2022 Renewal Questionnaire for Employer-Purchasers

**Delete this summary before sending to Administrator.** Employers and other health care purchasers (or their broker-consultants) may solicit administrative fee or premium quotes on an annual basis from their incumbent Administrator for the next Plan Year. Catalyst for Payment Reform’s Renewal Questionnaire allows purchasers to monitor their Administrator’s progress and direction on payment & delivery reform, benefit & network design, and other priority areas. Check in with your Administrator by adding this Questionnaire to your next request for a quote.

**Administrator instructions:** Please respond to this Renewal Questionnaire with either prior Plan Year data/information or the most recent 12 months of data/information available.

Time period used:

# Administrator’s Efforts to Combat High and Rising Prices

* 1. What is Administrator doing to combat high and rising health care prices in purchaser’s key geographies? Cite recent results.

* 1. Deconstruct purchaser’s medical and pharmacy cost trend for the time period. How much of the change is driven by each of the following factors: prices, service utilization, changing demographics, other causes?

# Administrator’s Efforts to Address Provider Market Power and Competition

* 1. In which geographical markets is Administrator particularly concerned about the market power of providers? Cite the markets, provider(s), and use the purchaser’s census to cite the number of purchaser’s plan participants residing there.

* 1. During the time period, how has Administrator supported independent physician practices, Essential Community Providers, and providers whose patient population primarily comprises people who experience inequities so that these providers can remain independent? Cite specific examples and results in purchaser’s key geographies.

* 1. How many health systems accessed by purchaser’s plan participants during the time period still have anti-competitive contract provisions in place, e.g., anti-steering, anti-tiering, all-or-nothing clauses? How can purchaser support Administrator in the next contract negotiation to get these removed?

# Administrator’s Efforts to Enhance Price and Quality Transparency

* 1. Will Administrator help purchaser fully comply with the Transparency in Coverage Final Rule to take effect for purchasers on July 1, 2022? If not, for which requirements will Administrator not provide support?

* 1. How is Administrator pushing hospitals to comply with the Transparency in Coverage Final Rule? How can purchaser support Administrator’s effort to push hospitals to comply?

# Administrator’s Efforts to Reform Payment and Care Delivery

* 1. What percent of purchaser’s total dollars (i.e., claims, fees, and incentives) did Administrator pay to providers through value-oriented contracts in the time period? What are Administrator’s goals for percent of total dollars paid to providers in downside risk arrangements (e.g., shared risk, bundled payment, or capitation)? How have Administrator’s goals shifted in light of COVID-19?

* 1. Describe Administrator’s plans to expand its bundled payment program in the next 12 months, including types of episodes and key providers of interest to purchaser. Would Administrator be willing to use open-source standard definitions of episodes if they were available?

* 1. How is Administrator supporting access to high-quality primary care through:
  + Payment reform (e.g., upfront payment methods like capitation or partial capitation), and
  + Delivery reform (e.g., resources to help PCPs practice at the top of their license)

* 1. How is Administrator encouraging providers to reduce racial disparities through payment and delivery

reform?

# Administrator’s Efforts to Innovate with Benefit and Network Design

* 1. Among the following high-value benefit design strategies, cite at least three for purchaser to consider for the next Plan Year, and provide purchaser-specific data supporting the recommendation:
  + Change(s) to benefit design that do not discourage health care utilization, particularly for employees earning lower wages and plan participants who experience inequities (cite benefit design recommendations).
  + Center of excellence (cite service(s), provider(s), and benefit design recommendation(s)).
  + Product model ACO(s).
  + Reference-based benefits (cite service(s) and benefit design recommendation(s)).
  + Strategy that shifts plan participants away from higher-intensity sites of care to lower-intensity sites of care as appropriate (cite service and benefit design recommendation(s)).
  + Strategies, like value-based insurance design (V-BID), that direct plan participants to high-value services, and/or strategies, like [V-BID X](https://vbidcenter.org/initiatives/vbid-x/), that shift plan participants away from low-value services (cite benefit design recommendation(s)).

* 1. Among the following high-value network design strategies, cite at least one for purchaser to consider for the next Plan Year, and provide purchaser-specific data supporting the recommendation:
  + Direct- or semi-direct provider contract with Administrator retaining its role (cite provider(s) and service(s)).
  + Eliminate a high-priced or low-value provider from purchaser’s network (cite provider and include impact analysis).
  + Narrow network product, i.e., a network that excludes high-priced providers (include product details and impact analysis).
  + High-performance network product, i.e., a network composed of high-quality, cost-efficient providers (include product details and impact analysis).
  + Tiered network product, i.e., a network that differentiates between preferred and less preferred providers through levels of employee cost share (include product details and impact analysis).

# Administrator’s Efforts to Improve Population Health and Increase Health Equity

* 1. How has Administrator increased health equity? Cite specific programs Administrator supports in key purchaser geographies.

* 1. For what percentage of purchaser’s plan participants does Administrator have demographic data, including:

a.     Race and ethnicity  
b.     Income  
c.     Disability status  
d.     Sexual orientation  
e.     Gender identity  
f.      Limited English Proficiency (LEP)  
g.     Spoken and written language

If below 80%, does Administrator commit to obtaining 80% or more in the next 12 months?

* 1. Which quality measures will Administrator track to evaluate its progress on reducing health care and outcomes disparities? How can purchaser support Administrator’s efforts to reduce health care and outcomes disparities?

# Administrator’s Efforts to Comprehensively Report and Collaborate

* 1. Does Administrator commit to reporting to purchaser using CPR’s [Standard Plan ACO Report for Customers (SPARC)](https://www.catalyze.org/product/sparc/) and pertinent [Reform Evaluation Frameworks](https://www.catalyze.org/product-category/tool-library/program-evaluation/)?

* 1. Does Administrator commit to participate in any upcoming external price and quality transparency initiatives of interest to purchaser, e.g., RAND’s Hospital Price Transparency Study and contributing to all-payer claims databases?

* 1. Purchaser wishes to incorporate CPR’s [Model Contract Language](https://www.catalyze.org/product/aligned-sourcing-contracting-toolkit/) into its ASO Agreement. Please review and advise as to which, if any, provisions Administrator objects.

* 1. Purchaser wishes to incorporate CPR’s [Addendum to Administrative Services Only (ASO) Agreement on Data Ownership, Access, Sharing, and Transmission](https://www.catalyze.org/product/breaking-barriers-data/) into its ASO Agreement. Please review and advise as to which, if any, provisions Administrator objects.