

SPC RFP HEALTH EQUITY TOOL
FINAL BIDDING DOCUMENT (to be completed by the bidder)

SUBMISSION REQUIREMENT 86: Provide a description of the types of data, including but not limited to performance metrics and data collected in partnership with members (e.g., data from member satisfaction surveys or member focus groups), the Offeror will collect, monitor, and analyze for the purpose of improving member health outcomes and informing program initiatives.

Provide a detailed description of the processes utilized by the Offeror to inform and/or initiate improvement activities, including reporting tools, mentoring technologies, and/or partnerships, as well as processes used for member and population specific data analyses and MCO decision-making processes.

The Offeror shall file its response to this submission requirement to three pages of narrative and should include up to three, one-page sample utilization reports or other sample data to demonstrate the Offeror's monitoring and analysis process.

(PAGE LIMIT is with 3 pages of narrative and up to 3, one-page sample utilization reports or other sample data)

Submission Evaluation Considerations:

- Health Equity
- Use of Data
- Improvement Outcomes
- Member Experiences
- Other Considerations

ARIZONA PHYSICIANS PA, INC.	BANNER UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
NATIONAL AND MAJOR OBSERVATIONS				
<p>Offeror discussed NCA accreditation and being awarded NCA LYSO distinction but did not address clearly NCA health equity accreditation.</p> <p>Offeror described its Quality Solutions platform and identified multiple examples of performance data visualization relevant to analysis of health disparities, including race, ethnicity, language, gender and geography among others.</p> <p>Offeror described a collaborative approach to engaging members for the purpose of collecting data to improve outcomes, including through meetings with its Member Advisory Council and member surveys.</p> <p>Offeror mentioned use of HE but did not describe clearly how either the HE or CDS would be used in addressing health disparities.</p> <p>Offeror mentioned use of HE but did not describe clearly how either the HE or CDS would be used in addressing health disparities.</p> <p>Offeror described monitoring its members' and providers' performance and quality of care through its Quality Solutions platform and SMART data dashboards. Offeror included a sample dashboard and identified adherence report stratified by member placement type.</p> <p>Offeror stated it uses the PDSA cycle to assess the effectiveness of interventions. Offeror provided an example including implementation of its LYSO SR university.</p> <p>Offeror described drawing from a wide variety of data sources, including, among others, claims, survey and the HE, although it did not specify clearly what HE data elements are used.</p> <p>Offeror described its QMRI structure, including staffing and CIP process.</p> <p>The offeror discussed use of data to inform development and measurement of evidence based initiatives. Offeror provided a critical cancer screening program example and its use of data to inform development and measurement of an evidence based initiative.</p> <p>Offeror described its SMART data warehouse and Health Plus Dashboard required by staff to track and evaluate performance/delivery system changes. The platform (supported by sample reports) captures data encompassing all member health needs, including physical health, behavioral health, LYSO and HRSA.</p> <p>Offeror described how data is used to improve member experiences and provided an example of developing an ACO VBP pilot based on CAHPS data.</p> <p>Offeror described how it engages members and families beyond surveys, through the MAC, community listening sessions, participation on the governance advisory council and a University of Arizona campus-wide survey.</p> <p>Offeror described its broader community connections, including its Medicare Outreach Initiative to address food insecurity and its partnership with the American Heart Association.</p>	<p>Offeror discussed being in full compliance with NCA LYSO care plan and assessment requirements but did not address clearly NCA health equity accreditation.</p> <p>Offeror described its data analysis platform (e.g., Incentivize) and identified multiple examples of performance data visualization (e.g., behavioral health, SICH issues and unknown risk) but did not describe clearly stratification based on factors relevant to analysis of health disparities (e.g., race, ethnicity and language, among others).</p> <p>Offeror described a collaborative approach to engaging members for the purpose of collecting data to improve outcomes, including through meetings with its Member Advisory Council, member surveys and campus studies conducted by the University of Arizona.</p> <p>Offeror mentioned use of HE but did not describe clearly how either the HE or CDS would be used in addressing health disparities.</p> <p>Offeror described monitoring its members' and providers' performance and quality of care through its Incentivize population health platform and component modules. Offeror included a sample report depicting targeted utilization data and a sample quality performance report stratified by provider.</p> <p>Offeror stated it uses the PDSA cycle to deploy focused interventions and evaluate performance improvement project outcomes. Offeror provided an example including prevention of stroke below down.</p> <p>Offeror described drawing from a wide variety of data sources, including, among others, claims, survey and the HE, although it did not specify clearly what HE data elements are used.</p> <p>Offeror described its QMRI structure, including staffing and CIP process.</p> <p>The offeror discussed use of resources to support evidence based initiatives and presented a PIP related to chronic kidney disease, but did not describe clearly the use of data to inform development and measurement of evidence based initiatives.</p> <p>Offeror identified multiple analysis platforms employed by staff to track and evaluate performance/delivery system changes. The platform (supported by sample reports) captures data encompassing all member health needs, including physical health, behavioral health, LYSO and HRSA.</p> <p>Offeror described its collection of relevant data, including through surveys, but did not provide clear examples of its use of the data to improve member experiences.</p> <p>Offeror described how it engages members and families, beyond surveys, through the MAC, community listening sessions, participation on the governance advisory council and a University of Arizona campus-wide survey.</p> <p>Offeror described its broader community connections, including partnerships with FootSmart and the American Cancer Society.</p>	<p>Offeror discussed NCA MA accreditation and its intent to achieve NCA health equity accreditation.</p> <p>Offeror identified multiple examples of performance data visualization relevant to analysis of health disparities, including race, ethnicity, language, gender and geography, among others. Offeror provided sample reports depicting stratification of performance data by demographic characteristics.</p> <p>Offeror described a collaborative approach to engaging members for the purpose of collecting data to improve outcomes, including through meetings with its Member Advisory Council and Member Experience Committee, virtual consultations and member surveys.</p> <p>Offeror included the term HE within an exhibit but did not describe clearly how either the HE or CDS would be used in addressing health disparities.</p> <p>Offeror described monitoring its members' and providers' performance and quality of care through its HealthKey Management Reports that contain approximately 150 metrics across all aspects of the organization. Offeror included a sample report depicting HRSA's non-compliance rates stratified by demographic and provider categories. Offeror also included a sample report presenting targeted hospital utilization data.</p> <p>Offeror stated it uses the Institute for Healthcare Improvement (IHI) model of improvement based on PDSA rapid cycle intervention framework for continuous improvement, including closures of issue model. Offeror provided an example of its PDSA process for the HEEDS Plus 10y program.</p> <p>Offeror described drawing from a wide variety of data sources, including claims, survey, the HE and national sources, among others.</p> <p>Offeror described its QMRI structure, including staffing and CIP process.</p> <p>The offeror described how it monitors 150 data metrics across all lines of business and uses data to inform development and measurement of evidence based initiatives. Offeror provided examples, including for HRSA's evidence-based initiatives.</p> <p>Offeror described its proposed LYSO dashboard for tracking and evaluating performance/delivery system changes. The dashboard will capture data encompassing member health needs, including physical health, behavioral health, LYSO and HRSA.</p> <p>Offeror described how data is used to improve member experiences and provided an example of using provider communication data, to have Provider Quality Liaisons encourage training based on doctor/member feedback. Offeror stated it tracks member, family and stakeholder feedback from over 90 input sources.</p> <p>Offeror described how it engages with members and families, beyond surveys, including through post-visit evaluations and its Community Connectors Collaboration.</p> <p>Offeror described its broader community connections with multiple associations/organizations, including a partnership with the American Heart Association and its Adopt a Clinic program.</p>	<p>Offeror discussed NCA Health Equity accreditation.</p> <p>Offeror described its LYSO SR dashboard and identified multiple examples of performance data visualization relevant to analysis of health disparities, including race, ethnicity, language, HRSA data and LYSO, among others. Offeror provided a sample report depicting stratification of performance data by demographic characteristics.</p> <p>Offeror described a collaborative approach to engaging members for the purpose of collecting data to improve outcomes, including through meetings with individual stakeholder and use of CDS Quality of life survey.</p> <p>Offeror mentioned use of CDS and the HE, but did not describe clearly how either would be used in addressing health disparities.</p> <p>Offeror described monitoring its members' and providers' performance and quality of care through multiple data analytic platforms, including CDR, health equity dashboard, utilization dashboard and healthline, among others. Offeror included a sample report with stratified findings and outcome data.</p> <p>Offeror discussed use of the HCIS model for conducting the PDSA quality improvement cycle. Offeror discussed its approach to sharing results and outcomes with members, families, providers, the State, and other stakeholders to obtain feedback and inform identification of best practices.</p> <p>Offeror described drawing from a wide variety of data sources, including claims, survey, the HE and national sources, among others.</p> <p>Offeror described its QMRI structure, including staffing and CIP process.</p> <p>The offeror described how it uses data to inform development and measurement of evidence based initiatives. Offeror provided examples, including program for colorectal cancer screening and fall prevention.</p> <p>Offeror identified multiple analysis platforms employed by staff to track and evaluate performance/delivery system changes. The platforms capture data encompassing all member health needs, including physical health, behavioral health, LYSO and HRSA.</p> <p>Offeror described how data is used to improve member experiences and provided an example of using provider health monitoring technology to provide AITCS case managers with ADT alerts from the HE to support case manager encounters and refer members to the Area Agency on Aging Transition program.</p> <p>Offeror described how it engages with members and families, beyond surveys, including through post-visit member engagement tools (e.g., Psy Health, Healthline, Drive Health Mobile) and capturing and sharing of data by QMRI staff with member/family council and stakeholder groups.</p> <p>Offeror described its broader community connections, including a partnership with Senior Quest to improve retirement outcomes.</p>	
RANKING				
3	3	5	1	2

EVALUATOR FULL NAME (FIRST AND LAST): Cynthia Hooper
 EVALUATOR TITLE: Multi-Management Specialist
 DATE: NOV 14, 2023
 SIGNATURE:

EVALUATOR FULL NAME (FIRST AND LAST): Constance Chabonowski
 EVALUATOR TITLE: Strategic Performance Administrator
 DATE: Nov 14, 2023
 SIGNATURE:

EVALUATOR FULL NAME (FIRST AND LAST): Dr. Megan Woods
 EVALUATOR TITLE: Integrated Care Administrator-DGI
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