

ACO – Request for Quotation

Client Specific Information

Name of Reinsured:

Principal Address:

Domiciled State (if different):

ACO payment arrangement: Track 2 Pioneer

Estimated number of assigned ACO beneficiaries:

Covered services are ACO services: Medicare Parts A & B Yes No

If no, please explain

Additional services: One day Rx

Current carrier:

Are you looking for a Specific Excess of Loss Coverage Yes No

If yes, indicate preference below:

Retention Options requested: Note, this is a combined hospital and physician retention \$

Desired Policy Limit \$

Reimbursement/Payment Methodology: Assume Medicare basis; % of Medicare %. If different, please indicate: %

Are you looking for Aggregate Coverage of the Benchmark? Yes No If yes, please indicate preference below:

Desired Attachment Point: % (e.g. 100%, 101%, 102%) Desired Policy Limit (\$10MM max): \$

Do you have prior or current experience with Medicare Advantage Plans? Yes No

If yes, please describe your arrangements:

How long have you been in arrangements?

Physician capitation Yes No Global capitation Yes No

Please describe your loss ratios with Medicare Advantage Plans:

Provider Network

Please provide the following information for your provider network:

	Name	Location	Est. Day per Thousand Usage
Owned facilities			
Physician groups			
Contracting hospitals			
Physician groups			
Referral Hospitals (not part of network)			

Please describe the specialized expertise your provider network has: e.g. medical specialists, nursing professionals, allied health professionals, etc.

How does the plan ensure that specialized services are delivered to the beneficiary in a timely and quality manner?

Describe follow-up with the beneficiary when specialized services are needed:

Is there a gatekeeper model and, if not, how is the beneficiary connected to the appropriate service provider?

How does the plan ensure that providers use evidence-based clinical practice guidelines and nationally recognized protocols?

What means are used to stay current with changing medical protocols?

How often do providers receive continuing education training?

How are training completion documents maintained?

What actions are taken with providers that are not maintaining CE training?

Identify the specific employed to contracted staff to perform administrative functions (e.g. who verifies eligibility, processing claims):

Identify the specific employed or contracted staff to perform clinical functions (e.g. coordinated care mgmt., clinical care, and patient education):

Identify the specific employed or contracted staff to perform administrative and clinical oversight functions (e.g. verify licenses, review encounter data, review utilization data):

Describe your Interdisciplinary Care Team (ICT):

a). Who/what functions make up the care team?

b). How will beneficiaries participate?

c). How will the activities of the ICT be documented and maintained?

Describe which of the following are included in your business' communication framework:

Web based conferences Yes No Face to face meetings Yes No Provider town-hall meetings Yes No

Newsletter Yes No Interactive website Yes No

How does your business' communication network connect to the providers/members/public

Describe the specific care management goals of your business, including:

a. Improving access to essential services.

b. Improving access to affordable care

c. Improving coordination of care through an identified point of contact.

d. Improving seamless transitions of care across healthcare settings, providers and health services.

How will your business identify when goals listed above are met?

What actions will your business take if the goals listed above are not met within the scheduled timeframe?

Describe how your organization identifies the most vulnerable/needly and chronic sub-populations of your membership:

What are the value added services and add-on benefits that you can deliver to these members?

How do you ensure that these services get to the members?

What cost savings measures will be employed for the above referenced members?

Describe any Health Risk Assessment (HRA) tools that your organization to identify the specialized needs of your members/beneficiaries: (Please include when and how the initial HRA is done, how often it is updated and who is responsible for reviewing the HRA and determining care needs.)

Describe the process of the development of Individual Care Plans (ICP) for specific members:

How is the beneficiary involved in their own care plan?

How are the goals and objectives set in the ICP?

How are outcomes measured in the ICP?

Who is responsible for reviewing the ICP and determining care needs?

How often is the ICP updated?

Describe how health outcomes will be measured by your organization for your beneficiary population:

How will this data be gathered?

Who will analyze the data?

How will items be flagged for action?

Who ensures that these flagged items are acted upon?

Describe how the evaluation of the data gathered will be utilized in the model of care and evidenced as effectiveness of your program:

Documents To Attach With This Form

- Preliminary or Final Baseline/Benchmark Report; “Base Period Aligned Beneficiary Expenditures”
- Available experience for the prior three years for the unmanaged Medicare population, if any
- Actuarial verification of Benchmark and projected savings
- Claims probability distribution support the Benchmark

Signature

This proposal will be based upon the information transmitted with this form. The undersigned warrants that he or she has made a diligent effort to verify this information; and that, to the best of his or her knowledge and belief, this information accurately represents the facts, and no requested information has been omitted or altered.

Signature:

Date:

Title:

Phone:

E-mail Address:

Confidentiality

This document and any attachments are confidential and also may be privileged. If you are not the named recipient, or have otherwise received this document in error, please notify the sender immediately, delete the document, and do not disclose its attachments to any other person, use them for any purpose, or store or copy them in any medium. Thank you for your assistance.