



**Request for Letters of Interest and
Statement of Qualifications
(LOI/SOQ) No. OFCA/024**

Sacramento County Health Authority Consultation Services

The County of Sacramento, Department of Health Services, Office of Finance, Contracts and Administration (OFCA) is requesting Letters of Interest and Statement of Qualifications (LOI/SOQ) from an experienced and qualified consultant or consulting firm to perform mixed-methods research and data analysis of Medi-Cal members experience in Sacramento County.

The consultant will help support the work of the Sacramento County Health Authority (SCHA) Commission by providing research, analysis, and consulting services to improve managed care plan (MCP) and provider performance in the areas of equity, quality, timely access, integration of care, and reduction of health disparities. The consultant will engage Medi-Cal members in robust processes to center their voices in patient care improvements. Working alongside commissioners and County staff, the consultant will proactively support local efforts to respond to California Advancing and Innovating Medi-Cal (CalAIM) and other key Department of Health Care Services (DHCS) initiatives and support successful Medi-Cal renewals and expansion of coverage.

The total annual budget amount is approximately \$350,000. Stakeholder compensation, for funding for Medi-Cal member expertise and feedback, should be 10-20% of the total budget.

The consultant or firm MUST meet ALL of the following minimum requirements, which should be clearly identified in response:

1. At least three or more successful healthcare research contracted projects involving culturally relevant stakeholder engagement and mixed-methods (quantitative and qualitative) research, including surveys and focus groups, and data analysis.
2. A minimum of five or more years of experience in healthcare research, mixed-methods (quantitative and qualitative) research and data analysis, and stakeholder engagement, especially with Medicaid programs, recipients of those programs or similar large-scale health initiatives. Experience analyzing and presenting Healthcare Effectiveness Data and Information Set (HEDIS) measures.
3. At least two or more successful healthcare research contracted projects have been completed in Sacramento County.
4. Demonstrable knowledge of the CalAIM initiative, Medi-Cal programs, and relevant California health policies and regulations.
5. Consultant can perform services remotely with access to electronic tools, with capacity for in-person meetings when and if necessary.
6. Consultant possesses adequate resources (e.g., tools and software for media engagement, survey analytics, and other project-related tasks), or the ability to obtain such resources as required, during performance of the contract.
7. Demonstrable experience analyzing data with at least 50 metrics for a population size of at least 50,000 and presenting it for public consumption.
8. Consultant cannot be actively contracted with a MCP or Medi-Cal dental plan operating in Sacramento County for the duration of this contract, or within the last two years.



9. Successful experience communicating with stakeholders in Spanish, Russian and/or Vietnamese. This may include successfully subcontracting with an organization or translation services to assist with research.
10. Consultant must have experience conducting focus groups with at least five participants who received compensation, or experience subcontracting with an organization who provided this service.

Interested consultants or firms must respond using the form at the end of this document by the due date (see below). The form must include your individual or firm's information – legal name, address, contact name, phone, e-mail, name of contract signer and must be signed by person with contract signing authority. Electronic and scanned authorized signature(s) will be accepted.

The successful applicant shall be required to sign a Sacramento County contract template and must agree to all terms and conditions of the contract with Sacramento County.

Instructions:

1. LOI/SOQ documents must be submitted in accordance with all the instructions in this notice.
2. Fully complete and submit the LOI/SOQ requirements form. Supporting documentation answering item #1 in the SOQ must be typed, and not exceed two (2) pages.
3. **Responses are due and must be emailed to the Department of Health Services at SCHA@saccounty.gov by 5:00 PM (PDT), May 9, 2024. The following will not be accepted: hard copies of responses that are delivered to County locations, emailed responses to any other email address, or faxed responses. Late submissions will not be accepted. Release date: April 11, 2024.**

This will be the only advertisement of this request for LOI/SOQ. The County of Sacramento reserves the right to cancel this public notice and/or issue a Request for Proposal (RFP) for these services, to reject any or all LOI/SOQs and/or proposals, request additional information/documentation from applicants, and to determine which LOI/SOQ and/or proposal shall be accepted. Only those consultant(s) or firm(s) that successfully respond to this public notice are eligible to participate in the RFP for these services if an RFP is utilized in the future. This will be the only advertisement of this public notice and/or RFP if utilized. In addition, the County reserves the right to make a contract award to one or more bidders for all or part of the services. Issuance of this LOI/SOQ in no way constitutes a commitment by the County to award a contract.



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Scope of Work**

Objective 1

Increase oversight and coordination to improve MCP and provider performance in the areas of equity, quality, timely access, integration of care, and reduction of health disparities.

- Identify data available from MCPs; use this to draft a comprehensive list of metrics and data requests for MCPs. Include standards/benchmarks where available. Assess level of disaggregation possible (e.g., by member demographics and delegated entities/Independent Physician Associations) to allow best analysis of outcomes. Analyze quarterly data submissions by MCPs in aggregate and prepare findings. Data sets have several hundred measures.
- Collect data and present data analysis quarterly to SCHA subcommittees, Quality Improvement/Quality Assurance (QIQA) and Consumer Protection Committee (CPC), gather input from commissioners and present to full SCHA Commission, when requested.
- Actively monitor access and quality of care by reviewing data sources including but not limited to HEDIS measure of interest, and reports published by the Department of Managed Health Care and DHCS. Identify and review key performance indicators available by MCP, such as utilization management timeframes, claims payment timeframes and accuracy rate, Member Services time to answer and abandonment rates, and utilization of mild-to-moderate mental health services.
- Review proposals for community interventions and compare with community needs identified in Community Health Assessments and Improvement Plans (CHA/CHIP), Community Health Needs Assessment (CHNA), Population Needs Assessment (PNA), etc., across the County.
- Attend SCHA Commission meetings, support with preparation of meeting materials, distribution of materials and notice of meetings, and notetaking from the discussion.

Objective 2

Engage Medi-Cal members in robust processes to center their voices in patient care improvements

- Identify, review, analyze and summarize relevant local qualitative data, including MCP data, CHA/CHIP, etc. Make recommendations to the SCHA Committee regarding any data collection gaps, including members experiencing homelessness or precariously housed. Work alongside County staff to refine these plans and tools. Ensure engagement includes high-need populations, such as those who are currently or formerly homeless or justice-involved and ensure data collection is culturally relevant and accessible.
- Determine areas of focus for qualitative data collection (to supplement quantitative data and other relevant local reports) and develop plan to solicit actionable input from Medi-Cal members utilizing various methods (e.g., in-person surveys, text messaging, brief automated-call surveys and robo-call tele-townhalls, in-person focus groups, larger email surveys, social media promoted surveys) to get feedback on key areas, including potential Ombuds support expansion. Ensure engagement of Medi-Cal members in accessible, comfortable, community-based locations including at a time conducive to participation, including childcare, food, and interpretation services as relevant, as well as incentives to promote participation.
- Draft appropriate data collection tools and promotional materials and collect data.
- Prepare report and presentation to SCHA committees for guidance and feedback, and present

findings to the full SCHA.

- Increase representation of diverse Medi-Cal members presenting to SCHA CPC, through partnerships with local community-based organizations.
- Share written materials developed by the County with stakeholders and stakeholder groups that describe or link to the SCHA, SCHA CPC, and priority messages (including their roles, engagement opportunities and incentives). Test these materials for literacy levels and comprehension with target audience. Invite a representative sample of consumers to attend the SCHA CPC meetings.
- Maintain documentation of participation, content, and recommendations. Evaluate whether and how this was an appropriate venue for consumer voice and what could be improved.

Objective 3

Proactively support local efforts to respond to CalAIM and other key DHCS initiatives

- In coordination with County staff, prepare a data request quarterly for MCPs to submit information reported to DHCS on total member enrollment in Enhanced Care Management (ECM) and Community Supports (CS); Population Health Management Initiative data; member enrollment as a percent of eligible members; provider enrollment in ECM and CS; provider delivery of ECM and CS services; and inclusion of justice-involved populations. Including Incentive Program Data (e.g., Housing & Health Incentive Program (HHIP), Incentive Payment Program (IPP), and Student Behavioral Health Incentive Program (SBHIP). Research will include a special focus on justice-involved populations, behavioral health, emergency department (ED) utilization and homelessness to explore whether/how CalAIM has impacted these outcomes. Disaggregate data based on age for age-related incentive measures (for MCP's or delegated entities divided by Ages 0-18 and 18 and over), by race/ethnicity, and other demographics to identify disparities in access and health outcomes (e.g., diabetes management, prenatal care).
- Collect and compare data from all Sacramento MCPs and compare within County and to MCPs statewide (per state data).
- Highlight data and experiences reported by MCPs, providers, and members to illuminate successes, challenges, and disparities in ECM/CS experiences (by geography, population of focus, etc.); aggregate and share this information in report form with County, consumer representatives, and MCPs. Identify any areas of concern for individual MCPs and/or the County.
- Hold meetings with MCPs, providers, and members to discuss insights and support improvements to CalAIM implementation (consider collaboration with Providing Access and Transforming Health (PATH) Collaborative Planning & Implementation Group).

Objective 4

Support successful Medi-Cal renewals and expansion of coverage

- Under the guidance of the SCHA Commission and County staff, engage with State and County departments to review performance and discuss strategies for improvement.
- Ensure bi-directional MCP and County communications to support Medi-Cal members. Share relevant information from existing materials (in multiple languages) through a variety of written and verbal methods with impacted providers and Medi-Cal members.



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| LETTER OF INTEREST (#OFCA/024) | |
|---|--|
| Legal Entity Name | |
| Name of authorized contracting official | |
| Date | |
| Contact Information | |
| Contact Person / Title | |
| Address | |
| Telephone | |
| Email Address | |

| STATEMENT OF QUALIFICATIONS – Revenue Analysis (#OFCA/024) |
|---|
| <p>My firm is actively contracted with a MCP or Medi-Cal dental plan operating in Sacramento County for the duration of this contract or has been within the last two years.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Provide the following information for at least one contract:</p> <ol style="list-style-type: none"> Name of contracting organization. Term of previous contract. Services or functions provided through the contract. Reporting responsibilities (type of reports, frequency) |

Submission of this LOI/SOQ serves as a notice that our firm is interested in applying for LOI/SOQ No. **OFCA/024**.



Minimum Requirements:

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2. A minimum of five or more years of experience in healthcare research, mixed-methods (quantitative and qualitative) research and data analysis, and stakeholder engagement, especially with Medicaid programs, recipients of those programs or similar large-scale health initiatives. Experience analyzing and presenting Healthcare Effectiveness Data and Information Set (HEDIS) measures.
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I hereby certify that my firm meets the above minimum requirements:

Signature

Date

Printed Name

Title