2020 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 Renewal 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 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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| **2020 Renewal Questions for Employer-Purchasers** |
| 1. **Prices, Payment, & Delivery Reform**
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| 1. What portion of **[PURCHASER]**’s increase in medical and pharmacy costs (if applicable) is driven by higher prices, higher utilization, or other causes? What is Administrator doing to address these drivers? What are the projected results and by when does Administrator expect to achieve them?
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| **RESPONSE:**       |
| 1. What percent of **[PURCHASER]**’s total dollars (claims, fees, and incentives) were paid to providers through value-oriented contracts (e.g., shared risk, bundled payment, or capitation)?
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| **RESPONSE:**       |
| 1. Identify any providers for **[PURCHASER]** that Administrator has transitioned newly to bundled payment, shared risk, or capitation arrangements in the past 12-18 months.
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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 providers to consider for a reference-based contracting strategy next year, i.e., peg reimbursement to a percent of Medicare. 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 **[PURCHASER]** should consider for next year. Provide supporting information.
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| **RESPONSE:**       |
| 1. If the Administrator offers reference pricing-based benefit design, identify which procedures **[PURCHASER]** should consider for next year. Provide supporting information.
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| **RESPONSE:**       |
| 1. For which specialties is an Administrator-designated center of excellence (COE) available to **[PURCHASER]**’s Plan Participants? What percent of relevant episodes were performed in Administrator COEs, by specialty?
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| **RESPONSE:**       |
| 1. Identify any benefit design incentives Administrator offers that **[PURCHASER]** should consider for specific procedures performed at a COE for next year. Provide supporting information.
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| **RESPONSE:**       |
| 1. Are there any narrow or tiered network products 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. Which providers (health systems, hospitals, or provider groups) do not allow Administrator to publish price or quality information in its transparency tool? How much annual spend does **[PURCHASER]** pay to these providers?
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| **RESPONSE:**       |
| 1. Which providers (health systems, hospitals, or provider groups) does Administrator contract with that require being placed in network in narrow network plans, or in the top tier in tiered network plans, regardless of whether they meet Administrator's criteria for such placement? How much annual spend does **[PURCHASER]** pay to these providers?
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| **RESPONSE:**       |
| 1. **Special Topics**
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| 1. Identify any initiatives that Administrator has in place or planned to reduce inappropriate care.
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| **RESPONSE:**       |
| 1. What is the current NTSV cesarean delivery rate for the 5 health systems most frequently utilized by **[PURCHASER]**’s population for labor and delivery (by # of deliveries)? How is Administrator working with these systems to lower the 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 the 5 health systems most frequently utilized by **[PURCHASER]**’s population for labor and delivery (by # of deliveries), please describe any provisions (e.g., bundled payment, blended payment, or non-payment for care that is not evidence-based) in the system’s contract that incentivize adherence to clinical guidelines designed to reduce unnecessary elective medical intervention during labor and delivery (e.g., induction of labor, cesarean deliveries).
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| **RESPONSE:**       |
| 1. Identify any initiatives Administrator has to reform pharmacy payment and delivery in the next 12-18 months.
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| **RESPONSE:**       |
| 1. Identify any initiatives Administrator is implementing to improve behavioral health care access, cost, and quality (e.g., offering virtual visits, implementing payment reforms, integrating behavioral health with primary care, measuring provider quality) in the next 12-18 months.
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| **RESPONSE:**       |
| 1. For **[PURCHASER]**’s point solution vendor(s), how is Administrator working with the vendor(s) to support **[PURCHASER]** and its Plan Participants?
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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. 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?
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| **RESPONSE:**       |
| 1. Is Administrator willing to commit to reporting to **[PURCHASER]** using CPR’s [SPARC](https://www.catalyze.org/product/sparc/), if not doing so already?
 |
| **RESPONSE:**       |

COVID-19 Reporting & Strategy Addendum to 2020 Renewal Questionnaire

The COVID-19 pandemic has resulted in great uncertainty for everyone. This Addendum to the 2020 Renewal Questionnaire intends to reduce the uncertainty among employer-purchasers with data, while also soliciting the Administrator’s perspective on near-term and longer-term effects COVID-19 could have on Administrator’s strategies and the health care system in general.

**Administrator instructions:** Please respond to this Addendum with the most recent data available.

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| **COVID-19 Reporting & Strategy Addendum to 2020 Renewal Questionnaire** |
| 1. **Administrator Reporting – Cost**
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| 1. What is the average and total allowed amount paid for COVID-19 testing (includes visit, administration of test, interpretation by lab) for **[PURCHASER]**’s population?
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| **RESPONSE:**       |
| 1. What is the average and total allowed amount paid per hospitalized patient (includes testing, medication, outpatient treatment, and inpatient treatment) for **[PURCHASER]**’s population?
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| **RESPONSE:**       |
| 1. What is the average and total allowed amount paid per non-hospitalized patient (includes testing, medication, and outpatient treatment) for **[PURCHASER]**’s population?
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| **RESPONSE:**       |
| 1. What is the average member out-of-pocket cost per hospitalized and non-hospitalized patient for **[PURCHASER]**’s population (if applicable)?
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| **RESPONSE:**       |
| 1. What, if any, is the 2021 projected premium equivalent rate change for **[PURCHASER]** due to COVID-19?
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| **RESPONSE:**       |
| 1. **Administrator Reporting – Utilization**
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| 1. How many **[PURCHASER]** Plan Participants have had claims for COVID-19 tests?
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| **RESPONSE:**       |
| 1. How many **[PURCHASER]** Plan Participants have been diagnosed with COVID-19?
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| **RESPONSE:**       |
| 1. How many outpatient visits have been COVID-19-related? Break out by PCP, telehealth, ER, and other.
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| **RESPONSE:**       |
| 1. How many **[PURCHASER]** Plan Participants have been hospitalized for COVID-19 treatment? What is the total number of inpatient days and average length of stay for these hospitalizations?
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| **RESPONSE:**       |
| 1. **Administrator Reporting – Quality**
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| * **[PURCHASER]** is concerned about the quality of care suffering in non-COVID-19 areas of treatment during the pandemic. While it may be too soon to tell, can Administrator provide any evidence of what impact the pandemic is having on the quality of care in other areas?
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| **RESPONSE:**       |
| 1. **Questions About Administrator’s Immediate Efforts to Address COVID-19**
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| 1. What is the Administrator projecting will be the net cost impact of the COVID-19 pandemic for its population of plan members (i.e., book-of-business), taking into account the added direct costs of COVID-19 (testing, treatment, etc.), the reduced direct costs due to deferred care in other clinical areas, and the indirect potential added costs of that deferred care (e.g., if patients with chronic conditions are not able to manage their conditions, etc.)?
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| **RESPONSE:**       |
| 1. Many insurers are covering treatment without member cost share for their insured population through a certain date, e.g., May 31, 2020 and requiring self-insured purchasers to opt in or opt out. Are there other pending or anticipated COVID-19 decisions **[PURCHASER]** will need to make about benefit coverage? If so, please describe.
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| **RESPONSE:**       |
| 1. Explain Administrator’s efforts to increase access to virtual providers during the pandemic. Has Administrator increased the number of virtual providers in its network? If so, please quantify and break out by medical and behavioral health.
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| **RESPONSE:**       |
| 1. Is Administrator currently paying for all virtual provider visits at normal office rates? If not, which type(s) of virtual visits is Administrator paying for at normal office rates, and what percent of virtual visits is Administrator paying at this rate?
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| **RESPONSE:**       |
| 1. Explain Administrator’s efforts to monitor billing fraud and abuse. Is Administrator continuing its standard audit practices or has Administrator expanded auditing?
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| **RESPONSE:**       |
| 1. **Questions About Administrator’s Perspective on Mid- and Long-Term Implications of COVID-19**
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| 1. How is COVID-19 impacting Administrator’s provider payment reform strategy? Which payment models is Administrator prioritizing or de-prioritizing in light of 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?
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| **RESPONSE:**       |
| 1. Which benefit design (e.g., V-BID) or network design (e.g., narrow networks) products is Administrator prioritizing, de-prioritizing or modifying in light of the pandemic?
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| **RESPONSE:**       |
| 1. What does Administrator project the impact of COVID-19 will be on provider consolidation and the sustainability of independent physician practices? Is Administrator prioritizing joint ventures or another Administrator-provider integration or other strategy to support financially weaker physician practices?
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| **RESPONSE:**       |
| 1. What does Administrator view as gaps in its preparedness for future pandemics? How is Administrator working to fill these gaps?
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| **RESPONSE:**       |