Request for Proposal

Support for Utah Spending Growth Measurement and Cost-driver Analysis

Launch Date: January 26th, 2024

RFP Title: Support for Utah Spending Growth Measurement and Cost-driver Analysis

Proposal Due Date: February 26, 2024

Point of Contact: Sri Bose, Sri@uthealthcollaborative.org

Introduction

The One Utah Health Collaborative (the Collaborative) is looking for qualified contractors with experience in healthcare spending growth performance measurement, provider attribution and/or cost-driver analysis to respond to this Request for Proposal (RFP). The scope of work has two parts: Part A and Part B. Because the work could be completed by different contractors, proposals may include providing services for one or both. Please state your intent clearly on the application.

The contractor would act not only as a technical contractor for data collection, methodology development, and analysis but also a partner to strategize and assist in necessary stakeholder development to achieve the Collaborative's goals.

Submissions

Process

- Send your proposal as an attachment by email to Sri Bose at sri@uthealthcollaborative.org by 11:59 p.m. on February 26, 2024.
- By the same deadline, fill out this abbreviated online form
- The workplan and assumptions portion of the RFP should be no more than five pages if applying for one part of the RFP. If applying for parts A and B, the limit is 10 pages. This does not apply to the optional cover page, table of contents, budget, or appendices. (See the below section labeled Suggested Format for Submission).
- During the evaluation period, the Collaborative staff may contact one or more submitters for clarification or discussion.

Key dates

RFP Name	Support for Utah Spending Growth Measurement and Cost-driver Analysis
RFP Release Date	January 26, 2024
RFP Due Date	February 26, 2024
Estimated Start Dates	Part A: March 11, 2024

	Part B: March 11, 2024
Period of Award	March 11, 2024 to June 30, 2025

Objectives and Background

The Collaborative is an independent 501(c)(3) organization, launched by Utah Governor Spencer J. Cox. The organization is committed to addressing the growth of healthcare spending in Utah. Through public and private funding, a community-centric approach, and an emphasis on supporting innovation, the Collaborative aligns the community on a long-term roadmap to a better healthcare system.

While Utah is seen as a healthy and affordable state, its healthcare system requires immediate action to ensure long-term sustainability. Healthcare costs are rising for individuals, employers, and the state budget. Despite rising costs, outcomes are worsening and are unequally distributed, leading to disparities that impact the state's most vulnerable populations. To improve health and healthcare for all Utahns, the healthcare system must evolve in order to be sustainable.

The Collaborative's primary roles are to:

1) **Align the Community**: Act as conveners by bringing stakeholders to a consensus on metrics and specific approaches to improve Utah's healthcare system.
2) Commit to Action: Serve as a steward of the pledge, helping participants uphold individual and collective commitments.
3) Accelerate Innovation: Monitor the healthcare landscape, identify deficiencies, and support a variety of innovations throughout the state.

To monitor and ensure our healthcare system is sustainable, the Collaborative seeks to measure and improve total healthcare expenditure, analyze healthcare cost growth performance, and create and analyze a methodology for provider attribution in Utah. The Collaborative is exploring additional efforts including setting and measuring a primary care spending target, and measuring the adoption rate of value based payment models.

See our website for more information. https://www.uthealthcollaborative.org/accelerate-innovation

Scope of Work

There are two parts of the scope of work: Part A and Part B. Because the work could be completed by different contractors, proposals may include providing services for one or both.

Part A: Performance measurement of spending growth in Utah and provider attribution

Objective

1. Calculate total healthcare spending, healthcare costs and spending growth performance for Utah using aggregate data on health care costs, at the state, market, payers, and providers level which includes claims and non-claims spending, pharmacy rebates, and administrative costs.
2. Provide subject matter expertise in Technical Advisory Group (TAG) meetings, co-facilitate the TAG meetings and co-develop materials for the meetings.
3. Develop a methodology for attributing members to clinicians and clinicians to provider entities for the purposes of measuring provider level total healthcare spending and spending growth.
4. Conduct ad hoc analyses to identify factors influencing cost growth using data submitted by the payers in this scope of work. *Note that this is a separate analysis from Part B using the All Payer Claims Database.
5. Develop a methodology to collect information on alternative based payment models from the payers.

Estimated timeline and project duration

Selection of consultant	Feb-Mar 2024
Onboarding and preparation	Mar 2024
Provide subject matter expertise in TAG meetings, co-facilitate the TAG meetings and co-develop materials for the meetings	Mar 2024- June 2025
Development of study design and methodology to measure total health care expenditure and spending growth performance	Apr-May 2024
Development of data submission template and implementation manual to support data collection, dissemination of the data submission template and manual to the payers, and support to payers regarding the template, manual and methodology for measuring total healthcare spending	Jun-Jul 2024
Data collection, including setting up a process/mechanism for payers to submit the data (e.g., secure file transfer protocol), and support to payers in producing data to specifications	Aug-Sept 2024
Data validation involving identifying potential issues with submissions and having conversations with payers about their submissions to understand/determine whether payers followed specification	Oct-Dec 2024
Analysis and report writing on total healthcare spending and cost growth performance	Dec-Jan 2024

Information dissemination on total healthcare spending and spending growth performance	Jan-Feb 2025
Development of provider attribution methodology and conversation with payers and providers to come to a consensus about a single provider attribution method. Coming to agreement with the community on a risk-adjustment methodology	Feb-Jun 2025
Provider attribution data analysis and report writing	Feb-Jun 2025
Develop methodology to collect data on adoption of alternative payment model by payers	Feb-Jun 2025

Scope

Expected tasks

1. Create and utilize a project management tool to track tasks, deadlines, and accountable parties. Regularly update the tool throughout the duration of the contract.
2. Support the Technical Advisory Group (TAG)
    a. Provide subject matter expertise in TAG meetings with payers, providers, and researchers for any questions that might come up regarding the collection of data and methods of analysis for cost growth; co-facilitate the TAG meetings and co-develop materials for the meetings.
    b. Anticipate 12-14 meetings in 2024 and 6-7 meetings in 2025. All meetings will be virtual. Review data submission process and specifications with data submitters and clarify the data request annually.
3. Disseminate data submission template and implementation manual to the payers and provide technical support answering questions regarding the template, manual, and methodology for measuring total healthcare spending.
4. Collect data from an expected 8 major payers and 9 health systems or medical groups, including setting up a process/mechanism for payers to submit the data (secure file transfer protocol, etc.) and provide support to payers in analyzing data to specifications.
5. Validate the data from payers on total medical expenses, market enrollment, pharmacy rebates, provider organization identifier, standard deviation, demographic adjustment code by age, sex and business category, data completion, inclusion exclusion criteria and information on self insured and uninsured plans. Identify potential issues with submissions and hold conversations with payers about their submissions to understand and determine whether payers followed specifications. Provide feedback and guidance as needed.
6. Calculate total health care spending, its trend, and per capita spending. Analyze spending growth performance using the data submitted at the state, market, and payer levels for commercial, Medicare and Medicaid population using strategies to strengthen the accuracy and reliability of cost growth benchmark measurement.
7. Conduct additional analysis to identify trend by market and by payer in total medical spending, net cost of private health insurance, service category (non claims, retail pharmacy, inpatient, outpatient, long term care, other claims, professional physician, other physician), enrollment,

adoption of alternative payment methods, premiums, and impact of rebates on pharmacy spending and growth using data submitted.
8. Perform provider attribution analysis from second year onwards.
9. Qualitatively evaluate the effect of spending growth measurement in Utah through a written survey and up to five virtual stakeholder interviews.
10. Review results with payer and providers. Co-present at three conferences and meetings.

Deliverables
1. Dynamic project plan with timeline and deliverables.
2. Co-developed materials and presentations for each TAG meeting.
3. Implementation manual (Examples include: Connecticut, Washington, and Oregon).
4. Data submission template (Examples include: Connecticut, Washington, and Oregon,.
5. Co-created reports on Total Health Care Expenditures (THCE) and cost growth performance (see examples: Report examples, Oregon excel report for public)
6. A provider attribution methodology for Utah.
7. An analysis report on provider attribution.
8. A report derived from one survey and five qualitative interviews on the impact of spending growth work.
9. Provide all workproducts files, codes, templates, sheets, documents, presentations.
10. Weekly check-ins

Role of the Collaborative

The Collaborative will provide:
- Contract manager (Sri Bose) - oversee and ensure successful completion of deliverables
- Project Manager - track timeline and tasks by respective parties
- Public communications and marketing - formatting of reports, PR, press releases on milestones
- Logistics support - virtual or in-person meeting set up, food, distribution list for email communication, sending pre-read materials

Requirements/qualifications
- Experience in this work: Expertise in spending growth benchmark programs, data collection, healthcare spending measurement and analysis, report writing for general audiences, provider attribution methodology, primary care spending targets, and alternative payment models. **This qualification will have a significant weight in scoring candidates and selecting an awardee.**
- Qualified staff (please identify specific names in RFP submission).

Part B: Cost-driver analysis

Objective
1. Perform cost growth driver analysis – an analysis of spending levels and drivers of cost (e.g., specific services, provider types, providers, medical conditions) to inform policy decisions and identify opportunities for action to reduce healthcare cost using the Utah All Payers Claims Database (APCD).
2. Identify trends in healthcare quality measures, patient experience and primary care spending using HEDIS and CAHPS measures.

Estimated timeline and project duration

Selection of consultant	Feb-Mar 2024
Onboarding and preparation	Mar 2024
Develop analytic plan, submission of IRB application, data sharing agreement, Medicaid approval, Medicare data	April-June 2024
Secure APCD data access from DHHS, Medicaid and Medicare claims data access	July 2024
Conduct analysis	Aug- Sep 2024
Report writing	Oct 2024
Information dissemination	Nov-Dec 2024
Webpage dashboard creation and publication	Jan-Mar 2025

Scope

Expected tasks

- Participate in the cost driver analysis meetings (anticipating 12-15 total) and provide SME support. All meetings will be virtual. Co-develop meeting materials and presentation.
- Assist in APCD, HEDIS and CAHPS data request for the past five years and ongoing years, co-submit IRB application and renewal, complete Data Sharing Agreement, seek Medicaid approval and request Medicare data.
- Develop and implement an analytic plan for examining health care costs and cost growth in Utah and the factors/drivers influencing trends. Potential analyses may include aggregate and average per member per month spend overall and by category of service, price vs. utilization impacts on spending growth, provider price variation, highest spend services, and spending stratified by illness burden, medical conditions, demographics (e.g. age, gender, etc.), and other social risk factors including income, race/ethnicity, geographic region, and language.
- Identify trends in quality measures (e.g., behavioral health, chronic condition, pediatric/adolescent care, screening, and prevention), trends in patient reported experience, and primary care spending using HEDIS and CAHPS measures and other sources.
- Co-present findings in conferences and meetings.

Deliverables

1. Co-create proposal for APCD, HEDIS and CAHPS data request; seek Medicaid approval and Medicare data access. Co-submit IRB application and Data Sharing Agreement.
2. All work products including analytical files, codes, etc. must be provided in a format that the Collaborative will be able to replicate the work in future analysis, should it decide to do so.
3. Co-create two static reports on cost driver analysis at both the state and market level (see examples in Nevada, and Connecticut), HEDIS outcomes trend and CAHPS measures trends and interpret results.

4. An interactive web-based dashboard (see an example from [Washington]). This may be priced separately.
5. 15-17 uniform reports at the individual payer and health system level or provider group level.
6. Co-create presentations for meetings and conferences.
7. Check-ins every other week.

Role of the Collaborative

The Collaborative will provide:

- Contract manager - oversee and ensure successful completion of deliverables (Sri Bose)
- Project Manager - track timeline and tasks by respective parties
- Public communications and marketing - formatting of reports, PR, press releases on milestones
- Logistics support - virtual or in-person meeting set up, food, distribution list for email communication, pre-read materials

Requirements/qualifications

- Expertise in cost driver analysis work
- Qualified staff (please identify specific names in RFP submission)
- Expertise in analyzing health care claims data. **This qualification will have a significant weight in scoring candidates and selecting an awardee**
- Report writing for general audiences
- Expertise in IRB application and data sharing agreements with state government agencies

Budget

A capped price is not included in this RFP. We encourage applicants to detail their assumptions (such as quantities, report length, etc.) in their pricing with line-itemed dollar amounts in natural categories. A line item for the web-based platform in Part B should be specifically itemized.

Suggested Format for Submission

In order to ensure readability by reviewers, fairness in the review process, and consistency among applications, each application must follow the following specifications to be reviewed:

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides)
- All pages of the response must be paginated in a single sequence
- Font size must be no smaller than 12 point

The following can serve as a guide for a structure for submissions, but is not required:

- Cover Page (not included in page count)
- Table of Contents (not included in page count)
- Introduction (not included in page count)
- Work Plan with assumptions (up to five pages for each part included in submission)
- Budget (not included in page count)
- Appendix (not included in page count)
    a. Team and bios

b. Examples of past experience or summary of qualifications

Evaluation

The Collaborative will use a scorecard to determine final candidates. The categories and weighting is not made public, but a higher preference will go to candidates with firsthand experience and those that include services for Part A and Part B of the scope of work.