
PBGH's Advanced Primary Care Request for Information FAQ

How will the PBGH be validating responses?

We will accept self-reported information and ask applicants for an attestation. Over time as purchasers identify partners, we will refine our approaches and have technical experts on our team to assess responses. At this point we are not taking that approach, but over time we will develop and communicate those approaches.

Should data for this RFI should be pulled from 2021 or 2022?

We are looking for your most recent performance information but if you feel there is value in submitting 2021 data that will be accepted. We recognize you need a full 12 months of data to make a one-year statement about your practice's performance. We do view 2022 data as particularly important, however, because of the impact of COVID on data and outcomes. But you should submit whatever you feel is the most reflective of what you expect in terms of future care and the services you've been delivering. Please just clearly indicate the timeframe you're reporting. For Total Cost of Care, we are specifically asking for calendar year 2020, 2021 and 2022 YTD with paid through date.

What ancillary programs are of interest?

We're interested in all ancillary programs, particularly with those being delivered via direct contracts.

Is PBGH open to a national, virtual only network/providers with the ability to refer to any and all brick-and-mortar facilities - specialists, imaging, labs, etc.?

That will depend on the purchasers using this information. Many employers are looking for virtual first and these practices are invited to respond. Overall, however, we're not looking to quantify primary care based on the pathway of care delivery but rather the ability to deliver advanced primary care, preferably across several modalities.

For virtual only providers, how should we respond to specific questions which refer to brick-and-mortar? Do we leave them blank or mark as not applicable?

Please note "not applicable for virtual services". You can also upload a document describing your approach, if you feel more information is needed for context.

How should providers answer for virtual delivery methods?

If the lines of service that you intend to make available to employers participating in this RFI are virtual and not reliant upon brick-and-mortar locations, please add a new market column and label it VIRTUAL. Please add any new columns to the right.

If any geographic exceptions apply (e.g., for regulatory, licensing, or other reasons) then indicate this after VIRTUAL. If you can cover the entire US, indicate ‘no limitations’ in coverage.

For example, if your virtual model is not limited by geography, then add “VIRTUAL – No Limitations” as an added market column. If, for example, you could not deliver your virtual model in PA or GA, then add “VIRTUAL – PA, GA Limitations” as an added market column.

After you fill-in a virtual market column, please response to questions in the rows according to a VIRTUAL delivery model. If a question in a row does not pertain to the virtual delivery model, then please answer “Not Applicable to Virtual” as a response in the cell.

Will submissions be shared with PBGH members across markets or only members in the specific market?

This will be made available to PBGH members across all markets.

Can we respond only for specific employers as opposed to all groups looking at the RFI?

We are collecting the information on behalf of all our members. We ask that responses come through the platform. If your response is particular to an individual employer, you should identify that.

What are current, gaps or opportunities to services?

Through this RFI PBGH is articulating to the market what our members have said they want to buy on behalf of their employees and the RFI is designed to capture information about these services.

If we have multiple practice/clinic locations within a market, how should we submit the requested outcomes data in Section 2?

We've developed an Excel Attachment (#14) to capture the per clinic breakdown of the data requested in Sections 2.2.2, 2.2.3 & 2.2.4. When you download the full RFI workbook the attachment will be included as a tab labeled “Attachment 14”.

How can I access the recoding of the FAQ Session held on December 19th?

The recording from the FAQ Session on December 19th can be found [here](#) and on the SubPop platform.

What happens if we miss the submission deadline?

Any responses received after the deadline run the risk of not being considered by employers.

What if we don't currently meet all requirements outlined in the RFI, should we still reply?

Yes, organizations are encouraged to complete the RFI even if all standards cannot be met.

New Questions

What impact does PBGH have on existing vendor-client relationships. For example, we have received RFX's directly from some of the clients on the client list. Does this now mean that those RFX's will come from PBGH vs. the client? Will PBGH works as an advisor to the client (e.g., vetting only best of breed virtual care organizations)?

PBGH has been asked, by its members, to collect and report this information for their use and to ease the administrative burden on advanced primary care providers. PBGH is supporting its members through a single source of truth regarding advanced primary care organizations composition, capabilities, performance, and processes. It is our intention that this centralized approach would replace one-off requests by our members. Please keep in mind that after review of the information provided in this process, our members will likely have follow up requirements for those advanced primary care providers who match their priorities.

We also seek to understand our vendor relationship to PBGH. PBGH is vetting vendors for future RFX's. Is there any charge to a vendor for participating in these requests? For example, is there some type of administrative fee collected on the sales made from a contract? Or is the cost all bared by the member?

Currently there is no cost for the administration of this RFI.

On the Full RFI, tab 5.0, Q 5.1, what does "% of primary care payment" mean?"

We want to understand what portion of your primary care revenue comes from the various types of payment arrangements. Like our request to understand what % of your overall revenue is generated by the various payment methodologies, we also want to understand what % of your primary care revenue comes from the different types of payment arrangements. For the percentages, please limit your entry to numbers only. In this section, total organizational revenue should equal 100%, as should total primary care payments. Use the details box to provide more information if needed.

What is "Biosimilar adoption rate" (Part 2 - 7.0 Informed Referrals)? What should we look for to measure it internally?

Biosimilar adoption rate is calculated by dividing the total volume of biosimilar prescriptions divided by the total volume of biosimilars and reference product.