Request for Proposals: Data and Analytics

SUBMISSION DETAILS

Submission Deadline
All submissions for responding to this request must be submitted, as stated below, no later than: **April 1, 2019**

Submission Questions and Clarification
You may contact the following person if you have any questions or require clarification on any topics covered in this Request for Quotation:

Jack Newsom, ScD
Chief Programs Officer
781-454-5827
Email: jnewsom@nationalruralaco.com

Electronic Submissions
Only electronic submissions in response to this Request for Quotation will be accepted. They must meet the following criteria:
Sent via email to: jnewsom@nationalruralaco.com

Document standards:
- Must be in Microsoft Word or PDF format
- Must be sent encrypted to protect confidential information

INTRODUCTION AND EXECUTIVE SUMMARY

The National Rural Accountable Care Consortium (NRACC) is a national leader in the transformation of rural community health care systems from fee-based to value-based care by creating affordable, replicable frameworks that result in improved population health and clinical quality at a lower cost. We support our enrolled clinical practices to build the internal infrastructure and workflows needed to manage population health with a focus on improving care, reducing unnecessary costs and utilization and on improving patient satisfaction and engagement. Program graduates commonly move into ACOs, CPC+, and private payor value-based payment arrangements. The NRACC also provides technical assistance for clinicians for the Medicare Quality Payment Program.

THIS RFP IS INTENDED TO IDENTIFY A DATA AND ANALYTICS VENDOR FOR SERVICES NOT TO EXCEED $1.8 MILLION IN FEDERAL FISCAL YEAR 2019. THE RFP IS INTENDED TO ADD THE HEALTH CARE ANALYTICAL EXPERTISE NEEDED TO HELP NRACC TO MEET AND EXCEED PROGAM COMMMITMENTS, WITH SPECIAL FOCUS ON QUANTIFYING REDUCTIONS OF AVOIDABLE UTILIZATION OF TESTS AND PROCEDURES CONNECTED TO NRACC PROGRAM INTERVENTIONS AND ON EXTRACTING AND DISPLAYING EVIDENCE OF PROGRAM SUCCESS ON TRANSFORMATION GOALS AND CMS COMMITMENTS. OUR SELECTED CONTRACTOR WILL HAVE ACCESS TO A CLAIMS DATA SET, PRACTICES' SELF-REPORTED EHR DATA, AND ADDITIONAL TOOLS AND DATA INCLUDING MILIMAN'S MEDINSIGHT HEALTH WASTE CALCULATOR AND RESULTS OF PRACTICE ASSESSMENT TOOL (PAT) SURVEYS USED TO DETERMINE PRACTICE'S OPERATIONAL SOPHISTICATION. THE DRAFT REPORT IS DUE ON SEPTEMBER 28, 2019 WITH A FINAL VERSION TO FOLLOW.

BUSINESS OVERVIEW & BACKGROUND

National Rural Accountable Care Consortium is a 501(c)(3) organization that has been awarded a $31 million Practice Transformation Network grant from the Centers for Medicare and Medicaid Innovation (CMMI). By the completion of our program, we will serve more than 8,000 clinicians at nearly 3,000 practice locations in the United States, Guam and the U.S. Virgin Islands.

NRACC Serves Clinicians Nationwide

Greatest Clinician Concentration: VA, ID, WI

Also serving clinics in Alaska, Guam, US Virgin Islands

OPPORTUNITY

The NRACC's three most impactful service delivery interventions to date have focused on enhanced workflows supporting Annual Wellness Visits, development and implementation of Chronic Care Management programs, and reduction in unnecessary hospitalizations through our care coordination tools. While we have achieved significant success in our program, NRACC has also been challenged to hire and train professional and experienced health care data analysts, and currently is at capacity for this department. This lack of capacity has hindered our ability to do the in-depth analysis needed to meet outstanding commitments in the areas of avoidable tests and imaging procedures, and in developing data-driven clinical practice narratives that convey our program's impact. It has also thwarted our ability to develop individualized practice reports that address Practice Assessment Tool (PAT) milestone performance gaps, which would assist our service delivery team to engage in targeted coaching to more quickly advance enrolled clinical practices through the phases of transformation.

Analytics expertise is sought through this Request for Proposals to assist NRACC to better extract and display practice-level quality and performance data for our 500 best performing exemplary practices, as well as to optimize the new tools and data sets available to us for identification and validation of avoided tests and procedures connected to our program interventions. In short, contracting with a professional data and analytics firm would add the capacity and analytics expertise needed for NRACC to achieve our program commitments, and to accelerate our rate of practice transformation in the final year of the grant.

DETAILED SPECIFICATIONS

For each of the following, please either indicate that you either **currently** *do or do not* support the requirement. If you currently support the requirement, describe how you support it. If you do not currently support the requirement and are willing to do so, please provide a brief description (no more than one page, 12 point font) of how you will implement the requirement and an anticipated completion date. If you are not able to contractually commit to providing the service by 5/1/2019 please do not submit a response to the RFP.

REQUIREMENT 1: Develop a plan for data analysis and completed analysis using a claims data set to advance program aims in avoidable tests and procedures. This would support NRACC's goal of achieving 1,200 avoided tests and procedures at currently or previously enrolled clinical practices.

1. Identify and facilitate the purchase of appropriate data set and supporting tools.
   a) There will be access to CareJourney Data
2. Develop and operationalize methodologies for identifying and measuring avoided tests and procedures.
   a) May vary by specialty
   b) Not to be limited to low back pain measure (NQF 0052)
3. Develop and operationalize methodologies for identifying costs savings and successful transition to advanced payment models
4. Develop and operationalize methodologies for comparison groups
5. Develop and operationalize methodologies for trending over time
6. Identify and define appropriate quality measures
   a) May include Choosing Wisely
7. Identify utilization and cost measures
8. Develop and operationalize methodologies for CMS attribution
9. Compare and contrast performance on relevant measures (tests and procedures)
10. Compare and contrast practice patterns
11. Utilize self-reported EHR data to enhance and add to this analysis
12. Display data in a way that demonstrates performance at the aggregated level, or the practice (brick and mortar location) or the account level (determined by Tax Identification Number), provider, as appropriate

REQUIREMENT 2: SUPPORT APPROPRIATE UTILIZATION OF MILLIMAN TOOL

Milliman's MedInsight Waste Calculator will be used to identify potentially inappropriate utilization in the claims data, helping NRACC meet our program commitment to avoid unnecessary tests and procedures by overcoming prior limitations stemming from using only self-reported EHR data. Our chosen data and analytics vendor will use the Milliman tool to expand NRACC's focus on tests and procedures that are commonly overused and **would support NRACC's goal to achieve 1,200 avoided tests and procedures that were unnecessary**.

1. Ability to support implementation of the calculator tool
2. Ability to make recommendations for targeted use of Milliman tool
3. Development of individual practice level reports using the tool, where applicable. Present results in a usable, actionable manner that the care team can use to effectively manage population health.

4. Identify practice trends and opportunities for timely interventions with practices suing the tool
5. Display data in a way that demonstrates performance at the aggregated level, at the account level (determined by Tax Identification Number, or "TIN"), and at the practice level (brick and mortar location defined by TIN+Zip code+4), as appropriate

REQUIREMENT 3: Develop reports displaying overall program performance in the aggregate, and other reports addressing specific program objectives at various levels, including

1. For all current and past clients
2. At the Account (TIN) level, ***for about 1000 accounts***
3. At the individual Practice-level (TIN+Zip code+4), ***for about 2700 sites***
4. Breaking down the report by performance on specific program AIMs and Quality Measures (Reference Appendix A: NRACC Program Commitments, and Appendix B: NRACC Quality measures)

We propose to combine the acquisition of the updated CareJourney claims data set, the Milliman tool and the results of our Practice Assessment Tool ("PAT assessments") and use those tools to empower our analytics vendor to demonstrate enhance the overall success of our program, ***meeting these delivery requirements***:

- Provide graphically appealing reports to our service delivery team and for our professional writers that address overall program performance, account-level performance (TIN), and brick-and-mortar practice performance (TIN + Zip code+ 4), as appropriate.
- Use data to identify practice trends, and to connect data trends to program aims including reduced tests and imaging procedures to NRACC practice interventions and on secondary measures including reduced hospital utilization and improved performance on key quality measures, including diabetes control, hypertension control, depression risk screening with follow-up and fall risk screening, as appropriate.
- Develop individualized practice reports that address Practice Assessment Tool (PAT) milestone performance gaps; these reports would assist our delivery team to engage in targeted coaching to more quickly advance enrolled clinical practices through the phases of transformation (about 2700 reports are needed).

REQUIREMENT 4: Aggregation and reporting from Claims Data
1. Please describe your ability to interpret claims data from Medicare, including the following:

   a. Names of all payors from whom you receive and process claims data today.
   b. Show how claims data is used to improve care
      i. At the enterprise level
      ii. At the practice level
   c. Show various dashboards and reports based on claims data used to identify the following:
      i. ED Utilization
      ii. In-Network vs. Out-of-Network Utilization
      iii. Risk Scoring
      iv. Post-Acute Care Analysis
      v. Wellness Visits Utilization
      vi. Chronic Care Management Utilization
      vii. Cost per beneficiary
      viii. Utilization per beneficiary
      ix. Cost per provider
      x. Utilization per provider

REQUIREMENT 5: Privacy and Security
   1. Describe in detail your steps to protect Protected Health Information (PHI) from security breaches.

REQUIREMENT 6: Training and Support
   1. Please describe your training program and what support is offered.

REQUIREMENT 7: Program Evaluation Experience
   1. Please describe your experience completing rigorous program analyses in short periods.

QUOTE PROPOSAL

Please include the following items in your quote to be considered for this proposal:
Name (Contact):
Company:
Address:
Phone Number:
Email:

Please include the following in your proposal:
   1. Up-front implementation fees
   2. Estimated timeline and initial project plan.
   3. Estimated resource commitment

      a. Hourly rates

      b. Total fees

4. All other fees (including training and support)

5. Two organizations that are currently using your solution at the enterprise level

6. Describe your methods of ensuring quality in your product.

      a. How do you track and report on bugs, data errors, missing data, etc?

      b. What is the process for requesting new functionality?

      c. How do you prioritize issues for resolution?

APPENDIX A: NRACC PROGRAM COMMITMENTS

TCPI AIM	NRACC Commitment
Aim 1: Support more than 140,000 clinicians in their practice transformation work	Enroll 8,050 clinicians by March 30, 2019
Aim 2: Improve health outcomes for 5 million of Medicare, Medicaid and CHIP beneficiaries and other patients. (include numerator/denominator of patients improved)	Improve health outcomes for 35,511 patients by year 4 (Sept. 28, 2019)
Aim 3: Reduce unnecessary hospitalizations for 5 million patients.	Reduce unnecessary hospitalizations by 1,241 by the end of year 4
Aim 4: Generate $1 to $4 billion in savings to the federal government and commercial payers.	NRACC to achieve cost savings of $188,008,040 by year 4
Aim 5: Sustain efficient care delivery by reducing unnecessary testing and procedures. (include percentage and numerator and denominator calculations)	Reduce unnecessary tests and procedures by 578 by the end of the program
Aim 6: Transition 75% of practices completing the program to participate in Alternative Payment Models. (include percentage and numerator and denominator calculations)	6038 clinicians graduated by year 4

APPENDIX B: SUPPORTED MEASURES

NRACC Quality Measures Reported by Clients
1. NQF 0034: Colorectal Cancer Screening
2. NQF 0043: Pneumonia Vaccination Status for Older Adults
3. NQF 0041: Preventive Care and Screening: Influenza Immunization
4. NQF 418: Preventative care and screening for clinical depression and follow up
5. NQF 0028: Tobacco use screening and cessation intervention
6. NQF 0419: Documentation of Current Medications in the Medical Record
7. NQF 0059: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
8. NQF 0018: Controlling High Blood Pressure

9. NQF 0101: Falls: Screening for Fall Risk
10. NQF 0052 Use of Imaging Studies for Low Back Pain