? If not, why not?
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| **RESPONSE:**       |
| 1. Has the Administrator implemented the elements of CPR’s [SPARC Toolkit](https://www.catalyze.org/product/sparc/) into its contract language, reporting and performance guarantees for **[PURCHASER]**? Identify components to which the Administrator has not agreed.
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| **RESPONSE:**       |