

32BJ Health Fund
High Value Maternity Network
Request for Information (RFI)



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Section I – Introduction

Introduction

According to the Centers for Disease Control and Prevention (CDC), more than 50,000 American women are harmed giving birth each year. Over 700 women die, and half of these deaths are preventable. Although many developed countries have enacted change to effectively reduce maternal mortality, maternal death rates in the United States continue to increase. The lack of adherence to safety measures, excessive use of C-sections, and inappropriate early elective deliveries lead to harmful complications for both mothers and babies.

With national rates of maternal morbidity and mortality on a consistent rise, the 32BJ Health Fund (Fund) has begun placing close attention to the maternity care our members are receiving. The Fund has performed a three year evaluation of the severe maternal morbidity (SMM) and episiotomy rates associated with our members. SMM classifies unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health.

The results of the Fund’s study reflect SMM rates statistically in line with the NYC rate.

	# of Cases Per 10,000 Births		
	U.S.*	NYC*	32BJ Health Fund**
SMM Rates	144.0	277.8	290.1

*2014 Measurement Period

**2016-2018 Measurement Period

Episiotomies, although once routine, are now directly linked to a variety of maternal complications and, based on The Leapfrog Group’s established target rate, should only be used in approximately 5% of births.

	% of Births		
	Goal	NY State*	32BJ Health Fund**
Episiotomy Rates***	5%	12%	25.6%

*2016 Measurement Period

**2016-2018 Measurement Period

***Methodology used to determine the 32BJ rate differs from the methodology used to determine the Leapfrog target rate & the NY State rate; see Appendix for details

These alarming rates have prompted the Fund to take a proactive and collaborative stance toward improving maternal care and outcomes for our members. The Fund is proceeding with the development of a High Value Maternity Network in the New York/New Jersey metropolitan area to increase quality, member service, and overall value for inpatient care for labor and delivery, as well as postpartum care. The High Value Maternity Network will be composed of select local hospitals and their affiliated providers who are committed to partnering with the Fund to increase the quality and safety of maternity care. The Fund pays for approximately 1,100 births per year in the New York/New Jersey metropolitan area, and maternity remains a significant cost driver. As a result, we are seeking partners that are committed to improving maternal outcomes, while helping the Fund manage the cost of care for its plan participants.

Through this Request for Information (RFI), hospitals are invited to provide information to the Fund for consideration to participate in the High Value Maternity Network.

The Fund

The 32BJ Health Fund provides comprehensive health benefits to members of SEIU Local 32BJ and their dependents. SEIU Local 32BJ is the largest union of property service workers in the United States. It represents cleaners, property maintenance workers, door people, security officers, window cleaners, building engineers, and school and food service workers. Through their union contracts, these union members collectively negotiated for their employers to provide high quality health benefits to them and their family members with no premiums and minimal out of pocket costs to the union members. These benefits are provided through the Fund.

The Fund provides benefits to 200,000 plan participants, approximately 168,000 of whom live or work in the New York/New Jersey metropolitan area. The Fund is self-insured and is responsible for efficiently managing its resources. Through strategic plan design and network management, the Fund is able to offer robust health benefits with no member premiums and low cost-sharing in a wide network. To contain growth in benefit costs and to ensure that plan participants can identify and utilize high quality providers, the Fund developed a strategy of directing its population to cost-effective, high quality providers. When appropriate, the Fund also directly contracts with providers and hospital systems for certain types of care.

When the Fund develops a clinical partnership, it has the ability to:

- Directly advertise the partnerships to its plan participants through the Fund's own call center, network directory, direct mail, website and social media
- Encourage use of preferred clinical providers through plan design optimization such as zero copays or other incentives for using preferred providers and/or, as appropriate, charging reference based pricing for using facilities that charge more than the preferred providers
- Enter into direct contracts with facilities for bundled payments for episodes that cover an index episode and all related professional and facility costs, plus a quality guarantee on services
- Provide clinical partners with de-identified information about patient outcomes related to episodes of care based on comprehensive claims data.

For example, through plan design features such as zero copays for use of preferred primary care practices, the Fund directed over 40% of its population to these preferred practices. Similarly, by combining the use of a bundled payment and a preferred provider network with reference based pricing for specific episodes of care, the Fund has shifted approximately 40% of its volume of care for these procedures in less than two years.

Fund Expectations for High Value Maternity Network

Through this RFI, the Fund will identify potential hospitals and clinicians for its High Value Maternity Network. Partner hospitals must be committed to improving the quality and safety of maternity care and reducing the cost for that care.

Hospitals in the High Value Maternity Network will be expected to identify high-quality obstetricians and midwives to provide clinical services during the prenatal, labor and delivery and postpartum periods. Because expectant women may select a provider and then use the provider's affiliated hospital for delivery, rather than first select a hospital and then select an affiliated provider, both the individual providers and the hospitals will be featured in the Fund's communications to its plan participants.

In Phase 1 of the High Value Maternity Network, selected hospitals will sign a Memorandum of Understanding (MOU) with the Fund and will commit to achieving a mutually developed set of goals for inpatient labor and delivery services. Hospitals and their providers will be paid for services as stipulated in their Empire or Horizon contract, as applicable. Phase 1 is expected to last 12-18 months. Phase 1 will not include prenatal or postpartum services delivered outside of the hospital.

In Phase 2 of the High Value Maternity Network, the Fund expects to contract with hospitals in the High Value Maternity Network for a bundled rate for labor and delivery services. In consultation with partners in the High Value Maternity Network, the Fund may opt to explore the inclusion of prenatal and postpartum services in the bundled rate, but that has not yet been decided. The structure of the bundled payment will be developed during Phase 1, in consultation with providers in the High Value Maternity Network.

Once the High Value Maternity Network is developed, the Fund will actively market the High Value Maternity Network to its plan participants. The Fund will further encourage use of the High Value Maternity Network by making appropriate plan design changes that will incentivize plan participants.

Minimum criteria for participation:

In order for a hospital to be eligible to respond to this RFI, the hospital must meet ALL of the following minimum criteria. Hospitals that do not meet these criteria will not be eligible for participation in the High Value Maternity Network.

1. The hospital must participate in the Empire POS or Horizon PPO network. Empire is the Third Party Administrator (TPA) for the Fund, providing its network, claims adjudication and case management services.
2. New York hospital systems must have at least one hospital applying for participation in the High Value Maternity Network that is designated as a Level III Perinatal Center or higher based on New York State's system of [regionalized perinatal services](#). New Jersey hospital systems must have at least one hospital applying for participation in the High Value Maternity Network that maintains a NJDHSS license to operate as a Regional Perinatal Center.
3. Each hospital that a system recommends for participation in the High Value Maternity Network must have performed at least 1,800 annual deliveries based on the most recent state published data. If the hospital performed fewer than 1,800 annual deliveries, the hospital must meet the following criteria to be eligible:
 - NY Hospital: Be designated as at least a Level III Perinatal Center
 - NJ Hospital: Maintain a NJDHSS license to operate as a Regional Perinatal Center
 - Receive a score of 'Fully Meets the Standard' in the majority of applicable performance measures within the [Leapfrog Hospital Survey on Maternity Care](#)
 - Receive a score higher than 'Willing to Report' (lowest ranking level) in all performance measures within the [Leapfrog Hospital Survey on Maternity Care](#)
4. The hospital should have a NTSV Cesarean Section rate of under 23.9% or an explicit plan to achieve this target.
5. The hospital must be Preferred for the 32BJ Health Fund's network design. Non-preferred hospitals may not participate. A link to the list of Non-preferred hospitals is provided in the Appendix. Unless a hospital is on the Non-Preferred list, it is Preferred.
6. Providers recommended for participation must also participate in the Empire POS or Horizon PPO network. The Fund will allow midwives that are currently not participating in the Empire POS or Horizon PPO network to be recommended for participation in the High Value Maternity Network if the midwives will accept the in-network rate as payment in full for their services.
7. Ensure that all labor, anesthesia and delivery services, including Neonatal Intensive Care Unit (NICU) care, are delivered by providers who participate in the Empire POS or Horizon PPO network or are professionals who do not bill "out-of-network" for their services.
8. For each of the following applicable reporting entities, be willing to annually provide the Fund with all measures for the most recent reporting period:
 - Leapfrog's Hospital Survey on Maternity Care and
 - For NY Hospitals: The NYS Department of Health's Hospital Maternity Related Procedures and Practices Statistics
 - For NJ Hospitals: The New Jersey Report Card of Hospital Maternity Care as reported by the New Jersey Department of Health starting summer 2019

9. Allow the Fund to share hospital and provider level maternity quality information with its plan participants in a format designed by the Fund.
10. Make available to the Fund a single point of contact (POC) to serve as a liaison between the health system, its relevant clinicians and staff, and the Fund. The POC must have the authority to address any hospital and provider billing issues that the Fund's plan participants experience, related to the contracted episode of care, as well as the authority to improve the quality of customer service that plan participants receive for the episode of care.
11. Responses to the RFI must be submitted by an individual who has authority to enter into contracts and Memoranda of Understanding (MOU) with self-insured health plans.
12. Agree to not release any data provided by the Fund without the Fund's written consent.

Data Snapshot for the Fund's Recent Births

The below exhibit provides a high level summary of information on the Fund's 2018 deliveries:

	NJ	NY	Grand Total
Number of Births	115	936	1,051
Total Labor & Delivery Costs	\$1,721,299	\$21,153,071	\$22,874,371
C-Section Rate*	32%	41%	40%
Average Age of Women Giving Birth	30	30	30
% of Newborns that Became Fund Members *	70%	78%	77%

* Percentages reflected as a weighted average

Section II – General Instructions

This document is for use in replying to this Request for Information. Please send the completed intent to bid to Sara Rothstein, Director of the 32BJ Health Fund at HealthFund@32bjfunds.com by August 26, 2019 indicating whether your organization plans to submit a proposal for this RFI. If you intend to respond, we also require that you confirm adherence to ALL of the criteria outlined in the “Minimum criteria for participation” in the Introduction to the RFI. If you do not intend to respond, please check the appropriate box on the “intent to respond” and destroy this document.

The Fund reserves the right to contract with your organization based on the information provided in your response and any other information obtained by the Fund. If your health system includes multiple hospitals, the Fund also reserves the right to accept this offer for some, all or none of the hospitals that you propose for the High Value Maternity Network. The Fund reserves the right to add additional hospitals and hospital systems to the High Value Maternity Network at any time, and to remove hospitals and hospital systems from the High Value Maternity Network at any time.

Costs Incurred by Providers

The Fund will not be liable for any costs you may incur in responding to this RFI, regardless of whether the Fund accepts your organization for inclusion in the High Value Maternity Network, decides not to go forward with the proposed High Value Maternity Network, cancels this RFI for any reason or develops the High Value Maternity Network through some other process or by issuing another RFI.

Proposal Format and Submission

Each proposal must respond to every request for information in this document whether the request requires a simple "yes" or "no" or requires an explanation. All rates/fees should be provided as

requested in the RFI and any additional costs should be clearly explained. You should respond to questions as completely as possible or explain why the question cannot be answered / does not apply.

Responses should be submitted in a separate document and responses should be clearly labeled with the appropriate question number. Please abide by the specified word limits. Separate attachments (such as Excel files for the requested outcomes reporting) should be submitted along with your written responses. Be sure that any documentation includes the relevant question number from this RFI.

You will have the opportunity to submit questions to the Fund at HealthFund@32bjfunds.com regarding this RFI and the Fund will answer those questions as completely as possible during the Bidders' Conference. Please refer to the Calendar of Events for specific details.

For the hospitals that you wish to include in the High Value Maternity Network, please respond by hospital and in aggregate for your hospital system where indicated. The first chart in the questionnaire requires listing the name of each hospital and the location in the respective rows. This format and order should be maintained throughout the additional charts. Please add and remove columns in your response as needed to include all hospitals that you propose to include in the High Value Maternity Network. If you are responding in long-form to a specific question for a hospital, please clearly title the response with the hospital's name.

All proposal response information must be provided by 5:00 pm Eastern Time on September 25, 2019 by electronic submission to:

Sara Rothstein, 32BJ Health Fund Director, HealthFund@32bjfunds.com

No hard copy submissions will be accepted.

Calendar of Events

The schedule of events is given below. While the schedule may change at any time, please be prepared to meet the deadlines as currently outlined.

Any failure to meet a deadline may result in the Fund delaying review of your proposal, or refusing to consider it.

<i>Key Dates</i>	<i>Event</i>
August 20, 2019	Request for information (RFI) distributed
August 26, 2019	Intent to Bid due back to the Fund
August 30, 2019 12:00 p.m. ET	Questions on the RFI due from bidders to the Fund
September 10, 2019 12:00 p.m. ET	Bidders conference
September 25, 2019 5:00 p.m. ET	RFI responses due
October 21, 2019	Conduct finalist interviews with selected finalists
November 4, 2019	Providers notified of final decision
December 15, 2019	Signed MOUs due back to the Fund
February 1, 2020	Effective date of MOU

Section III – Intent to Respond

This is to notify you that it is [insert hospital system's name] present intent to [submit or not submit**] a proposal in response to the Building Service 32BJ Health Fund High Value Maternity Network RFI. The individual to whom information regarding this RFI should be transmitted is identified below.

Organization	
Contact Name	
Title	
Address	
Phone number	
Email Address	

In order for a hospital to be eligible to respond to this RFI, the hospital must meet ALL of the minimum criteria set forth on pages 4 – 5.

I/We confirm that the hospitals and affiliated providers that we propose to include in the High Value Maternity Network for the Fund meet all of the Minimum Criteria for Participation as set forth in this RFI.

Signed by:

Name (signature)	
Date	
Typed Name and Title of Representative	
Typed Name of Organization	

**If declining to respond, please state reason(s) why:

Section IV – Questionnaire

Before completing the questionnaire, please review the Proposal Format and Submission section in the General Instructions. Each proposal must respond to every question in this document. All rates/fees should be provided as requested in the RFI and any additional costs should be clearly explained. For the hospitals that you will include in the High Value Maternity Network, please respond by hospital and in aggregate for your hospital system where indicated. Please add and remove columns in your response as needed. Responses should be submitted in a separate document, be clearly labeled with the appropriate question number and abide by the specified word limits. Separate attachments also should be submitted along with your written responses. All responses should be submitted electronically; no hard copies are required or will be accepted.

General information and Experience

1. Please provide the contact name, title, address, phone number and email for the contact person at your organization for this RFI.

Organization	
Contact Name	
Title	
Address	
Phone number	
Email Address	

2. Please affirm that you meet all of the Minimum Criteria for Participation as described on pages 4 – 5. Provide an explanation if you cannot fully meet any of the criteria. (250 word max)
 Yes No, please explain
3. Provide an overview of how your hospital system directly contracts with employers or health plans for Centers of Excellence, High Performing or High Value Networks and other clinical services. Please describe your experience working directly with employers or health plans on maternity and delivery as well as in any other clinical areas. (250 words max)

Hospital Selection

4. The Fund believes that it is essential that the hospitals included in the High Value Maternity Network provide superior care to their population. The Fund is looking for hospital systems to recommend hospitals for inclusion in the High Value Maternity Network. If you have more than one hospital in your health system, please provide the criteria that you will utilize to select the hospitals to be included in the High Value Maternity Network. (250 word max)
5. Based upon the criteria outlined in the previous question, please complete the table below for the hospitals within your hospital system that you propose be included in the Fund’s High Value Maternity Network.

	Hospital name	Hospital address
Hospital 1		
Hospital 2		
Hospital 3		
Hospital 4		
Hospital 5		
Add more rows as necessary		

6. Please provide a description of services offered by your hospital system with respect to the following: (1,000 word max)
 - Pre-natal care through your provider network, including the use of obstetricians, midwives and doulas
 - Labor and Delivery, including care provided by obstetricians, midwives, doulas, lactation consultants and other staff
 - Newborn Care, including Neonatal Intensive Care Unit (NICU) levels available
 - Postpartum care provided within the hospital
 - Postpartum care upon discharge, including services offered by obstetricians, midwives, lactation consultants and doulas that participate in the Empire POS or Horizon PPO network or do not otherwise bill for services
 - Birthing classes and other educational classes (i.e., infant first-aid & CPR, parenting courses, etc.) offered by providers that participate in the Empire POS or Horizon PPO network or do not otherwise bill for services
 - Incentives or giveaways offered by your hospital system to encourage healthy pre and/or post-natal practices (i.e., transportation, supplies, educational material, baby boxes, etc.)
7. To the extent that the maternity-related services described in the previous question differ among the hospitals that you propose be included as part of the High Value Maternity Network, please provide an overview of those differences. (250 word max per hospital)
8. Please provide an overview of your labor and delivery staffing model and approach. Is there a laborist available 24/7? Are there some obstetricians or midwives who do not use a laborist? If this model varies by hospital, please provide an overview for each hospital that you propose be included in the Fund's High Value Maternity Network. (250 word max per hospital)
9. Please indicate whether there is an in-house anesthesiologist(s) that participates in the Empire POS or Horizon PPO network. If yes, is the anesthesiologist(s) available 24/7? If yes, is the anesthesiologist(s) dedicated to the obstetrics floor? (100 word max per hospital)
10. It is extremely important that all providers seen by the Fund's population during their hospital stays participate in Empire POS or Horizon PPO network, which are the networks for the Fund. Please explain how you will ensure that all providers who administer care to the Fund's population during their hospital stays are participating in the Empire POS or Horizon PPO network. If available, please provide the number and specialty of providers who do not participate in the Empire POS or Horizon PPO network and what portion of maternity patients they treated in 2018. (250 word max)
11. Describe how you will educate participating hospitals and hospital staff about the Fund's High Value Maternity Network. (250 word max)
12. Do any of the hospitals that you propose for the High Value Maternity Network, place limits on women's health services, including, but not limited to, sterilization and contraception services? If yes, please explain these limitations. (250 word max per hospital)

Obstetrician and Midwife Provider Selection

13. The Fund believes that it is essential that the providers included in the High Value Maternity Network provide superior care to their population. The Fund is looking for hospital systems to select the obstetricians and midwives for inclusion in the High Value Maternity Network. Please provide the criteria that you will utilize to select the obstetricians and midwives for inclusion in the High Value Maternity Network. (250 word max)
14. To the extent possible and based on the criteria described in the previous question, please provide a complete list of the obstetricians and midwives and their practices that you anticipate including in the High Value Maternity Network in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 14. Please list providers regardless of current participation status with Empire or Horizon.

Lactation Consultant and Doula Selection

Research indicates that, on discharge, rates of exclusive breastfeeding and any breastfeeding are higher among women who have delivered their babies in hospitals with International Board Certified Lactation Consultants (IBCLCs) on staff than in those without these professionals. As a result, providing access to IBCLCs during the hospital stay and postpartum is important to the Fund.

15. Please provide an overview of the lactation services available to the Fund's population during their hospital stays. To the extent that these services vary by hospital, please describe the differences. (250 word max, 100 word max per hospital per difference)
16. The Fund would like lactation services to be available to its population during the postpartum period. Please provide the criteria that you will utilize to select the IBCLCs for inclusion in the High Value Maternity Network. (250 word max)
17. The Fund does not want its plan participants to pay out-of-pocket for lactation services. Please describe how lactation consultants are compensated. (250 word max)
18. To the extent possible and based on the criteria described in question 16, please provide a listing of the IBCLCs that you anticipate including in the High Value Maternity Network in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 18.

Providing access to certified doulas during pregnancy, labor and delivery and postpartum can reduce C-section rates and improve clinical outcomes (i.e., reducing incidences of low birth weight and reducing complications). The Fund is interested in partnering with hospitals that provide doulas to its patients during pregnancy, delivery and postpartum.

19. Please provide the criteria that you will utilize to select doulas to be included in the High Value Maternity Network. (250 word max)
20. Please provide the percentage of births at each hospital at which a doula is present. How do hospitals decide to allocate doula resources? (150 word max)

Hospital	Hospital name	% of births with Doula present
Hospital 1		
Hospital 2		
Hospital 3		
Hospital 4		
Hospital 5		

21. Please provide your best estimate of the number of doulas that you propose be available to Fund plan participants at each hospital that you propose for the High Value Maternity Network and explain why this is an appropriate number. If possible, please provide information on the number and percentage of doulas that are [DONA certified](#). (100 word max)
22. The Fund does not want its plan participants to pay out-of-pocket for doula services. Please describe how doulas are compensated. (250 word max)
23. Please complete the table in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 23 for the providers and other professionals that you would like propose to include in the Fund's High Value Maternity Network. The data reporting period should be calendar year 2018.

Quality Reporting

24. The Fund expects that the selected clinical partners are transparent with purchasers and patients about their record on quality and safety. Clinical partners participating in the High Value Maternity Network will be required to provide annual reporting on a comprehensive set of mutually agreed upon maternity care measures for hospitals and providers included in the High Value Maternity Network, and some or all of these measures will be shared with the Fund's plan participants. Please confirm your willingness to provide such measures. If not, please explain. (250 word max)
25. Provide an overview of the maternity care measures that you routinely measure and report on today and any future expansions to your reporting. Please list all agencies or other entities to which you currently submit regular quality metrics. (500 word max)
26. Confirm that your organization is willing to provide the Fund with [Leapfrog Hospital Survey Maternity Care](#) outcomes on an annual basis for each hospital included in the High Value Maternity Network. Please also confirm whether your organization is able to provide this information summarized by patient race/ethnicity group and payor type (commercial, Medicaid, Medicare). We understand that some hospitals may not have access to the data needed to summarize this reporting at the race/ethnicity and/or payor type level. As a result, if you are unable to provide this information by race/ethnicity and/or payor type this will not negatively impact the Fund's evaluation of your hospital(s). However, the Fund will be placing extra focus on systems that can provide this level of reporting.
If "not confirmed" for any section below, please explain why. (50 word max)

	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Aggregate
Hospital name					
a. Did you complete the Leapfrog Hospital Survey on Maternity Care in 2018?	Confirmed/Not Confirmed				
b. Confirm that you will provide annual reporting of Leapfrog Hospital Survey on Maternity Care outcomes to the Fund for all patients	Confirmed/Not Confirmed				
c. Confirm that you will provide the Fund with annual reporting of Leapfrog Hospital Survey on Maternity Care outcomes broken out by race/ethnicity & payor type	Confirmed/Not Confirmed				

27. Complete the table in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 27 for each hospital within your hospital system that you propose be included in the Fund’s High Value Maternity Network for the most recent year that data is available (ideally 2018). Note that these questions are from the Leapfrog Hospital Survey on Maternity Care. If you are unable to provide any of the information, please list “N/A” and explain. (50 word max per metric per hospital)

28. Severe maternal morbidity (SMM) classifies unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health. The CDC maintains a list of SMM indicators that use administrative hospital discharge data and diagnosis and procedure codes to identify delivery hospitalizations with SMM. For all of the hospitals that you propose to include in the High Value Maternity Network, please confirm that you are willing and able to provide on an annual basis the total number of delivery hospitalizations with SMM based on the [CDC’s most recent list of SMM indicators](#), summarized by SMM indicator.

Please also confirm whether your organization is able to provide this information summarized by patient race/ethnicity group and payor type (commercial, Medicaid, Medicare). We understand that some hospitals may not have access to the data needed to summarize this reporting at the race/ethnicity and/or payor type level. As a result, if you are unable to provide this information by race/ethnicity and/or payor type this will not negatively impact the Fund’s evaluation of your hospital(s). However, the Fund will be placing extra focus on systems that can provide this level of reporting.

If “not confirmed” for any section below, please explain why. (50 word max)

	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Aggregate
Hospital name					
a. Confirm that you will provide the Fund with annual reporting of the total number of delivery hospitalizations with SMM based on the CDC’s most recent list of SMM indicators	Confirmed/Not Confirmed				
b. Confirm that you will provide the Fund with annual reporting of the total number of delivery hospitalizations with SMM based on the CDC’s most recent list of SMM indicators, broken out by race/ethnicity & payor type	Confirmed/Not Confirmed				

29. Provide the total number of delivery hospitalizations with severe maternal mobility (SMM) by race, ethnicity, and payor type based on the CDC’s most recent list of SMM indicators in the table in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 29 for each hospital within your hospital system that you propose be included in the Fund’s High Value Maternity Network for the most recent year that data is available (ideally 2018). If you are unable to provide any of the information, please list “N/A” and explain. (50 word max per metric per hospital)

30. [New York State’s Maternity Information Law](#) and the [New Jersey Department of Health](#) require that each hospital provide a selection of information about its childbirth practices and procedures. For all of the hospitals you propose to include in the High Value Maternity Network, please confirm that you can provide this information for all patients, summarized by patient race/ethnicity and payor type (commercial, Medicaid, Medicare) on an annual basis. If no, please explain why and what you will provide. (100 words max)

31. For New York hospitals, please complete the table in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 31 with the selection of information from [New York State's Maternity Information Law: Hospital Maternity Related Procedures and Practices Statistics](#) for 2018.
32. For New Jersey hospitals, please complete the table in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 32 with the selection of information reported by the New Jersey Department of Health.
33. The Fund is extremely interested in including providers and facilities in the High Value Maternity Network that adhere to [clinical guidelines](#) as recommended by the American College of Obstetricians and Gynecologists (ACOG). Please provide an overview of how you ensure that your hospitals, providers, midwives and staff adhere to these guidelines. (250 word max)
34. Please confirm your ability to provide the Fund with the measures outlined below for all patients seen by the obstetricians and midwives that are included in the High Value Maternity Network. If "not confirmed," please explain why. (250 word max)
 - a) What percentage of women are screened for postpartum depression by 6 weeks postpartum using the [Edinburgh Postnatal Depression Scale](#)?
 - b) What percentage of women eligible for progesterone receive an injection on a weekly basis?
 - c) What percentage of women receive a cervical length screening at the mid-third-trimester ultrasound?
 - d) What percentage of women with a history of pre-eclampsia take an appropriate medication on a daily basis?
35. Please complete the table in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 35 on the use of early elective delivery and audits related to inductions. If this information is not available, please explain why. (50 word max per hospital)
36. Other important information. Please complete the table for 2018 in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 36. Please refer to [ACOG's Obstetric Care Consensus Severe Maternal Morbidity: Screening and Review](#) when responding to question 36.
37. Additional NICU information. Please complete the table for 2018 in the Excel file: RFI_Excel_Attachments.xlsx, tab: Question 37. For Question 37c within the attachment, please refer to [Specifications Manual for Joint Commission National Quality Measures PC-06](#).
38. Please confirm that co-located nurseries are available in all hospitals that are included in the High Value Maternity Network. If there is a hospital that does not have a co-located nursery, please explain why and where babies go if there is no nursery. (100 word max)

Quality Improvement

39. What actions has your hospital system taken to improve maternity care and postpartum care in the last 5 years? (250 word max)
40. The [California Maternal Quality Care Collaborative](#) offers [Maternity Quality Improvement Toolkits](#) that are aimed to improve the health care response to leading causes of preventable death among pregnant and postpartum women as well as to reduce harm to infants and women from overuse of obstetric procedures. These are also endorsed by the [Alliance for Improvement of Maternal Health](#), sponsored by the American College of Obstetrics & Gynecology. Please indicate whether your hospital system uses these toolkits (Yes/No). If protocols vary by hospital, please respond by hospital. If your hospital is not using these toolkits, please describe what you are doing to address these areas of concern. (250 word max per hospital)

	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Aggregate
Hospital name						
Improving Health Care Response to Obstetric Hemorrhage, Version 2.0	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Improving Health Care Response to Preeclampsia	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Support Vaginal Birth and Reduce Primary Cesareans	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Improving Health Care Response to Maternal Venous Thromboembolism	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)

41. Please indicate whether your hospital system follows the CMQCC or the [AIM \(Alliance for Innovation on Maternal Health\) patient safety bundles](#). If it does not, please describe your efforts in each of these areas. (250 word max per hospital)

	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Aggregate
Hospital name						
Maternal Mental Health: Depression and Anxiety	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Maternal Venous Thromboembolism	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Obstetric Care for Women with Opioid Use Disorder	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Obstetric Hemorrhage	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Prevention of Retained Vaginal Sponges After Birth	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Reduction of Peripartum Racial/Ethnic Disparities	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Safe Reduction of Primary Cesarean Birth (+AIM)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Severe Hypertension in Pregnancy	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Severe Maternal Morbidity Review	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)
Support After a Severe Maternal Event	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)

Patient Experience and Satisfaction

42. English is a second language for many individuals in the Fund's population; many speak Spanish and other languages as their primary language. Please provide an overview of the languages that are spoken by your labor and delivery staff, the language translation services available to patients during their hospital stays, and the written resources available and in what languages other than English. Please include information on the written materials that are available in Spanish. If the foreign language resources vary by hospital, please provide an overview of what is offered at each facility. (250 word max per facility)
43. How does your hospital system measure patient satisfaction for maternity care at your facilities? Does it vary by hospital? Please share any available patient satisfaction results. (250 word max)
44. Does your hospital measure patient satisfaction for individual obstetricians, midwives or doulas who provide care at your hospitals? If yes, please explain the measurement methodology used by each hospital within your system. (100 word maximum)

Compliance

45. Please confirm that you comply with the privacy and security requirements to protect patient information as set forth in HIPAA and its applicable regulations. If you do not, please explain. (250 word max)
46. Have you had any privacy or security breaches of protected health information or any other impermissible use or disclosure of protected health information within the past 5 years? If yes, please explain. (250 work max).

Labor and Delivery Payment Approaches

The Fund may be interested in contracting directly with one or multiple hospitals and health systems as part of the High Value Maternity Network in subsequent years of the program. The Fund wishes to maintain the current reimbursement approach through Empire and Horizon in Phase 1 and potentially implement a global fee with warranty (including professional and facility services) and quality-aligned payment metrics moving into Phase 2.

47. Is your hospital system currently participating in any existing contractual or incentive-based arrangements that reimburse maternity related services on the following basis (select all that apply):
- Global Fee
 - Episodic Payment
 - Pay-for-Performance
 - Other
48. Aside from maternity-related reimbursement, is your hospital system participating in any other value-based arrangements that align payment to the efficiency and quality of care delivered? If yes, please provide a general description of the types of value-based payment arrangements your system currently participates in (100 word max).
49. If you have indicated that your hospital system currently participates in some form of alternative payment models, please indicate what resources are in place to manage relative financial and quality-related performance (100 word max).

50. The Fund expects to pay a blended global fee for vaginal and C-section deliveries. Complete the table and confirm that you are willing to accept a blended global fee for vaginal and C-sections births. If not confirmed, please explain why. (100 word max)

Service type	Confirm that you are willing to accept a blended fee for vaginal and C-sections births in Phase 2
Facility services	Confirmed / Not Confirmed
Professional services	Confirmed / Not Confirmed

51. As described above, the High Value Maternity Network will be composed of select local hospitals and their affiliated providers who are committed to partnering with the Fund to increase the quality and safety of maternity care while helping the Fund manage the cost of care for its plan participants. The Fund will be evaluating the cost of maternity care across all hospitals being considered for participation within the High Value Maternity Network. For hospitals that fall above the Fund's median cost for maternity care, and to the extent that payments remain based on the current reimbursement system, the Fund would expect a discount in exchange for including your hospital(s) and affiliated providers in a high value, narrow network.

Please confirm that you are willing to accept a discount beyond the current discount in your Empire or Horizon contract, as applicable, should your hospital(s) fall above the Fund's median cost for maternity care.

Confirmed
 Not confirmed

52. Please confirm that you are willing to include the following in your global fee after Phase 1. If no, please explain why. (100 word max)

Service type	Included in global fee (Yes/No)?
Professional care (obstetricians and midwives)	
Facility (hospital) care	
Anesthesia services	
Ultrasound and imaging (professional and technical services)	
Lab services	
Doula services	
Lactation services	

53. Please list any services that are not identified above that are billed separately. (250 word max)

Validation

54. Your organization warrants the accuracy of information submitted and acknowledges that the Fund will rely on this information in making its selection and contracting with the successful organization. Your organization confirms that it followed the instructions provided and identified any deviations from specifications within its response. Your organization confirms that any instructions or specifications that it thought were unclear were clarified in advance of submitting this response. During the evaluation process, identified inconsistencies may be discussed, and if necessary, an independent audit of information provided may be conducted to validate your responses. If inaccurate representations are found to exist in your response, the Fund reserves the right to reject your proposal. Please respond Agree or Disagree. If you disagree, please explain why. (250 word max)

Appendix

Sources cited in the RFP:

- New York State Department of Health Perinatal Regionalization: https://www.health.ny.gov/community/pregnancy/health_care/perinatal/regionalization_descrip.htm
- Centers for Disease Control and Prevention, Severe Maternal Morbidity in the United States. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>
- 32BJ Health Fund Non Preferred Hospitals. http://health.32bjfunds.org/Portals/1/NetworkDesign/nonpreferred_hosp1c.pdf
- DONA Certification: <https://www.dona.org/become-a-doula/birth-doula-certification/>
- Leapfrog Hospital Survey on Maternity Care: <http://www.leapfroggroup.org/ratings-reports/maternity-care>
- New York State's Maternity Information Law: https://www.health.ny.gov/facilities/hospital/maternity/public_health_law_section_2803-j.htm
- New Jersey Report Card of Hospital Maternity Care: https://www.njleg.state.nj.us/2018/Bills/AL18/82_.HTM
- Hospital Maternity Related Procedures and Practices Statistics: <https://www.health.ny.gov/statistics/facilities/hospital/maternity/>
- ACOG Clinical Guidelines: <https://www.acog.org/About-ACOG/ACOG-Departments/Deliveries-Before-39-Weeks/ACOG-Clinical-Guidelines>
- Edinburgh Postnatal Depression Scale score: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf>
- California Maternal Quality Care Collaborative: <https://www.cmqcc.org/>
- Maternity Quality Improvement Toolkits: <https://www.cmqcc.org/resources-tool-kits/toolkits>
- Improving Health Care Response to Obstetric Hemorrhage, Version 2.0: <https://www.cmqcc.org/resource/obstetric-hemorrhage-20-toolkit>
- Improving Health Care Response to Preeclampsia: <https://www.cmqcc.org/resources-tool-kits/toolkits/preeclampsia-toolkit>
- Support Vaginal Birth and Reduce Primary Cesareans: <https://www.cmqcc.org/VBirthToolkit>
- Improving Health Care Response to Maternal Venous Thromboembolism: <https://www.cmqcc.org/resources-toolkits/toolkits/improving-health-care-response-maternal-venous-thromboembolism>
- Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum: <https://www.cmqcc.org/resources-toolkits/toolkits/improving-health-care-response-cardiovascular-disease-pregnancy-and>
- Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age: <https://www.cmqcc.org/resources-tool-kits/toolkits/early-elective-deliveries-toolkit>
- AIM (Alliance for Innovation on Maternal Health) patient safety bundles: <https://safehealthcareforeverywoman.org/patient-safety-bundles/>
- ACOG's Obstetric Care Consensus Severe Maternal Morbidity: Screening and Review: <https://www.acog.org/-/media/Obstetric-Care-Consensus-Series/occ005.pdf?dmc=1&ts=20180814T1452254152>
- Specifications Manual for Joint Commission National Quality Measures: <https://manual.jointcommission.org/releases/TJC2018B/MIF0393.html>

Listing of 32BJ Health Fund Non-Preferred Facilities:

http://health.32bjfunds.org/Portals/1/NetworkDesign/nonpreferred_hosp1c.pdf

Calculation of referenced episiotomy rates:

- The Fund calculated 32BJ's episiotomy rate based on the presence of ICD-10 procedure code 0KQM0ZZ. The Leapfrog Group's established episiotomy rate target and the published NY State episiotomy rate were determined based on the AHRQ EHR measure.