



Request for Proposals

Health Insurers & Palliative Care Providers: New Models for Care

Application Deadline: Friday, August 8, 2014

About the California HealthCare Foundation

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. The proposed project will be funded out of CHCF's Better Chronic Disease Care (BCDC) program. The goal of the BCDC program is to improve clinical outcomes and quality of life for Californians with chronic disease. For more information, visit www.chcf.org.

Background

In October 2013, CHCF convened health insurers, industry experts, and other stakeholders to share current practices and initiatives related to palliative and end-of-life care, brainstorm on potential areas of collaboration, and identify concrete next steps. Eight potential projects were then refined and prioritized with input from an advisory group that included palliative care experts. Based on this process, CHCF is launching an initiative focused on promoting partnerships among health insurers and providers to deliver community-based palliative care.¹

Under this model, a health plan will partner with a palliative care organization to deliver community-based palliative care to beneficiaries with serious illness. Providers can be affiliated with any of the spectrum of organizations that offer community-based palliative care, including hospices, health systems, hospitals, medical groups, home health agencies, or social service organizations. The overarching goal of these partnerships will be to test mechanisms for

¹ For the current project, community-based palliative care is defined as pre-hospice palliative care, delivered in non-hospital settings. Common models include but are not limited to palliative care clinics, home-based palliative care, and mobile palliative care teams that see patients across settings.

enhancing access to high-quality community-based palliative care, through novel delivery and reimbursement structures.

This effort complements other state and national initiatives designed to increase access to quality end-of-life care. The Let's Get Healthy California² initiative includes a goal to "maintain dignity and independence at the end of life by reducing hospitalizations around the end of life, increasing palliative care and hospice care, and increasing advance care planning." Palliative care is also one of four key initiatives identified as part of the California State Innovation Model, an initiative of the federal Centers for Medicare & Medicaid Innovation and spearheaded at the local level by California Health and Human Services Agency, aimed at improving health system performance.

This initiative also builds upon findings outlined in the toolkit, "Improving Care for People with Serious Illness through Innovative Payer-Provider Partnerships," developed by the National Business Group on Health and the Center to Advance Palliative Care. This toolkit summarizes key initiatives and programs by insurers in palliative care nationwide, and provides resources to help payers, employers, and providers collaborate to deliver care to people with complex needs. (See www.capc.org/payertoolkit.)

Project Description and Who May Apply

The objectives of this initiative are to:

- Foster partnerships among insurers and hospice or palliative care providers in California
- Catalyze the development of initiatives that increase access to palliative care through health insurance programs and products
- Test different approaches to providing and reimbursing community-based palliative care
- Identify models that could be scaled and spread throughout California

These objectives will be pursued through a planning grant phase and (potentially) an implementation grant phase. This RFP addresses the planning grant phase. *Future CHCF investments to implement these plans will be considered in 2015 based on the success of the planning grants.*

² In May 2012, California Governor Jerry Brown issued an executive order requiring the Secretary of the Health and Human Services Agency establish a Let's Get Healthy California Task Force to develop a 10-year plan for improving the health of Californians, controlling health care costs, promoting personal responsibility for individual health, and advancing health equity by establishing baselines for key health indicators, identifying obstacles to better care, making fiscally prudent recommendations, and establishing a framework for measuring improvements. The final December 2012 report listed six goals, the third being: "Goal 3. End of Life: Maintaining Dignity and Independence."

CHCF will award up to 10 six-month planning grants to payer/provider partner pairs. Each partnership must include one delivery organization and one payer (or other organization that bears risk). The planning grant is intended to support the planning efforts of two distinct organizations. Organizations may be for-profit or nonprofit. For example, one partnership might consist of a hospice organization and a regional health plan, which work together to develop a plan for delivering pre-hospice palliative care to dual-eligible patients with advanced illness on a capitated basis. Another partnership might consist of a large health plan and a home health agency with palliative care expertise, which develop a plan for delivering home-based palliative care to cancer patients on a fee-for-service basis.

Grantees will develop a detailed plan that addresses palliative care service delivery, eligibility criteria, reimbursement mechanisms, and other considerations. (See “Project Deliverables and Timeline” below.)

The partnership must identify a lead organization that will be the primary contact with CHCF, will receive the grant funding from CHCF, and will be responsible for managing the funds within the partnership.

Project Deliverables and Timeline

Grantees will develop a detailed operational and financial plan for delivering palliative care services to beneficiaries with serious illness. The plan will, at minimum, address these areas:

- Partnership description
- Palliative care model (setting, staffing, target patients, etc.)
- Workforce capacity and development needs/plans
- Pricing and payment mechanisms
- Potential challenges
- Monitoring and success metrics

Grantees will be required to attend an in-person meeting (to coincide with the California Association of Health Plans annual meeting in October 2014) and to participate in a check-in process midway in the grant period.

The expected timeline for this project is as follows:

| Deliverable | Date |
|---|--|
| RFP released | June 27, 2014 |
| Webinar for prospective applicants Pre-register at WebEx.com: http://chcfevents.webex.com/chcf/events/onstage/g.php?t=a&d=665818250 | Wednesday, July 9, 2014 11:00 AM – 12:30 PM Pacific |
| Proposals due | August 8, 2014 |
| Grants announced | September 5, 2014 |
| Grant period | October 1, 2014 – March 31, 2015 |
| Grantees convened before CAHP meeting | October 20, 2014 (time TBD) |
| Final grantee reports due | March 31, 2015 |

Grantee Resources

The following resources will be available to grantees during the planning process:

- *Funding:* Up to 10 planning grants of up to \$50,000 per partnership will be awarded through this RFP process. This budget is intended cover staff time for two partner organizations to develop operational and financial plans, and for one staff member from each organization to attend an in-person meeting coinciding with the annual meeting of the California Association of Health Plans in Huntington Beach in October, 2014.
- *Clinical strategies support:* Support to develop clinical approaches will be provided by the USCF Palliative Care Leadership Center. Drs. Steve Pantilat and Mike Rabow, co-directors of the center, will be resources.
- *Financial modeling support:* Support to develop financial models will be provided by Kathleen Kerr, a health care consultant with expertise in assessing fiscal and utilization outcomes for palliative care services.
- *Insurance expertise:* Technical assistance related to insurance issues will be provided by Nancy Wise from htms, a consulting firm with expertise in health insurance and a resource on this project.

- *Project management:* Project management support will be provided by Kate Meyers, who has extensive experience supporting health care improvement initiatives.

Application Process

Proposals must be delivered as a single PDF file by email to Glenda Pacha, program associate (gpacha@chcf.org) by 5:00 PM Pacific on Friday, August 8, 2014. Proposals will be acknowledged by a return email. *Hardcopies will not be accepted.*

Applicants should include the following materials in the proposal packet. Additional guidelines and templates can be found at www.chcf.org/grants/submitting-a-proposal.

- 1. Proposal cover sheet:** Available at the website above. The cover sheet should identify a lead organization for the partnership. This is the organization that will receive the grant funding from CHCF and will be responsible for managing the funds within the partnership.
- 2. Tax ID information for the lead organization:**
 - Nonprofit organizations should submit a copy of their IRS determination letters.
 - For-profit entities should submit completed W9 forms, available at the link above.
- 3. Proposal narrative:** The narrative portion should be no more than eight pages of text with double-spaced lines in a 12-point font. The narrative should include:
 - a. Partnership goals.* Describe how your partnership will address the goals outlined in this RFP. While these specifics will be developed further in the planning phase, include any initial thoughts regarding how the partnership will be structured, the palliative care service plan, workforce development, pricing and payment mechanisms, potential challenges, and monitoring and success metrics. Also describe how this initiative fits within each organization's overall vision.
 - b. Participating organizations and partnership structure.* Describe each organization in the partnership and why your organizations are interested in collaborating. If this is an existing partnership, describe what has been accomplished to date. If this is a new partnership, describe prior collaborative efforts.
 - c. Planning process.* Describe how your organizations envision working together throughout the planning process, including how the funds will be used.
 - d. Partnership resources.* This initiative requires both clinical and business expertise. Describe briefly the qualifications of key team members from each organization and their roles in this project.

- e. *Relevant experience.* Describe each organization’s experience providing or reimbursing for palliative care services, including existing delivery and reimbursement models and volume of patients served.
 - f. *Potential challenges.* Describe any potential challenges you anticipate for this project and how you intend to address them. In particular, describe any potential risks that are unique to your partnership model.
- 4. Budget:** Complete a budget using either of the budget templates available online at www.chcf.org/grants/submitting-a-proposal. Include the name, role, and organizational affiliation for any staffing line items. If there are any specific budget considerations you want to highlight, you may include a one-page budget narrative with your budget proposal.
- 5. Partnership lead qualifications:** Provide a brief (no more than two pages) bio-sketch or CV for the lead staff person from each partner organization (one person from each of the two organizations) and include the name, title, organization, address, email, and telephone for each lead.

Selection Process

When assessing proposals, the review committee will consider: proposed partnership model and approach to collaboration; strength of partner resources; and relevant experience.

All funding decisions are made by CHCF, often in consultation with external experts.

For More Information

For questions about the proposal submission process, please contact Glenda Pacha, program associate, at gpacha@chcf.org.

For questions about the project content, please contact Kate O’Malley, senior program officer, at komalley@chcf.org.