

Request for Qualifications and Quotation

California Medicare Collaborative Advisor- Remote

1. Introduction

The **California Quality Collaborative (CQC)** is seeking a qualified Medicare subject matter expert to advise direction for the California Medicare Collaborative, a consensus-focused work group that will identify priority areas for action that can be taken by California stakeholders and the delivery system to better meet the needs of the growing aging population. More broadly, the collaborative aligns with the state's [commitment to support healthy aging](#) and the California Department of Health Care Service (DHCS)'s work to provide equitable access to quality health care leading to a healthy California for all.

2. Project Overview

Medicare is a federal program administered by the Center for Medicare & Medicaid Services. Though Medicare is administered at the national level, DHCS, the state's Medicaid agency, has an Office of Medicare Innovation and Integration to consider strategies to promote improved care for all Medicare beneficiaries. Further, the California Department of Aging and other state departments are engaged in efforts that involve health care for older adults and Medicare.

The collaborative will work together through 2024 to reach a consensus on priority areas for action that can be taken by California stakeholders and the health care delivery system with the goal of better meeting the needs of the growing aging population covered by Medicare. The collaborative will evaluate and prioritize issues from the following broad areas of interest and develop action plans that can be carried out in California while acknowledging the reality that policy and management of Medicare happens at the federal level:

1. Cognitive and Behavioral Health: Expand Medicare's coverage for cognitive health benefits beyond its current preventive and diagnostic focus and scale integrated behavioral health models that have been proven to be evidence-based. Promote workforce development in this area.
2. Chronic Illness Management and Care Coordination: Implement programs such as telehealth services, remote monitoring and medication therapy management that would lead to better health outcomes and reduce costs for patients with chronic conditions. Promote workforce development in this area.
3. Medicare Advantage (MA) with a Focus on Supplemental Benefits: Understand what kind of MA plans and supplemental benefits are the most impactful on beneficiaries' health and well-being and leverage supplemental benefits to address beneficiaries' needs in a meaningful way.
4. Programs Addressing Equity, Access and Disparities in Care: Advance health equity by promoting health literacy, providing culturally competent care, workforce development and prioritizing social determinants of health.

3. Desired Qualifications of California Medicare Collaborative Advisor

We are seeking an experienced and qualified subject matter expert who possesses the following skills and attributes:

- **Deep Content Knowledge:** of Medicare policy, programs, the California Medicare stakeholder landscape and challenges/barriers to delivering the best access, care and full spectrum of benefits.
- **Work Experience:** in the California Medicare system, preferably across more than one stakeholder type (state agency, provider, health plan, trade association, advocacy)
- **Proven ability to gain multi-stakeholder consensus:** toward actions that improve outcomes for patients.
- **Excellent communication and interpersonal skills:** Ability to effectively communicate with diverse stakeholders, including clinicians, practice administrators and patients.

4. Scope of Services

The California Medicare Collaborative Advisor will be responsible for supporting and providing subject matter expertise to the following activities through Dec 31 2024:

- Support in preparation for a landscape scan and stakeholder interviews to begin to flesh out the core issues and opportunities within each issue area listed above
- Synthesis of findings from landscape interviews and proposal for topics and design of each collaborative convening based on learnings
- Collaborative participation roster from network of Medicare stakeholders
- Attend and advise in:
 - Monthly virtual Collaborative Steering Committee meetings
 - Weekly project check-ins
 - Collaborative convenings (two in-person in Sacramento and three virtual)
- Support convening design, preparations, materials development, facilitation and debriefs
- Review drafts of work products (issue brief and webinar content)

The estimated hours are as follows:

| California Medicare Collaborative Advisor | | |
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| Responsibilities | Details | Total Hours |
| Meetings & Convenings Attendance | <ul style="list-style-type: none"> • Monthly steering committee (9 hours at 1 hour monthly) • Project check-ins (18 hours, 30 minutes weekly/2 hours monthly) • Convenings (17 hours), one kickoff orientation (1 hour), two virtual convenings (4 hours), two in-person convenings (12 hours)) | 44 |
| Landscape Analysis Review | <ul style="list-style-type: none"> • React and provide feedback to draft interview materials (list of interviewees and guide) | 8 |

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| | <ul style="list-style-type: none"> React and provide feedback to synthesis of landscape interview findings and proposed direction of topics and design for convenings (8 hours) | |
| Convening Design and Facilitation | <ul style="list-style-type: none"> 16 hours (4 hours per convening excluding kickoff orientation) | 16 |
| Product Review | <ul style="list-style-type: none"> Review issue brief draft and provide comments (4 hours) | 4 |
| Approximate Total Hours | | 76 |

5. Submission Requirements

Interested candidates should submit the following documents:

- Resume highlighting relevant skills and experience
- Hourly rate

6. Submission Deadline and Selection Process

Proposals should be submitted electronically to cqcinfo@pbgh.org by **Thursday, March 21, 2024**. A selection committee will review all proposals and shortlist qualified candidates for interviews. The final selection will be based on the demonstrated qualifications, experience and alignment with the program objectives.

7. Funding and Contract Terms

The specific funding mechanism and contract terms will be negotiated with the selected Medicare advisor. Different models, including fixed-fee contracts or hourly-based arrangements, may be considered.

8. Contact Information

For any questions regarding this RFQQ, please contact cqcinfo@pbgh.org.

We look forward to receiving your proposals and partnering to strengthen support for the Medicare population in California.