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 the **[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 the **[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 the **[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?
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| **RESPONSE:**       |