

Task Order

Response to Task Order #YH26-0071

Arizona Health Care Cost Containment System

FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting

*Due: March 26, 2026
3:00 PM AZT*





March 23, 2026

Cynthia Smolens
Senior Procurement Specialist
AHCCCS
1501 N. 18th Avenue
Phoenix, AZ 85007
procurement@azahcccs.gov

RE: Response to Task Order #YH26-0071, FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting

Dear Ms. Smolens:

Health Services Advisory Group, Inc. (HSAG) is pleased to submit this response to the above-mentioned Task Order for consideration by the Arizona Health Care Cost Containment System (AHCCCS) under the Statewide Healthcare and Employee Benefit Consulting Contract, statewide solicitation BPM005207 (Contract Number CTR066542).

HSAG acknowledges receipt of Amendment #1 Questions & Answers, received March 10, 2026.

I am the company representative authorized to bind the organization and the contact person responsible for response to this RFP. Please do not hesitate to contact me if you have any questions or require clarification. I can be reached at 602.801.6701 or mdalton@hsag.com.

Sincerely,

A handwritten signature in blue ink that reads "Mary Ellen Dalton". The signature is written in a cursive, flowing style.

Mary Ellen Dalton, PhD, MBA, RN
President and Chief Executive Officer


TASK ORDER SOLICITATION

AMENDMENT #1

YH26-0071 FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting	Task Order due date: Thursday, March 26, 2026, 3:00pm, Arizona Time	Procurement Officer:Cynthia Smolens Email: procurement@azahcccs.gov
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A signed copy of this amendment must be submitted with your Task Order solicitation response.

This Task Order Solicitation is amended to only include the consolidated Questions and Answer Form

Paragraph # or Title	Page #	Amendment
Answers	N/A	Consolidated Answers to Questions form is attached.
OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.		THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 		SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Mary Ellen Dalton, PhD, MBA, RN		TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: President and Chief Executive Officer		TITLE: Chief Procurement Officer
DATE: March 18, 2026		DATE:



QUESTIONS AND ANSWERS FORM

Task Order #YH26-0071

FFY 2025 HEALTHII Performance Measure Calculations and Reporting

Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than

March 5, 2026, 3:00 PM Arizona Time

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1.	HSAG	4	2	Is there a contractor/incumbent currently doing this work? If so, can AHCCCS provide: <ul style="list-style-type: none"> • The name of the current contractor(s)/incumbent(s), and • The current contract value. 	Yes. The current vendor for the AHCCCS HEALTHII program is Milliman Inc. The current contract value is \$549,465.00.
2.	HSAG	5.2.3	4	HSAG anticipates the approximate number of hospitals that will be included in the hospital-level performance measure rates to be around 120. Can AHCCCS confirm whether this approximation is accurate?	The approximate number of hospitals will be 120 – 140.
3.	HSAG	5.4.4	4	Will the Contractor need to determine the payment amount that each participating hospital is eligible for based on performance?	The Contractor will not need to determine the payment amount that each participating hospital is eligible for/will receive.
4.	HSAG	5.5.2.3	4	Historically, as part of this activity, how many meetings on average are conducted with participating hospitals/managed care plans? Would the Contractor be expected to meet with all participating hospitals and managed care plans individually or would larger group meetings be acceptable?	The Contractor is expected to meet with participating hospitals individually upon request to provide technical assistance related to measure data submission or issues related to measure specifications. AHCCCS may request the Contractor to participate in additional meetings with participating hospitals or stakeholders as needed.



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5.	HSAG	6.2	4	<p>Will AHCCCS request for additional PMs to be included in the current year hospital assessment, or would the Contractor develop measure information for implementation in future hospital assessments?</p> <p>If AHCCCS decides to include additional PMs for the current year, when would AHCCCS anticipate informing the Contractor of these measures?</p>	Related to 6.2, AHCCCS may request for additional PMs to be included in the current year hospital assessment; AHCCCS will provide the Contractor information about the additional PMs during the project kickoff meeting or shortly thereafter.
6.	HSAG	8.2	5	<p>For item 8.2, the Task Order includes the statement, "Submit a technical guidance report as described in 5.4 to AHCCCS by September 15, 2026, for HEALTHII Year 6 (FFY 2027)."</p> <p>Can AHCCCS confirm whether the Contractor should submit a draft version of the technical guidance report for AHCCCS' review prior to submitting a final report?</p> <p>If so, does the September 15, 2026, date reflect the due date for the final report?</p>	AHCCCS requests that the Contractor submit a draft version of the Technical Guidance Report for review prior to submitting a final Technical Guidance Report before or on September 15, 2026.
7.	HSAG	8.3 – 8.6	5	<p>For items 8.3 and 8.4, the two draft deliverables (i.e., spreadsheet with all measure rates and narrative report) are due to AHCCCS by January 25, 2027, and for items 8.5 and 8.6, the two final deliverables are due to AHCCCS by February 22, 2027.</p> <p>How long does AHCCCS anticipate needing to review each of the draft deliverables?</p>	AHCCCS anticipates a review period of two (2) weeks to review the draft deliverables (specified in 8.3 and 8.4).
8.	HSAG	8.6	5	To assist with deriving benchmarks, when does AHCCCS anticipate the FFY 2024 measurement year hospital-level final spreadsheet will be available?	AHCCCS anticipates that the FFY 2024 measurement year data will be available by April 15, 2026.



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9.	HSAG	9.4	6	Can AHCCCS provide an estimated budget for this work?	AHCCCS will not provide a budget amount but will review the proposals with the projected budget from each Contractor that submits a proposal. The Contractor should submit a Pricing proposal as required in section 9.4 of the Task Order.
10.	Netlogx			Is there an approved budget, budget range, or not-to-exceed amount for this project that can be shared?	Please see the response to question number 9.
11.	Netlogx			Is the anticipation that this work can be done remotely or is in-person work required? If hybrid, please indicate percentage of remote vs onsite work expected.	AHCCCS does not expect that the work will be done on site. The requested work will be completed remotely.
12.	Netlogx			If a subcontractor was not part of the initial contract award, can they be added for this project specifically? If yes, please advise next steps to do so.	The Contractor shall specify the use of a subcontractor in their proposal as specified and required in section 9.2.2 of the Task Order. After award, questions would be addressed with the Awardee.
13.	Netlogx			What data gathering tool(s) have been utilized by the State or incumbent previously?	AHCCCS claims and encounter data has been shared with Contractors through secured file transfers. Provider self-reported data has been shared with Contractors through secured email and/or web portals.



QUESTIONS AND ANSWERS FORM

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14.	Netlogx	9.2	6	Does a response to this specific Task Order have to include one or more of the Key Personnel identified as part of the initial award on the Statewide Healthcare and Employee Benefit Consulting Contract?	As outlined in section 9.2, AHCCCS requests that the vendor details the experience and resume(s) of all proposed key staff members who will be working on this Task Order.
15.	BerryDunn	5.2.1.1	3	The prior report contained self-reported hospital data from 114 hospitals. It is assumed that the same number will be used for this report; can you please confirm?	The approximate total number of hospitals participating in the HEALTHII program will be 120 – 140. AHCCCS anticipates that the total number of hospitals self-reporting data will be similar to the total number of participating hospitals.
16.	BerryDunn	5.2.1.2	3	In what format and structure will AHCCCS claims and encounter data be delivered (e.g., flat files, relational database tables, secure data warehouse access), and what core fields will be included (e.g., member ID, admission/discharge dates, diagnosis codes, procedure codes, provider identifiers)?	The AHCCCS claims and encounter and member data have been provided in a flat file format based on mutual agreement with previous contractors. The format and structure of this data may change based on discussions with and needs of the Contractor. AHCCCS expects the Contractor to review measure specifications to determine core fields that should be included for measure calculations.
17.	BerryDunn	9.4 Pricing Proposal	6	To help vendors propose an approach that is appropriately scoped, can the State share whether there is an anticipated budget range or not to exceed amount for this engagement?	Please see the response to question number 9.



QUESTIONS AND ANSWERS FORM

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18.	BerryDunn	5.3	3	Does AHCCCS have existing data validation rules or thresholds that should be applied when evaluating hospital-reported data (e.g., acceptable ranges, minimum denominator sizes, suppression thresholds)?	<p>No. AHCCCS' expectation is that the Contractor will set data validation rules or thresholds based on the measure specifications and previous hospital performance to identify trends, outliers, etc.</p> <p>It is AHCCCS' expectation the Contractor apply the CMS suppression policy for any data/reporting that will be publicly available (i.e., provide suppressed and unsuppressed versions of measure rate reporting).</p>
19.	BerryDunn	5.2.1.2	3	Will AHCCCS provide member eligibility files (including enrollment spans and program categories) to support denominator construction and risk adjustment for the claims-based measures?	AHCCCS anticipates including member eligibility information within the claims and encounter files, based on the Contractor's review of measure specifications and proposed fields for measure calculations (to be identified and agreed upon during project meetings).

TASK ORDER RESPONSE

Health Services Advisory Group, Inc. (HSAG), is pleased to provide its proposal regarding Task Order YH26-0071, federal fiscal year (FFY) 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure (PM) Calculations and Reporting, by first stating the Task Order requirement in the gray box followed by the HSAG response.

9.1 Required Elements

9.1.1 Cover Letter

9.1 Cover letter with signature of authorized company representative, including contract number and contact information.

HSAG's cover letter is included with this proposal and provides the signature of the authorized company representative, contract number, and name and contact information.

9.1.2 Name and Contact

9.1.2 Name and contact information of the person responsible for response to this Task Order.

The person responsible for the response to this Task Order is listed below and in the cover letter, along with her contact information:

Mary Ellen Dalton, PhD, MBA, RN
President and CEO
2390 East Camelback Road, Suite 400
Phoenix, Arizona 85016-3479
mdalton@hsag.com
602.801.6701

9.2 Experience and Capacity and Key Personnel

9.2.1 HSAG Experience on Projects with Same or Similar Scope of Work

9.2.1 Experience of the firm working on projects with the same or similar scope of work.

HSAG is the largest Medicaid managed care external quality review organization (EQRO) in the nation, currently contracting with 19 state Medicaid agencies to provide external quality review (EQR) services. Since 1999, HSAG has performed EQR services for AHCCCS, including performance measure calculation and validation, validation of network adequacy, the annual EQR technical report, and the administration of member surveys. As part of the Arizona EQR contract, we share this information through several channels, such as technical assistance (TA), recommendations provided during meetings with AHCCCS, EQR activities, statewide collaborative quality improvement (QI) projects, evaluations of state quality strategies, and focused studies. HSAG is also in a unique position to share lessons learned from other states and use its broad range of services and activities to identify, share, and recommend activities to support future initiatives by AHCCCS.

In alignment with the Centers for Medicare & Medicaid Services (CMS) *EQR Protocol 7. Calculation of Additional Performance Measures: An Optional EQR-Related Activity*,

February 2023,¹ HSAG has calculated performance measures for AHCCCS for 14 years as part of the EQRO contract, including rates for the statewide, managed care, Children’s Health Insurance Program (CHIP), fee-for-service (FFS), and transient members (i.e., members who switch health plans or lines of business [LOBs]) populations, as well as rates for the State’s LOBs. Additionally, HSAG has evaluated the State’s Section 1115 Demonstration Waiver, including the AHCCCS Complete Care (ACC) program, Arizona’s Long Term Care System (ALTCS), the Comprehensive Medical and Dental Program (CMDP), the Prior Quarter Coverage Waiver, Arizona’s Regional Behavioral Health Authority, and the Targeted Investments (TI) program.

HSAG’s dedicated performance measure team has extensive experience calculating a variety of performance measures for state Medicaid agencies, including Arizona, Alaska, California, Colorado, Florida, Iowa, Louisiana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Virginia, and Wisconsin. HSAG calculates statewide administrative performance measures to support federal reporting requirements. HSAG is skilled in calculating various performance measures across multiple managed care organizations (MCOs) and populations, including CMS Core Set measures, Agency for Healthcare Research and Quality (AHRQ), CMS Long-Term Services and Supports (LTSS), and custom measures for several state Medicaid agencies.

HSAG’s additional experience with performance measure calculation, validation, and reporting includes the following:

CA QIP [prime contractor to the California Department of Health Care Services (DHCS); April 2022 to June 2027] – HSAG conducts Medi-Cal managed care Designated Public Hospital (DPH) and District/Municipal Public Hospital (DMPH) (collectively referred to as “QIP Entities”) performance measure validation activities for 50 Quality Incentive Program (QIP) Entities based on CMS EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023,² as the framework to determine the extent to which QIP Entities’ reported quality measure rates meet data collection, calculation, and reporting requirements as published in the QIP Reporting Manual and measure specifications. HSAG provides TA to DHCS and the QIP Entities throughout the audit process to support the accurate collection and reporting of data and rates.

CA Workforce & Quality Incentive Program (WQIP) [prime contractor to California DHCS; December 2010 to June 2027] – HSAG supports WQIP, a directed payment initiative designed to incentivize skilled nursing facilities (SNFs) to invest in workforce development and improve the quality of care provided to residents. As a part of its work on WQIP, HSAG collects, manages, and maintains program data (including Minimum Data Set [MDS] data, publicly available CMS

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. Protocol 7. Calculation of Additional Performance Measures: An Optional EQR-Related Activity, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Mar 17, 2026.

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Mar 17, 2026.

rates, and Medicare FFS and Medicaid claims/encounter data) used to evaluate SNF performance across the program's three measurement domains: Workforce Metrics, Clinical Metrics, and Equity Metrics. HSAG uses multiple data sources to calculate SNF WQIP facility-level performance measure rates and overall WQIP scores, which are used to determine incentive payment amounts for California SNFs. In addition to data management, measure calculation, and scoring, HSAG provides ongoing WQIP program support throughout each program year, including the development of TA guides, interim and final payment reports, and evaluation reports.

Hospital Quality Improvement Contractor (HQIC) [prime contractor to CMS; September 2020 to September 2024] – HSAG served as the quality improvement specialist and change agent that supported 292 hospitals in 29 states. HSAG's focus was on reducing all-cause patient harms (including *Clostridioides difficile* infection [CDI] and falls with injury), readmissions, and opioid adverse drug events. HSAG facilitated healthcare transformation through the identification, use, and spread of evidence-based practices, systematically using quality improvement science.

HSAG collected, tracked, and analyzed data. HSAG used its secure Web portal to collect data from providers. The portal served as a robust system for all data and analytic activities and allowed for the identification of appropriate support needed by the hospitals for improvement. In addition, HSAG collected, aggregated, and calculated rates from a number of different data sources to reduce the collection and reporting burden on hospitals. These data included Medicare FFS Parts A, B, and D claims data and National Healthcare Safety Network (NHSN) data. Data were validated to assess data completeness and accuracy. Data from all sources were analyzed to calculate performance measures and integrated into an interactive dashboard that showed facility, system, and comparative data.

Quality Innovation Network-Quality Improvement Organization (QIN-QIO) – 13th Statement of Work (SOW) [prime contractor to CMS; May 2025–May 2030] – HSAG serves as the West CMS QIN-QIO (Region 7) in Arizona, California, Hawaii, Nevada, American Samoa, the Northern Mariana Islands, and Guam and provides expert healthcare quality improvement services to this region. Tasks include: providing quality improvement assistance to providers and outpatient clinical practices to improve the quality of care delivered to Medicare beneficiaries; establishing a leadership presence and accountability framework; coordinating with key partners (e.g., state health departments); conducting healthcare landscape assessments; and coordinating/complementing/creating interventions for implementation. HSAG uses Medicare FFS, NHSN, Care Compare, and MDS data to calculate performance measures including: Facility-wide Inpatient Hospital-onset CDI Outcome (hospitals); Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (SNFs); Median Time from ED Arrival to Emergency Department (ED) Departure for Discharged ED Patients (hospitals); and Hospital 30-day All-Cause Unplanned Readmissions (hospitals).

9.2.2 Experience and Resumes of Proposed Key Staff

9.2.2 List experience and provide résumés of the proposed key staff expected to perform specific activities, including use of subcontractors.

HSAG carefully reviewed the FFY 2025 HEALTHII Performance Measure Calculations requirements and proposes key personnel with the experience to successfully provide the data

collection, analysis, calculation, and reporting services outlined in the scope of work. HSAG key staff have extensive qualifications, experience, knowledge, and expertise similar to what is outlined in this Task Order. [Table 1](#) lists the key staff and includes their classifications and experience. HSAG provides resumes for proposed staff in [Attachment 1: Proposed Key Staff Resumes](#). Ms. Jennifer Perkowski, BS, will serve as Project Manager and act as the primary point of contact for AHCCCS. Ms. Perkowski has managed projects of similar scope and size, including serving as the primary point of contact on the Performance Measure Calculations activity for AHCCCS.

Table 1—Experience of Proposed Key Staff

Team Member	Classification	Experience
Ray Berens, BA <i>Senior Director, Performance Measurement</i>	Contract Manager	Mr. Berens has 14 years of experience with Medicaid, specializing in the analysis, design, and oversight of healthcare performance measure data. He has extensive experience in calculating performance measures using a variety of data sources such as administrative and medical record review (MRR) data. Mr. Berens has led the calculation of performance measures for multiple programs for AHCCCS, including CMS' Adult and Child Core Set reporting, the TI program performance measures, and the Human Immunodeficiency Virus (HIV) Viral Load Suppression (HVL-AD) measures projects. In his role, he provides oversight of analytic activities and report generation, ensuring the accuracy and compliance of performance measure calculations, Medicaid quality rating systems, and pay-for-performance programs. His work ensures that all deliverables meet contractual requirements and effectively support client needs.
Jennifer Perkowski, BS <i>Associate Analytics Manager</i>	Project Manager	Ms. Perkowski has seven years of experience in the healthcare industry, including providing management support for several Medicaid EQR contracts and the Healthcare and Insurance Plan Performance Assessment Services contract with the United States Office of Personnel Management. Additionally, she supports state Medicaid agencies with focus studies and performance measurement calculations. For Arizona, she has supported the calculation of TI program measures, the calendar year (CY) 2022, 2023, and 2024 performance measures, and the HIV HVL-AD measures, ensuring that analyses remain on schedule and that deliverables are complete, accurate, and timely. Her background includes client relations, writing, account management, and project coordination. Ms. Perkowski has experience using a variety of data sources, including administrative claims and Healthcare Effectiveness Data and Information Set (HEDIS®) ³ data.

³ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Team Member	Classification	Experience
Kerri Carlile, MS <i>Senior Analyst</i>	Analytic Lead	Ms. Carlile has over 20 years of mathematic and analytic experience, with a decade dedicated to analyzing diverse healthcare data. She specializes in performance measure calculation and provides analytic oversight for multiple projects. Her expertise includes developing methodologies, creating analytic plans, conducting analyses, and presenting findings to clients. Ms. Carlile is responsible for calculating and evaluating CMS Adult and Child Core Set measures, as well as healthcare and AHRQ Prevention Quality Indicators measures, using healthcare claims and encounter data. She leads the performance measure initiatives for several states including Arizona, North Carolina, and Virginia, and oversees hybrid performance measure calculation for Colorado.
Thomas Leetrakul, MPH, BS <i>Data Scientist</i>	Data Scientist	Mr. Leetrakul has nine years of experience conducting data analysis and applying statistical methods to support healthcare quality studies. His work emphasizes translating data into actionable insights to inform policy and improve quality of care. At HSAG, he leads analytic activities for California's SNF WQIP, where he evaluates new quality measures, develops scoring methodologies, and produces reports for DHCS. Mr. Leetrakul also facilitates stakeholder discussions and presents findings across multiple California initiatives, including EQR activities and the SNF WQIP. In addition, Mr. Leetrakul oversees activities related to pay-for-performance programs and quality reporting systems for multiple state Medicaid agencies. Previously, Mr. Leetrakul managed analytics for the California Department of Public Health (CDPH) SNF Quality and Accountability Supplemental Payment (QASP) Program contract, where he oversaw daily operations, including evaluating nursing home quality of care, calculating incentive payments, and maintaining MDS 3.0 data.
Elisabeth Hunt, MHA, CHCA <i>Executive Director</i>	Executive Director	Ms. Hunt has over 25 years of healthcare industry experience, serving for 15 years in various senior management and operations positions related to healthcare delivery systems with experience in healthcare auditing, credentialing, quality improvement, compliance, and contracting. She is an expert in the review and interpretation of state and federal regulations, CMS policies, Medicare-Medicaid Plan (MMP) program, and National Committee for Quality Assurance (NCQA) requirements. Ms. Hunt has over five years' experience leading performance measure validation (PMV) for Arizona Managed Care Organizations.

Team Member	Classification	Experience
Brian Starr, MPP <i>Senior Director</i>	Senior Director	Mr. Starr has over 15 years of experience in research, data analysis, and program evaluation for Medicaid and quality-focused studies. He has led the design and implementation of complex analytic methodologies and statistical models to evaluate program effectiveness, cost-savings, and health outcomes. Mr. Starr provides analytic strategic oversight of analytic teams, data validation, and report development using Medicaid claims, encounter, survey, and administrative data. His experience includes overseeing quality-focused studies and program evaluations for EQR contracts and Section 1115 waivers across multiple states, including Arizona. Mr. Starr's expertise ensures all analytic activities and deliverables meet the applicable guidance and/or protocol from CMS, contractual requirements, and client expectations.

9.2.3 Capacity/Availability to Initiative Services within Specified Project Timelines

9.2.3 Capacity/availability of the firm to initiate services within the specified project timelines. Note: Resumes may be submitted separately as attachments at the Offeror's discretion. Resumes are not in place of section.

HSAG has the staff in place with the necessary skillsets to initiate services immediately upon contract award and to provide data collection, analysis, calculation, and reporting services within the specified project timelines. All proposed staff are current employees of HSAG and are ready to begin work on day one of the contract.

HSAG proposes a skill mix and full-time equivalent (FTE) levels that reflect its technical approach to carry out the work. The staff have experience in evaluating programs, validating hospital data, calculating performance measures, and working on facility-level incentive programs using state-directed payments from MCOs. In addition, staff possess extensive experience with public policy, Medicaid, and EQR services and have a comprehensive understanding of the Arizona Medicaid program, stakeholders, and complex healthcare environment. Each staff member's experience has been matched to the tasks in the scope of work (e.g., generating performance measure rates and developing reports). Key staff resumes, describing education and relevant experience, are included in [Attachment 1](#).

All staff have the availability to join this project. Staff will have clearly defined roles, responsibilities, and priorities as well as expectations for completing tasks within specified time frames, which will be documented in the work plan. Hours assigned and expended per staff member will be tracked by task/activity to ensure that tasks remain on schedule and hours needed to complete tasks are available. HSAG will track staff hours weekly for early identification of discrepancies between hours projected to complete the work and hours spent. The Contract Manager will address any staffing issues by determining the root cause, re-assigning tasks, or shifting resources to provide back-up or short-term support. In addition, the project team performing the services outlined in the scope of work will have access to additional HSAG resources from related healthcare quality improvement, compliance, and analytics teams working on other state and federal projects, if needed.

9.3. Methodology and Approach

9.3.1. Proposed Methodology and Approach

9.3.1. Proposed methodology and approach that would be employed to handle the tasks of this project, including a description of how each of the minimum criteria established will be satisfied.

HSAG will compile FFY 2025 (October 1, 2024, to September 30, 2025) performance measure rates, at both an aggregate and provider level, to support AHCCCS' HEALTHII payment reform initiative and to assist AHCCCS with meeting CMS reporting requirements.

HSAG understands that different data sources will be used and different measures will be expected to be calculated for different provider types. [Table 2](#) outlines the anticipated performance measures that will be calculated, including the consensus-based entity identification number (CBE ID), data source, and relevant provider type(s). HSAG understands that the quality measures and provider types used to support the HEALTHII hospital assessment may change based on business needs.

Table 2—HEALTHII FFY 2025 Performance Measures

CBE ID	Measure	Data Source	Provider Type(s)
0641*	Hospital-Based Inpatient Psychiatric Services (HBIPS)-3: Hours of Seclusion Use	Hospital Self-Report Data	Psychiatric Hospitals
0674	Percent of Residents Experiencing One or More Falls with Major Injury	Hospital Self-Report Data	Inpatient Rehabilitation Facilities and Long-Term Care Acute Hospitals
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI) Outcome Measure	Hospital Self-Report Data	General Acute Hospitals and Children's Hospitals
0496	OP-18: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients	Hospital Self-Report Data	Critical Access Hospitals
0531	Patient Safety Indicators (PSI) 90: Patient Safety and Adverse Events Composite	AHCCCS-Provided Administrative Data	General Acute Hospitals
1789	30-Day Hospital-Wide All-Cause Unplanned Readmission Measure	AHCCCS-Provided Administrative Data	Short-Stay Hospitals

*Indicates a modified measure

Project Initiation

Within 2-3 weeks of Task Order award and issuance of the purchase order, HSAG will schedule a kick-off meeting with AHCCCS to initiate the project, establish expectations, identify necessary transition materials, review project requirements and the proposed methodology, and discuss the project schedule. HSAG and AHCCCS will also discuss any interim meetings that may be needed throughout the project, including details regarding meeting frequency, attendees, and desired meeting outcomes. Within two weeks of the kick-off meeting, HSAG will submit draft versions to AHCCCS of a formal work plan and a data extract specification document, which will outline claims, member, provider, encounter files, and dates of service required for the performance measure rates that utilize AHCCCS-provided administrative data. Once

AHCCCS has an opportunity to review and provide feedback on the work plan, HSAG will submit a final version of the work plan document to AHCCCS.

Administrative Data Review

Upon receiving AHCCCS administrative data, HSAG will transform and incorporate the data into its secure data repository. HSAG will draw upon its 14 years of experience with AHCCCS administrative data to verify the data are complete and accurate. An assigned analyst will evaluate the data files using HSAG's Data Validation Completeness (DVC) tool. The DVC tool is a data validation tool that checks for correct formatting, confirms reasonable value ranges for critical data fields, and identifies missing value counts. HSAG will also assess that claims/encounter data contain a consistent volume of records for each hospital participating in the HEALTHII program. HSAG will maintain a record of any data issues identified through this review process, communicate review results with AHCCCS, and discuss the extent to which the identified data issues may affect the integrity of the analyses.

Technical Specifications

HSAG will conduct an environmental scan to determine the most recent version of the measure specifications for the HEALTHII performance measures. HSAG will compare the current year's measure specifications to the prior year's and discuss with AHCCCS whether any changes to the specifications have occurred, and the potential impact of those changes on the HEALTHII program. HSAG will also determine if any modifications to the measure specifications may be necessary to apply to the AHCCCS Medicaid managed care population only. For example, in the measure specifications for the 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure, the denominator includes all Medicare FFS beneficiaries aged 65 years and older. To more closely capture the AHCCCS population, the specifications could be modified to include all AHCCCS managed care members 18 years of age and older. Additionally, the PSI 90: Patient Safety and Adverse Events Composite measure references Medicare Severity Diagnosis Related Group (MS-DRG) codes to identify denominator events, which may need to be cross walked to other code sets (e.g., international classification of diseases, tenth revision [ICD-10] diagnosis and procedure codes) to better apply to the AHCCCS population. HSAG will discuss any potential measure specification modifications with AHCCCS for consideration during the kick-off call.

AHCCCS-Provided Administrative Data Calculations

HSAG will calculate rates for the two administrative performance measures:

- PSI 90: Patient Safety and Adverse Events Composite
- 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure

HSAG will assign primary programming and validating analysts for each measure. The primary programming analyst will create the primary code based on the finalized measure specifications. The validating analyst will independently validate the results for accuracy and completeness by using the finalized measure specifications to develop their own program code and comparing the results with those generated by the primary programming analyst. This process allows for comprehensive and thorough validation to identify any issues. The validating analyst will record and communicate any discrepancies to the primary programming analyst. The primary programming analyst will compare the calculated measure rates for the current period of

performance to prior years' results, when available, and mine the data to ensure that rate changes are consistent with methodology updates. HSAG will submit the hospital-level administrative performance measure rates to AHCCCS to review, validate, and provide feedback on the draft administrative performance measure rates. HSAG will address AHCCCS' feedback, where necessary, and create a final administrative performance measure rates deliverable.

Technical Guidance Report and Data Collection Tool

HSAG will develop a technical guidance report and data collection tool to assist hospitals with providing the data necessary for the self-reported measures. The technical guidance report will be distributed to hospitals and will include, at a minimum, background information on the HEALTHII program, the performance measures being evaluated, the technical specifications for each measure, reporting guidance, submission deadlines, and details regarding the data validation process. Within the report, HSAG is also able to include information regarding performance targets, depending on AHCCCS' preferences. As part of this technical guidance report, HSAG will include information regarding the data collection tool that will be used to collect self-reported data from hospitals. The data collection tool will be designed to minimize hospital reporting burden by collecting only the required information from each hospital for the self-reported measures. AHCCCS will have an opportunity to review and provide feedback on the technical guidance report and data collection tool layout prior to the dissemination of the materials to hospitals.

Performance Targets

Historical data will be used to determine performance targets for each measure. When identifying performance targets, HSAG prioritizes utilizing a methodology that is equitable in allowing all hospitals to potentially meet the performance target. For example, HSAG would avoid using performance targets that methodologically dichotomizes hospital performance within the state (e.g., the current year's statewide average), as this creates a scenario with winners or losers, where a certain percentage of hospitals will automatically be below the target even when all hospitals have performed well relative to national comparators. Instead, HSAG would assess using a benchmark period of performance to set meaningful targets or setting targets for each hospital based on performance improvement. HSAG will discuss the methodology for deriving performance targets with AHCCCS, as well as examples of where the targets could be set based on the methodology, and the strengths and weaknesses of each approach. AHCCCS will have an opportunity to review and provide feedback on the methodology prior to the dissemination of any information to the hospitals related to performance targets to ensure that AHCCCS is in agreement with the methodology.

Technical Assistance (TA)

HSAG will host TA calls with the participating hospital types (e.g., separate webinars for psychiatric facilities, rehabilitation hospitals and long-term acute care hospitals, general acute hospitals and children's hospitals, critical access hospitals, and short-stay hospitals) and AHCCCS. During these meetings, HSAG will present the details described in the draft technical guidance report, including the data collection process, tool, and performance targets. HSAG will request feedback on the draft technical guidance report and data collection tool from the hospitals, request official contact lists for each provider/hospital, and answer any questions. HSAG will conduct these calls prior to the dissemination of the final technical guidance report

and data collection tool to AHCCCS for approval. Upon approval from AHCCCS, the final technical guidance report and data collection tool will be disseminated to the hospitals.

HSAG anticipates providing the hospitals with two months to submit completed results for the self-reported performance measures, during which time HSAG will provide ongoing TA to hospitals to optimize submission of valid and reliable self-reported measure data.

Self-Reported Data Validation

HSAG will compile information necessary to validate the hospitals' self-reported data including:

- Prior-year hospital-level data reported to AHCCCS as part of the HEALTHII program activities.
- Publicly available data reported on Care Compare that includes all-payor rates for required measures (e.g., comparing performance for AHCCCS managed care members and publicly reported all-payor rates and identifying potential issues where the managed care counts may erroneously exceed the all-payor counts, difference between the self-reported rate and the publicly reported all-payor rate has changed substantially relative to historical comparisons).
- Denominator and/or numerator events calculated by HSAG using claims/encounter data (e.g., are the self-reported inpatient days for a hospital reasonable compared to what HSAG can calculate based on AHCCCS' claims data).

In addition to comparing hospital self-reported rates to other hospitals to identify outlier performance, these data will establish a historical baseline for comparing the different data sources over time, which will help identify if newly reported data for a hospital fall outside of reasonable historical norms.

Audit of Member-Level Records

As required by AHCCCS, if any errors or discrepancies in the self-reported data are found, HSAG will outreach to the provider/hospital-designated contact for the required member-level data (i.e., data log) submission. The data log will be a Microsoft (MS) Excel file that contains all necessary information required to calculate the performance measure rates for each member included in the denominator and/or numerator. HSAG will provide detailed instructions on how to provide this information to HSAG through a secure file transfer protocol (SFTP) (e.g., HSAG's Secure Access File Exchange [SAFE] site). HSAG will require hospitals to submit the data log within two weeks of receipt of the submission request. Data logs will be reviewed for logic, completeness, and accuracy. HSAG's logical checks will include ensuring that numerator, denominator, and/or exclusion flags were applied accurately based on the data provided, and that the values are reasonable (e.g., a member with more than 365 days for a year would be flagged, as well as a member where the sum of its inpatient days and leave days is greater than the number of days between the member's admission and discharge). HSAG's completeness checks will verify that member counts align with the aggregate self-reported counts, that members who appear in the numerator are also in the denominator, that member information is consistent over time (e.g., there are not months with low/missing data), and, to the extent feasible, that members included in the self-reported data are also included in the administrative data sources provided by AHCCCS (e.g., are the members included in the self-reported data enrolled in managed care based on the administrative data, are members included in the self-reported data with a hospital

admission also in the administrative data for that specific hospital, are members with admissions for that hospital in the administrative included in the data log). Lastly, data accuracy will be checked to ensure that the rates match what was self-reported when logic is independently applied and the rates are calculated by HSAG.

If the data log for a hospital fails any of these checks, HSAG will communicate the discrepancies to the hospital through secure portals, work with the hospital to determine the root cause for the discrepancy, and, if necessary, the hospital will submit updated data logs and self-report rates to correct the issue.

Spreadsheet and Narrative Report

Once the performance measures are finalized, HSAG will produce the draft MS Excel performance measure rate spreadsheet and narrative reports. The rate spreadsheets will present the aggregate performance measure results by measure, as well as detailed results by hospital. The rate spreadsheets will also include numerator and denominator counts and performance targets.

Additionally, HSAG will provide AHCCCS with a succinct narrative report for the FFY 2025 HEALTHII performance measures. The narrative report will outline the data collection process, data sources, measure calculation methodology, calculation and validation process, as well as comparisons to performance targets based on historical performance measure rates, including a description of the criteria used in evaluating the measure results and determining the target recommendations. AHCCCS will have the opportunity to review, validate, and provide feedback on the draft performance measure rate spreadsheets and draft narrative report. HSAG will address AHCCCS' feedback, where necessary, and create a final rate spreadsheet and narrative report.

Optional Tasks

HSAG understands that optional tasks may be required to support the inclusion of additional performance measures in the program. For these optional tasks, HSAG can perform an environmental scan to identify potential performance measures for inclusion in the HEALTHII program for each of the different hospital types. HSAG would identify which hospital type(s) the measure(s) would apply to, the most current version of the measure specifications, any modifications to the specifications that may be necessary to apply to the AHCCCS Medicaid managed care population, what type of data would be required to calculate the performance measure rates, how the rates would be collected, and the availability of benchmarking information. If AHCCCS does elect to add performance measures to the evaluation, then HSAG will complete the steps outlined above to incorporate the performance measures into the program following the same rigorous process proposed for the existing measures.

9.3.2 Mechanisms Proposed to Collect Data and Information

A description of the mechanism(s) proposed to collect data and information for all measures, including measures that require self-reported data by hospitals.

HSAG will utilize multiple data sources, as outlined in the measure specifications, to calculate the FFY 2025 performance measures (October 1, 2024, to September 30, 2025). For performance measures where AHCCCS' administrative data are needed, HSAG has experience receiving this data from AHCCCS on a yearly basis as part of the Performance Measure Calculations activity.

HSAG currently has access to AHCCCS' SFTP site where AHCCCS can upload data for HSAG's retrieval.

For performance measures that require hospitals to self-report data, HSAG has several options that it can exercise depending on AHCCCS' preference. The first option for collecting self-reported data from the hospitals would be to provide an MS Excel data submission template to all hospitals, which would contain all required measure-specific fields for each hospital to populate. While the format of the file will be the same across hospitals, the information required for each hospital will be different and customized by HSAG within each template. HSAG will conduct TA meetings with each hospital type (e.g., children's hospitals, psychiatric hospitals) to review the data submission template, discuss the data validation process to prepare the hospitals that they may need to create and submit data logs if requested by HSAG, and answer any questions prior to finalization. While the MS Excel file would not contain any protected health information (PHI), HSAG would collect this data through HSAG's SAFE SFTP site to ensure that non-suppressed hospital information is protected in alignment with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines. The second option for collecting self-reported data from the hospitals would be using HSAG's proprietary data collection tool. Provider/hospital contacts would receive an email from HSAG containing a unique, hospital-specific link to access the tool. This approach allows HSAG to efficiently track submissions and tailor the data collection tool to each hospital by only including applicable measures (e.g., the HBIPS-3: Hours of Seclusion Use measure will only be included for psychiatric hospitals).

During HSAG's validation of the self-reported data, if HSAG identifies any data that require a secondary submission, HSAG will conduct specific outreach and notify hospitals that submission of a data log to HSAG will be required. The data log will contain all information needed for HSAG to be able to calculate and verify the applicable measure rate. To fulfill this requirement, HSAG will request that hospitals provide an MS Excel file containing denominator and numerator information for each member during the FFY 2025 performance period. Hospitals can upload the member-level data logs to HSAG's SAFE SFTP site. HSAG's secure extranet allows the exchange of information through Secure Sockets Layer security. Only authorized users can be authenticated and access this secure site via allowable Internet Protocol addresses. Once received, HSAG will conduct a thorough review of these data logs to verify measure results and determine whether a final resubmission will be required, as outlined in Section 9.3.1. Proposed Methodology and Approach.

9.3.3. Proposed Timeline

9.3.3. Proposed timeline, with milestones, as detailed in Section 8 titled Deliverables, for completion of requirements.

[Table 3](#) describes the tasks to calculate performance measures, which include but are not limited to the items listed in 8.1 through 8.7 of the Task Order. HSAG will submit a finalized narrative report and finalized performance measure rate spreadsheet to AHCCCS by February 22, 2027. The tasks outlined in [Table 3](#) are preliminary and remain subject to change based on contract execution, data availability, time of data receipt, timely receipt of feedback and responses to inquiries, and the evolution of AHCCCS' priorities. HSAG will update the dates in the timeline following AHCCCS' approval of the Task Order and release of a purchase order.

Table 3—HEALTHII Performance Measure Calculation Timeline

Task and Sub-Task/Description	Responsibility	Start Date	End Date
Start-Up Activities			
Participate in a kick-off call to discuss the FFY 2025 HEALTHII performance measure calculation and reporting	AHCCCS/ HSAG	4/15/26	4/15/26
Develop and submit the draft (D1) FFY 2025 HEALTHII performance measure calculation and reporting timeline to AHCCCS	HSAG	4/15/26	4/29/26
Review and provide feedback on the draft (D1) FFY 2025 HEALTHII performance measure calculation and reporting timeline	AHCCCS	4/29/26	5/6/26
Incorporate AHCCCS' feedback into the final (F1) FFY 2025 HEALTHII performance measure calculation and reporting timeline	HSAG	5/6/26	5/13/26
Submit the final (F1) FFY 2025 HEALTHII performance measure calculation and reporting timeline to AHCCCS	HSAG	5/13/26	5/13/26
Ongoing Activities			
Provide monthly progress reports to AHCCCS	HSAG	Ongoing	Ongoing
Participate in AHCCCS technical assistance meetings as requested by AHCCCS	HSAG/ AHCCCS	Ongoing	Ongoing
Data Collection and Validation			
Data Collection for Performance Measures Using Administrative Data			
Milestone: Submit data extract specification request (outlines dates of services and timeline for submitting data) for administrative data for the following measures: <ul style="list-style-type: none"> PSI 90: Patient Safety and Adverse Events Composite (CBE #0531) 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure (CBE #1789) 	HSAG	4/15/26	4/17/26
Prepare data extract	AHCCCS	4/17/26	5/1/26
Receive data extract	HSAG	5/1/26	5/1/26
Perform data validation checks on data received and provide findings to AHCCCS	HSAG	5/1/26	5/22/26
Provide approval to proceed with valid and complete data for the calculation of performance measures using administrative data	AHCCCS	5/22/26	5/29/26
Data Collection for Performance Measures Using Hospital Self-Reported Data			
Prepare the draft (D1) data collection tool for collection of hospital self-reported data for the following measures: <ul style="list-style-type: none"> HBIPS-3 Hours of Seclusion Use (Modified CBE #0641) Percent of Residents Experiencing One or More Falls with Major Injury (Modified CBE #0674) NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (CBE #1717) OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients (CBE #0496) 	HSAG	6/30/26	8/3/26
Submit the draft (D1) data collection tool to AHCCCS	HSAG	8/3/26	8/3/26
Review and provide feedback on draft (D1) data collection tool	AHCCCS	8/3/26	8/10/26

Task and Sub-Task/Description	Responsibility	Start Date	End Date
Reconcile any issues with the draft (D1) data collection tool	HSAG	8/10/26	8/17/26
Review and provide feedback on draft (D1) data collection tool during technical assistance meetings with HSAG	Hospitals	8/17/26	9/4/26
Incorporate hospital feedback into the final (F1) data collection tool	HSAG	9/4/26	9/14/26
Submit the final (F1) data collection tool to AHCCCS and publish for hospital use	HSAG	9/14/26	9/14/26
Receive self-reported data from hospitals	HSAG	9/14/26	11/20/26
Review self-reported data from hospitals and notify hospitals that require a submission of the data log, where necessary	HSAG	11/20/26	12/1/26
Receive data log submissions from hospitals	HSAG	12/1/26	12/15/26
Review data log submissions from hospitals and notify hospitals that require a resubmission of the data log, where necessary	HSAG	12/15/26	12/22/26
Receive data log resubmissions from hospitals	HSAG	12/22/26	1/8/27
Verify accuracy of data log resubmissions	HSAG	1/8/27	1/15/27
Technical Guidance Report			
Prepare the draft (D1) technical guidance report	HSAG	6/30/26	8/3/26
Milestone: Submit the draft (D1) technical guidance report to AHCCCS	HSAG	8/3/26	8/3/26
Review and provide feedback on draft (D1) technical guidance report	AHCCCS	8/3/26	8/10/26
Reconcile any issues with the draft (D1) technical guidance report	HSAG	8/10/26	8/17/26
Review and provide feedback on draft (D1) technical guidance report during technical assistance meetings with HSAG	Hospitals	8/17/26	9/4/26
Incorporate hospital feedback into the final (F1) technical guidance report	HSAG	9/4/26	9/14/26
Milestone: Submit the final (F1) technical guidance report to AHCCCS and publish for hospital use	HSAG	9/14/26	9/14/26
Performance Measure Rate Calculation and Reporting			
Calculation of Performance Measures Using Administrative Data			
Calculate rates for performance measures using administrative data (i.e., PSI 90: Patient Safety and Adverse Events Composite [CBE #0531] and 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure [CBE #1789])	HSAG	6/1/26	6/30/26
Submit draft (D1) administrative performance measure rates to AHCCCS.	HSAG	7/1/26	7/1/26
Review and provide feedback on the draft (D1) administrative performance measure rates	AHCCCS	7/2/26	8/14/26
Reconcile any issues with the draft (D1) administrative performance measure rates	HSAG	8/17/26	8/28/26
Submit final (F1) administrative performance measure rates to AHCCCS	HSAG	8/28/26	8/28/26

Task and Sub-Task/Description	Responsibility	Start Date	End Date
Performance Measure Rate Spreadsheet (Inclusive of Performance Measures Using Administrative Data and Performance Measures Using Hospital Self-Reported Data)			
Prepare the draft (D1) performance measure rate spreadsheet	HSAG	1/15/27	1/25/27
Milestone: Submit draft (D1) performance measure rate spreadsheet to AHCCCS	HSAG	1/25/27	1/25/27
Review and provide feedback on the draft (D1) performance measure rate spreadsheet	AHCCCS	1/25/27	2/8/27
Reconcile any issues with the draft (D1) performance measure rate spreadsheet	HSAG	2/8/27	2/22/27
Milestone: Submit final (F1) performance measure rate spreadsheet to AHCCCS	HSAG	2/22/27	2/22/27
Narrative Report			
Prepare the draft (D1) narrative report	HSAG	1/15/27	1/25/27
Milestone: Submit the draft (D1) narrative report to AHCCCS	HSAG	1/25/27	1/25/27
Review and provide feedback on the draft (D1) narrative report	AHCCCS	1/25/27	2/8/27
Reconcile any issues with the draft (D1) narrative report	HSAG	2/8/27	2/22/27
Milestone: Submit the final (F1) narrative report to AHCCCS	HSAG	2/22/27	2/22/27

Note: All tasks and dates are subject to change based on contract execution, data availability, time of data receipt, and the evolution of AHCCCS' priorities.

9.3.4 Proposed Project Work Plan

9.3.4 Proposed project work plan that will include brief project status updates, at a minimum, monthly, or more frequently if needed.

Assign a project manager

HSAG has assigned Ms. Jennifer Perkowski, BS, to serve as the Project Manager and act as the primary point of contact for AHCCCS. Ms. Perkowski has managed projects of similar scope and size, including serving as the primary point of contact for the Performance Measure Calculations activity for AHCCCS.

Develop a project work plan

HSAG takes a structured and flexible approach to project planning to keep the work on track and ensure all teams are aligned. At the start of the contract, HSAG will assign a single project manager as the point of contact throughout the contract, who will collaborate with AHCCCS to develop a comprehensive project work plan that outlines all project tasks involving HSAG, AHCCCS, and participating hospitals to include timelines, key milestones, responsible parties, and deliverables. The work plan will be submitted to AHCCCS for review and approval. HSAG recognizes that the project may evolve over time and will treat the work plan as a living document to track progress, communicate status, and identify potential risks/delays, updating it as needed to reflect changes in scope, timing, or direction. HSAG will submit updates to AHCCCS.

If AHCCCS prefers, HSAG may develop an MS SharePoint site, which will be accessible to AHCCCS and HSAG. The SharePoint site can be used for contact lists, meeting minutes, communication protocols, working and final documents, and deliverables for review. A contract schedule can be posted that will include critical events and holidays as well as a task tracker that enables HSAG and AHCCCS teams to list and create assignments for each task as part of ongoing project management. At any point in time, AHCCCS and HSAG can view all active, deferred, and completed assignments.

Coordinate meetings, documents, and communications

HSAG will also work with AHCCCS to establish a framework that will help guide internal coordination and communications across departments, including outlining how feedback will be gathered and how to raise and resolve questions. HSAG will track open items and share regular updates to support timely decision-making and alignment.

To support collaboration, HSAG will coordinate and support any regularly scheduled and ad hoc meetings at multiple levels of decision-making to provide updates, facilitate planning, and address any challenges. HSAG will prepare meeting materials, such as agendas, slide decks, issue briefs, and talking points, in advance to help focus discussions and move the work forward. HSAG will prepare meeting minutes and next steps and share them with AHCCCS within three business days.

Submit progress reports

Throughout the entire process, HSAG will send monthly progress reports to AHCCCS detailing the accomplishments during the month, upcoming tasks and due dates for the next month, and any outstanding items. The monthly progress reports will be submitted to AHCCCS by the first business day of the month for the previous month's report. Additionally, HSAG will request meetings with AHCCCS, as necessary, to present information or solicit feedback/decisions from AHCCCS.

9.3.5 Proposed Conflict Resolution Process

9.3.5 Proposed conflict resolution process to address challenges as needed.

Having served as Arizona's EQRO since 1999, HSAG has built strong, collaborative partnerships with AHCCCS through consistent, open communication channels. From the onset of Task Order activities, HSAG staff will provide regular activity updates and promptly discuss any anticipated issues or disputes that arise, facilitating a collaborative resolution process.

HSAG is committed to a transparent approach, ensuring all stakeholders are fully informed and engaged regarding activity methodologies, timelines, objectives, responsibilities, and anticipated outcomes. HSAG will collaborate with AHCCCS to align activities and timelines, ensuring activities are manageable and minimize the potential for overlapping or duplicative deliverables.

HSAG prioritizes transparency in planning and conducting activities, which should minimize the occurrence of disputes. Should a dispute arise, HSAG's project director will meet with AHCCCS to resolve the issue. If a resolution is not reached at the project director level, the matter will be escalated to our Chief Data Officer for a meeting with AHCCCS.

9.4 Pricing Proposal

9.4.1 Provide a total price for performance of the services listed in the above Scope of Work, including the performance of the Responsibilities/Tasks in Section 5 and submission of Deliverables in Section 8. Travel will not be reimbursable by the State. The total price shall include all costs associated with the delivery of the services. If any deliverables are revised, removed, or ultimately not required by AHCCCS, the changes will be incorporated through the execution of an Amendment, and the price will be adjusted accordingly. If a deliverable is removed, or an optional task is not required, the Contractor shall only bill for services completed. No additional fees will be paid by AHCCCS.

9.4.2 Provide a total price for performance of the Optional Tasks listed in Section 6.

HSAG proposes a total price for performance of the services described in this Task Order, including completion of the Responsibilities and Tasks outlined in Section 5 and submission of the Deliverables identified in Section 8. The proposed pricing reflects the cost required to perform the work, and travel costs are not included. HSAG understands that if AHCCCS revises, removes, or determines that any deliverable is not required, the resulting changes will be addressed through an amendment and the contract price will be adjusted accordingly, with HSAG billing only for services completed. Separate pricing is provided for the Optional Tasks described in Section 6. These tasks will only be performed upon written direction from AHCCCS.

Table 4—Section 9.4 Pricing Proposal

Task	Pricing
Total Price for Required Tasks listed in Section 5 and Deliverables in Section 8	\$336,297.00
Optional Task - Performance Measure Evaluation (Section 6.1)	\$18,973.00
Optional Task - Performance Measure Calculation for Additional Measures (Section 6.2)*	\$43,697.00
Total Price for Optional Tasks listed in Section 6*	\$62,670.00

**Optional Task (Section 6.2) is reflective of the cost per additional measure added. As such, the Total Price for Optional Tasks listed in Section 6 is also reflective of one measure. The Total Price for Optional Tasks listed in Section 6 would increase if additional measures are required by AHCCCS.*

9.5 Electronic Submission

9.5 Submit your response electronically via email to the procurement officer listed on the front page with subject line “YH26-0071 Task Order Response” along with your company’s name.

HSAG submits its response to Task Order YH26-0071 electronically.

9.6 Proprietary or Confidential

9.6 Do not submit anything considered “proprietary” or “confidential”.

HSAG does not submit anything considered proprietary or confidential with its response.

9.7 Confidentiality

9.7 Confidentiality - The Contractor shall:

9.7.1 Safeguard all information regarding this Task Order as confidential.

9.7.2 Establish and maintain procedures and controls pre- approved by AHCCCS for the purpose of ensuring that information contained in its records or obtained from AHCCCS or others carrying out their functions related to this Task Order shall not be used or disclosed, except as required to perform duties under this Task Order.

HSAG will ensure all information regarding this Task Order will remain confidential and has procedures and controls in place to ensure its records will not be used or disclosed, except as required to perform duties under this Task Order. HSAG will provide AHCCCS with its procedures for review and approval upon contract award.

To ensure that confidential information is used appropriately, all employees are required to read and abide by the terms of HSAG’s Confidentiality Policy. Any violation of this policy may subject the employees to disciplinary action that may include, but is not limited to, termination of access privileges, termination of an employment or service relationship with HSAG, civil legal action, and/or criminal prosecution. HSAG’s Human Resources Department (HR) ensures that all employees are informed about the Confidentiality Policy. Prior to service, each new employee is required to sign the acknowledgement form and to receive Health Insurance Portability and Accountability Act (HIPAA) security awareness training. All signature forms are kept on file by HR. Each year thereafter, HR is responsible for employee renewal of the Confidentiality Policy acknowledgement form, and the compliance officer is responsible for ensuring that security training is provided to all employees. HSAG employees are authorized to use confidential information only as needed to perform the legitimate duties assigned to them. This means, among other things, that employees may not in any way disclose, divulge, copy, publish, release, sell, loan, review, alter, destroy, transfer, or otherwise make known or make available to third parties any confidential information except as properly authorized within the scope of their professional activities and duties.

At all times during their employment or service, as well as after separation from HSAG, employees must safeguard and maintain the protection of all confidential information. This general rule is not limited to intentional acts. Employees must act in a responsible and conscientious manner regarding confidential information and must not act recklessly, negligently, carelessly, or in any manner that might result in disclosure of confidential information. HSAG employees may only access confidential information for which they have a

need to know associated with their assigned duties. Additionally, any confidential information that may be available or known to employees shall be discussed within HSAG on a need-to-know basis only. HSAG employees must safeguard and not disclose their access identification, password, or any other authorization they have that allows access to confidential information. The employee is responsible for all activities undertaken using their personally assigned access identification, password, or other personally assigned authorization. The HSAG Information Technology Department (IT) is responsible for providing access to data systems after authorized approval has been provided by the appropriate party. HSAG employee privileges of access to confidential information are subject to periodic review and modification by HSAG, as appropriate.

In addition to its stringent employee protocols, HSAG takes the confidentiality and protection of sensitive data seriously during all stages of data collection, analysis, and reporting. HSAG has implemented a robust information security program based on the Health Information Trust Alliance (HITRUST) Common Security Framework (CSF) and the NIST Special Publication 800-53 Revision 5 that exceeds HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act compliance requirements. HSAG is HITRUST certified and is audited annually by a third-party auditor for HITRUST and System and Organization Controls 2 (SOC 2) Type 2 compliance. HSAG's System Security Plan defines the implementation and monitoring of over 300 security controls to ensure compliance with applicable federal and state confidentiality requirements, and those controls are audited for compliance by a third-party auditor. Safeguards include Administrative—employee background checks, annual security awareness training, and data access restrictions based on user roles; Physical—annually tested disaster recovery plan and electronic badge access to HSAG locations; and Technical—full-disk encryption of laptops, advanced firewalls, and strong password requirements.

ATTACHMENT 1: PROPOSED KEY STAFF RESUMES

Raymond Berens, BA

Senior Director, Performance Measurement, Data Science & Advanced Analytics

Qualification Highlights

Mr. Berens has 14 years of Medicaid experience, designing, analyzing, and overseeing healthcare performance measure calculations. He has led the development and execution of data-driven analyses, leveraging administrative and medical record review data to assess healthcare performance. He provides strategic oversight of analytic activities, report generation, and the implementation of performance measure calculations, focus studies, Medicaid quality rating systems (QRS), and pay-for-performance (P4P) programs. For more than 10 years, he has overseen quality incentive programs that evaluate quality of care within California skilled nursing facilities (SNFs). His expertise ensures that all deliverables meet all contractual requirements and client needs.

Relevant Experience

Senior Director, Performance Measurement, Data Science & Advanced Analytics (DSAA)

HSAG; Phoenix, AZ (7/2023–present): Mr. Berens provides oversight, analytical subject matter expertise, technical interpretive writing, and project management support for clients across multiple states, including Arizona, while maintaining all responsibilities outlined below. He leads a team of senior staff in developing, implementing, and reporting on analyses related to performance measure calculations, P4P programs, quality rating systems, focus studies, and health disparities.

Mr. Berens provided oversight of the testing, development, and implementation of the California Department of Health Care Services (DHCS) SNF Workforce and Quality Incentive Program (WQIP). He also oversees the collection, validation, and processing of Medicaid administrative data from multiple states, including Arizona. Mr. Berens has led the calculation of performance measures for multiple programs for the Arizona Health Care Cost Containment Systems (AHCCCS), including Centers for Medicare & Medicaid Services' (CMS') Adult and Child Health Care Quality (Core Set) reporting, the Targeted Investments (TI) program performance measures, and the Human Immunodeficiency Virus (HIV) Viral Load Suppression (HVL-AD) measures projects. Additionally, Mr. Berens oversees the development of training programs focused on data sources and programming techniques and contributes to the enhancement of division-wide data management tools.

As part of the Office of Personnel Management (OPM) Federal Employees Health Benefits (FEHB) Program Plan Performance Assessment Services contract, he oversees the calculation and reporting of the Quality, Customer Service, and Resource Use (QCR) scores for more than 60 Carriers participating in the FEHB program, as well as evaluating and recommending methodology and program changes to continue to align QCR Scoring with OPM priorities.

Director, DSAA, HSAG (1/2022–6/2023): Mr. Berens provided process oversight, analytical expertise, technical interpretive writing, and project management support across various Medicaid and healthcare quality initiatives. He played a key role in day-to-day project management and analytic activities related to the calculation of performance measures, conducting focus studies, and developing and implementing Medicaid QRS.

For the California Department of Public Health (CDPH) Skilled Nursing Facility (SNF) Quality and Accountability Supplemental Payment (QASP) Program contract, Mr. Berens led a team that researching, evaluating, and recommending new measures for inclusion in the program. He also assisted in development online quality improvement tools provided to SNFs participating in the QASP Program and oversaw the final evaluation of SNFs for incentive payment determinations. As part of the OPM FEHB Program Plan Performance Assessment Services contract, he oversaw the calculation and reporting of the QCR scores for 86 Carriers participating in the FEHB program. Additionally, Mr. Berens provided subject matter expertise related to performance measures, data collection and reporting, and methodology development.

In his leadership role overseeing performance measure calculations, Mr. Berens managed the calculation of Healthcare Effectiveness Data and Information Set (HEDIS®)¹, CMS' Core Set, Medicaid Section 1115 Substance Use Disorder Waiver monitoring metrics, and state-specific custom performance measures for multiple state Medicaid agencies, including Arizona, California, Iowa, Nebraska, North Carolina, Virginia, and Wisconsin. His oversight included performance measure calculation using administrative claims and encounter data, supplemental registry data, medical record review data, and Minimum Data Set (MDS) 3.0 data. Additionally, Mr. Berens led performance measure calculations to support evaluations of Medicaid Section 1115 Waivers for Alaska, Nebraska, and New Mexico. He also developed custom measure specifications for state Medicaid agencies when national measures were unavailable for a specific focus area, ensuring accurate and meaningful performance assessments.

Associate Director, DSAA, HSAG (10/2017–12/2021): Mr. Berens provided oversight for all performance measure specification and calculation activities under the OPM FEHB Program Plan Performance Assessment Services contract. He assisted in the day-to-day project management and analytic activities related to state performance measure reporting, the calculation of performance measures, state reporting activities, and the CDPH SNF QASP Program. In his role leading performance measure calculation activities, Mr. Berens oversaw the evaluation of NCQA HEDIS and CMS clinical quality performance measures for multiple state Medicaid agencies, including Arizona, Arkansas, California, Colorado, Iowa, Nevada, New Hampshire, Ohio, and Virginia. In addition, he developed measure specifications for state Medicaid agencies when national measures were not available for a specific focus area. As part of his oversight of state reporting activities, Mr. Berens led the collection and reporting of CMS Core Set performance measure data, Consumer Assessment of Healthcare Providers and Systems (CAHPS®)² survey data, HEDIS data to develop QRSs that assist consumers in selecting a Medicaid health plan. He also oversaw the development of HEDIS aggregate reports and performance measure results for external quality review (EQR) technical reports.

Senior Analyst, DSAA, HSAG (5/2016–10/2017): Mr. Berens oversaw performance measure calculation activities for the Medicaid agencies in Arizona, Arkansas, Colorado, Iowa, Nevada, New Hampshire, Ohio, and Virginia. He also calculated Medicaid survey data for state Medicaid agencies, including Arizona, Colorado, Hawaii, Michigan, New Hampshire, Ohio, and Washington. Utilizing HEDIS performance measure rates and CAHPS survey results, Mr.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Berens developed QRSs to help Medicaid beneficiaries make informed decisions when selecting a health plan.

Informatics Analyst III, DSAA, HSAG (5/2015–5/2016): Mr. Berens led informatics activities related to performance measure calculations for various state Medicaid agencies. He calculated performance measure rates and produced reports in alignment with customers' needs. Additionally, Mr. Berens assisted CDPH in calculating performance measures rates for the implementation of the statutorily required SNF QASP Program.

Informatics Analyst II, DSAA, HSAG (6/2013–4/2015): Mr. Berens developed code to calculate HEDIS and CMS Adult Core measure for Ohio's Adult Medicaid Quality Grant and EQR contracts. He conducted analyses for the Arkansas EQR contract, utilizing the New York University algorithm to assess non-emergent emergency department use across the State. Additionally, Mr. Berens contributed to CAHPS and provider survey activities for Hawaii's Department of Human Services, Med-QUEST Division.

Informatics Analyst I, DSAA, HSAG (8/2012–6/2013): As part of the CMS Partnership for Patients (PfP) project evaluation contract, Mr. Berens collaborated with CMS to assess the PfP initiative, which included approximately 4,000 hospitals. He aggregated the most recent hospital data to analyze national trends in both adverse events and readmission rates.

Informatics Analytic Specialist, DSAA, HSAG (8/2011–8/2012): Mr. Berens validated the results of the Colorado and Hawaii CAHPS survey activities.

Education

Bachelor of Arts, Mathematics, *magna cum laude*, Arizona State University, Tempe, AZ, 2004

Skills

Experienced SAS user; expertise in calculating and evaluating performance measures; proficient in Microsoft operating systems.

Jennifer Perkowski, BS**Associate Analytics Manager, Data Science & Advanced Analytics****Qualification Highlights**

Ms. Perkowski has approximately seven years of experience in the healthcare industry, specializing in project management and data analysis. She has provided support for several Medicaid external quality review (EQR) contracts, as well as the Healthcare and Insurance Plan Performance Assessment Services contract with the Office of Personnel Management (OPM). Additionally, Ms. Perkowski assists state Medicaid agencies with focus studies and performance measurement calculations. Her background includes client relations, writing, account management, data analysis, and project coordination. Ms. Perkowski is also experienced in working with a variety of data sources, including administrative claims and Healthcare Effectiveness Data and Information Set (HEDIS®)¹ data.

Relevant Experience

Associate Analytics Manager, Data Science & Advanced Analytics (DSAA), HSAG; Phoenix, AZ (7/2024–present): Ms. Perkowski provides project management services related to performance measure calculations for Arizona, Colorado, Nevada, North Carolina, and Virginia. In Arizona, she has supported the calculation of Targeted Investments (TI) program measures, the calendar year (CY) 2022, 2023, and 2024 performance measures, and the Human Immunodeficiency Virus (HIV) Viral Load Suppression (HVL-AD) measures, ensuring that analyses remain on schedule and that deliverables are complete, accurate, and timely. In addition, Ms. Perkowski manages the day-to-day operations of the OPM Healthcare and Insurance Plan Performance Assessment Services contract, including researching and developing performance measure recommendations, maintaining timelines, performing editorial reviews, and developing the Clinical Quality, Customer Service, and Resource Use reports.

Senior Analytics Coordinator, DSAA, HSAG (7/2023–6/2024): Ms. Perkowski provided coordination support for the OPM Healthcare and Insurance Plan Performance Assessment Services contract and Medicaid EQR performance measurement projects for Arizona, Colorado, Nevada, New Hampshire, and Virginia.

Analytics Coordinator III, DSAA, HSAG (6/2022–6/2023): Ms. Perkowski coordinated and led project activities related to several Medicaid EQR focus studies and performance measurement projects in Arizona, Colorado, North Carolina, New Hampshire, and Virginia. She established and adhered to contract deliverable submissions, coordinated analytic activities with staff, and visually validated deliverables and analyses. Additionally, Ms. Perkowski provided coordination support for the OPM Healthcare and Insurance Plan Performance Assessment Services contract.

Donation Support Services Coordinator, Lifeline of Ohio; Columbus, OH (8/2020–6/2022): Ms. Perkowski provided communication and compliance with all regulating, governing, and accepting agencies to facilitate and maximize organ, eye, and tissue donations. She worked with hospital staff, funeral homes, coroners, tissue processors, and recovery staff to coordinate the

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donation process. She coordinated with next-of-kin to identify and discuss donation potential and provided support and core elements during authorization with donor families.

Childhood Lead Poisoning Program Intern, Ohio Department of Health; Columbus, OH (1/2019–3/2020): Ms. Perkowski utilized the online Healthy Homes and Lead Poisoning Surveillance System (HHL PSS) program to conduct quarterly and annual surveillance data cleaning. She sorted and cleaned lead testing data with errors or inconsistencies. Ms. Perkowski assisted with the creation the annual report for childhood lead testing in Ohio, in addition to several one-pagers, infographics, and flyers for the public.

Education

Bachelor of Science, Public Health, The Ohio State University, Columbus, OH, 2020

Kerri Carlile, MS

Senior Analyst, Data Science & Advanced Analytics

Qualification Highlights

Ms. Carlile has over 20 years of mathematic and analytic experience, including 11 years analyzing diverse healthcare data. She specializes in performance measure calculation and oversees all data related activities for multiple projects including writing methodologies, creating analytic plans, conducting analyses, and presenting results to clients.

Relevant Experience

Senior Analyst, Data Science & Advanced Analytics (DSAA), HSAG; Phoenix, AZ (8/2021–present): Ms. Carlile provides oversight for multiple performance measure calculation projects. She works with a variety of healthcare data including claims, demographic, eligibility, vital statistics, registry, and surveillance data. Ms. Carlile develops methodologies, creates analytic plans, and oversees project activities related to data analysis. She presents and communicates project results to internal staff and external clients. She also provides analytic oversight for the Arizona Health Care Cost Containment System (AHCCCS) performance measure calculations for the past several years which included both administrative and hybrid rate calculations, impact analyses, and health disparity analyses. Additionally, Ms. Carlile manages junior analytic staff in the department.

Online Math Instructor, Brigham Young University Idaho; Rexburg, ID (9/2015–12/2021): Ms. Carlile taught calculus online, piloted a new online course, and refined the course curriculum. She interacted with and taught students daily via phone, email, and web meetings and graded assignments and provided detailed written feedback to students. Ms. Carlile served as the Online Course Representative for three years. She aggregated instructor and student feedback and updated the course to improve student experience and outcomes.

Senior Outcomes Analyst, Tivity Health; Chandler, AZ (1/2014–9/2018): Ms. Carlile analyzed survey, claims, and participation data for the SilverSneakers fitness and Whole Health Living programs. She analyzed survey data and created reports; performed cost benefit and return on investment analyses using healthcare claims data; presented analyses to corporate clients virtually and in person; served as lead analyst for Whole Health Living program; and wrote and automated programs using SAS software.

Senior Analyst, DSAA, HSAG (9/2010–12/2013): Ms. Carlile evaluated healthcare data using standard statistical practices. She analyzed survey data, assessed statistically significant differences among populations, and performed trend analyses. Ms. Carlile interpreted quality improvement measures using claims data, drafted methodologies for quality improvement measures, and tested the validity and accuracy of measures written for electronic health record data. She managed several projects for the Ohio Department of Medicaid. Ms. Carlile created graphic representations of data and reports for Federal and State contracts, including calculating Healthcare Effectiveness Data and Information Set (HEDIS[®])¹ measures. She developed and implemented curriculum for training new analysts in statistics and SAS programming; wrote statistical programs in SAS; and supervised and mentored other analysts.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Account Manager, Property Solutions; Provo, UT (1/2010–7/2010): Ms. Carlile managed numerous customer accounts implementing products for multiple customers simultaneously; training customers to use the company’s software; building websites for clients using the company’s proprietary template system; setting up accounts for payment processing; managing integration of the company’s software with other property management software; providing technical software support through telephone and online systems; and communicating with management.

Mathematics Lecturer, Utah Valley University; Orem, UT (1/2008–12/2009): Ms. Carlile taught Business Calculus, College Algebra, and Intermediate Algebra to undergraduate students, receiving excellent student ratings. She prepared and presented lectures; assigned and graded homework; created, administered, and scored tests; tutored math students; exercised leadership skills; and communicated with large groups.

Mathematics Lecturer, Brigham Young University; Provo, UT (9/2005–12/2009): Ms. Carlile taught College Algebra, Business Calculus, Calculus II, and Quantitative Reasoning and received above average student evaluation ratings. She prepared lectures, assigned homework, created tests, graded assignments, and tutored students. Ms. Carlile participated in a program focused on helping first-year students adjust to the demands of college. In addition, she participated in the redevelopment of the Business Calculus curriculum.

Education

Actuarial Exam P/1 (SOA/CAS/CIA Probability), passing score of 08, 2008

Actuarial Exam FM/2 (SOA/CAS/CIA Financial Mathematics), passing score of 09, 2008

Master of Science, Mathematics, Brigham Young University, Provo, UT, 2007

Bachelor of Science, Mathematics, minor in Russian, Brigham Young University, Provo, UT, 2005

Skills

Fluent in Russian; advanced SAS skills.

Thomas Leetrakul, MPH, BS

Data Scientist, Data Science & Advanced Analytics

Qualification Highlights

Mr. Leetrakul has nine years of experience conducting data analysis and applying statistical methods to support healthcare quality studies. His work emphasizes translating data into actionable insights to inform policy and improve quality of care. At HSAG, he leads analytic activities for California's Skilled Nursing Facility (SNF) Workforce and Quality Incentive Program (WQIP), where he evaluates new quality measures, develops scoring methodologies, and produces reports for the Department of Health Care Services (DHCS). Mr. Leetrakul also facilitates stakeholder discussions and presents findings across multiple California initiatives, including external quality review (EQR) activities and the SNF WQIP. In addition, Mr. Leetrakul oversees activities related to pay-for-performance (P4P) programs and quality reporting systems for multiple state Medicaid agencies. Previously, Mr. Leetrakul managed analytics for the California Department of Public Health (CDPH) SNF Quality and Accountability Supplemental Payment (QASP) Program contract, where he oversaw daily operations, including evaluating nursing home quality of care measures, calculating incentive payments, and maintaining Minimum Data Set (MDS) 3.0 data.

Relevant Experience

Data Scientist, Data Science & Advanced Analytics (DSAA), HSAG; Phoenix, AZ (7/2024–present): Mr. Leetrakul is responsible for overseeing activities associated with the SNF WQIP and the Accountability Sanctions Program (ASP) contract. In this role, he manages the day-to-day operations for the SNF WQIP and ASP activities, researches and evaluates new measures and methodologies for program development, and provides programmatic support to DHCS through regular communication and reporting. Mr. Leetrakul also oversees several analytic activities related to performance measure calculations, P4P programs, and quality reporting systems for state Medicaid agencies, including developing methodologies, conducting analyses, and producing reports. Previously, he provided oversight for activities on health equity for California and Louisiana.

Senior Analyst, DSAA, HSAG (7/2022–6/2024): Mr. Leetrakul was responsible for overseeing activities associated with California's WQIP. His work included reviewing new measures for program inclusion, assisting in the development of scoring methodologies, and producing reports and documentation for DHCS. As part of HSAG's EQR contract for the State of California, he performed analyses using Healthcare Effectiveness Data and Information Set (HEDIS®)¹ measure data and calculated performance measure results to evaluate pediatric preventive service utilization. Mr. Leetrakul also oversaw activities related to health equity for the states of California and North Carolina.

Analyst III, DSAA, HSAG (7/2021–6/2022): Mr. Leetrakul was responsible for the analytics for CDPH's SNF QASP Program contract. In this role, he oversaw the day-to-day analytics, including evaluating quality of care in nursing homes, calculating incentive payments, and maintaining of MDS 3.0 data for the program. He also contributed to performance measure

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calculation activities for Arizona, California, and Virginia, which required the use of administrative claims and encounter data.

Analyst II, DSAA, HSAG (7/2019–6/2021): Mr. Leetrakul was the lead analyst for the SNF QASP contract, where he conducted analyses for DHCS to analyze health disparities between ethnic groups and among Asian subpopulations in California. In addition, Mr. Leetrakul supported HEDIS state reporting activities for EQR contracts across multiple states, including Colorado, Florida, and Michigan.

Analyst I, DSAA, HSAG (8/2016–6/2019): Mr. Leetrakul provided analytic support for the Ohio Department of Medicaid (ODM) EQR contract. In this role, he worked on non-HEDIS–based performance measure calculations, which included reviewing reconciled enrollment files, calculating and validating measure rates for the Children’s Health Insurance Program Reauthorization Act (CHIPRA) program, and assisting with various ad hoc requests from ODM. Mr. Leetrakul also supported CDPH’s SNF QASP contract by validating both ad hoc and routine deliverables.

Administration Assistant, San Gabriel Valley Urology Group; Alhambra, California (3/2014–5/2016): Mr. Leetrakul managed patients’ insurance policies and medical records. He developed office procedures and trained six new employees to support the transition to a new head physician.

Data Intern, Keeping It Real Program, Los Angeles Department of Public Health; Los Angeles, CA (5/2015–9/2015): Mr. Leetrakul assisted with conducting surveys to gather data for program evaluation, developed SAS programs to analyze implementation and youth survey datasets with more than 65,300 entries each, and maintained codebooks to organize and interpret the survey data.

Clinical Care Extender Internship, COPE Health Solutions, Riverside Community Hospital; Riverside, CA (11/2011–6/2014): Mr. Leetrakul assisted with patient care in orthopedic surgery, radiology, labor and delivery, the medical intensive care unit (ICU), the endoscopy lab, and the administrative department. He supported patient care on hospital nursing floors by taking vitals, transporting patients, assisting with feeding, and providing comfort measures.

Research Assistant, University of California; Riverside, CA (12/2011–6/2012): Mr. Leetrakul assisted with a biological study investigating the effects of parasitism in fiddler crabs. He also reviewed scientific literature to assess the current information available on this topic.

Education & Training

Master of Public Health, Biostatistics and Epidemiology, University of Southern California, Los Angeles, California, 2015

Bachelor of Science, Biology, *cum laude*, University of California Riverside, Riverside, California, 2013

Skills

Microsoft Office, SAS, SPSS, and STATA

Elisabeth Hunt, MHA, CHCA**Executive Director, Data Science & Advanced Analytics Management****Qualification Highlights**

Ms. Hunt has over 25 years of healthcare industry experience, serving for 15 years in various senior management and operations positions related to healthcare delivery systems with experience in healthcare auditing, credentialing, quality improvement, compliance, and contracting. She is an expert in the review and interpretation of state and federal regulations, Centers for Medicare & Medicaid Services (CMS) policies, Medicare-Medicaid Plan (MMP) program, and National Committee for Quality Assurance (NCQA) requirements. Ms. Hunt has over five years' experience leading performance measure validation (PMV) for Arizona Managed Care Organizations.

Relevant Experience

Executive Director, Data Science & Advanced Analytics (DSAA), HSAG; Phoenix, AZ (2/2019–present): Ms. Hunt provides oversight for the DSAA Audits, PMV, and Network Adequacy Validation (NAV) teams for all external quality review (EQR) contracts, including in Arizona, the California Quality Incentive Pool Program contract, and the NORC Medicare-Medicaid Plans (MMP) subcontract, coordinating internal and external resources to achieve contract goals, objectives, and activities. She is accountable for all Arizona PMV audits, providing leadership and direction for related activities consistent with overall company objectives, and she is responsible for accurate and timely deliverables and day-to-day operational activities. Ms. Hunt is responsible and accountable for tracking and monitoring the progress of projects and tracking project-specific expenses and revenues. She leads PMV, information systems readiness reviews (including evaluating health plans' abilities to process and pay claims), NAV audits, independent assessments, and program evaluations and serves as the Audits Team subject matter expert (SME) for a variety of performance measures associated with healthcare policy and health plan operations, as well as leading Healthcare Effectiveness Data and Information Set (HEDIS®)¹ Compliance Audits and Align. Measure. Perform. (AMP) Audit Reviews. She interviews, hires, evaluates, and counsels staff members; develops staff training based on needs assessments; develops reports, proposals, and project budgets; and acts as a liaison between customer representatives and HSAG project staff members, conducting quality assurance to ensure that reports are reliable, valid, and appropriate for the intended audience.

Executive Director/Director, State & Corporate Services (S&CS), HSAG (9/2017–2/2019): Ms. Hunt was responsible for the Ohio EQR contract, coordinating internal and external resources to achieve the contract goals and objectives. Contracted activities included leading and supporting activities for the Ohio Department of Medicaid and managed care plans that provided both physical and behavioral health care to members. She provided leadership and direction for related activities consistent with overall company objectives and was responsible for accurate and timely deliverables and day-to-day operational activities.

Associate Vice President/Interim Vice President, Healthcare Services Operations, Molina Healthcare of Ohio, Inc.; Columbus, OH (9/2013–8/2017): Ms. Hunt directed a team of 500+

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employees who performed clinical auditing, care coordination, case management, and utilization management of over 330,000 Ohio beneficiaries across all government-funded healthcare programs. Ms. Hunt led health plan teams in achieving multiple program improvements in 2014, 2015, and 2016 and led the integration of new populations into managed care while overseeing clinical auditing.

Compliance Director/Officer, Molina Healthcare of Ohio, Inc. (11/2011–9/2013): Ms. Hunt was responsible for all aspects of Molina’s compliance program, based on the Office of Inspector General effective elements of a compliance program. Ms. Hunt led all internal audits whose standards were based on CMS policies and regulations and Medicare and Medicaid program requirements and assisted with implementation of the Health Insurance Exchange.

Quality Improvement Manager, Molina Healthcare of Ohio, Inc. (2/2010–11/2011): Ms. Hunt was responsible for all health plan provider credentialing processes, policies, and procedures and all quality of care and quality of service provider investigations, including medical record review processes.

Delegation Oversight/Subcontracts Manager, Molina Healthcare of Ohio, Inc. (2/2008–2/2010): Ms. Hunt created and implemented the Delegation Oversight Program in its entirety, managing and auditing 15 delegated entities.

Lead Credentialing Specialist, Molina Healthcare of Ohio, Inc. (10/2006–2/2008): Ms. Hunt implemented process efficiencies that ensured 100 percent compliance with NCQA credentialing standards.

Education

Master of Health Administration, *summa cum laude*, Trident University International, Cypress, CA, 2018

Bachelor of Science, Family Relations and Human Development, *magna cum laude*, The Ohio State University, Columbus, OH, 1998

Certifications

Certified HEDIS Compliance Auditor (CHCA), 2020

Brian Starr, MPP**Senior Director, Program Evaluations, Data Science & Advanced Analytics****Qualification Highlights**

Mr. Starr has over 15 years of experience in research, data analysis, and program evaluation for Medicaid and quality-focused studies. He has led the design and implementation of complex analytic methodologies and statistical models to evaluate program effectiveness, cost-savings, and health outcomes. Mr. Starr provides strategic oversight of analytic teams, data validation, and report development using Medicaid claims, encounter, survey, and administrative data. His experience includes overseeing quality-focused studies and program evaluations for external quality review (EQR) contracts and Section 1115 waivers across multiple states. Mr. Starr's expertise ensures all analytic activities and deliverables meet the applicable guidance and/or protocol from the Centers for Medicare & Medicaid Services (CMS), contractual requirements, and client expectations.

Relevant Experience

Senior Director (7/2025–present) / Director (7/2023–6/2025), Program Evaluations, Data Science & Advanced Analytics (DSAA), HSAG; Phoenix, AZ: Mr. Starr provides oversight for multiple Section 1115 waiver evaluations and evaluation designs across states including Arizona, Alaska, Florida, Nebraska, Nevada, and New Mexico. He has led multiple large-scale evaluation projects utilizing a variety of data sources, such as administrative, survey, registry, and Vital Statistics data. Mr. Starr oversees a team of analysts who apply advanced analytic methods, including interrupted time series, propensity score matching, non-inferiority analysis, cost-effectiveness analysis, and regression modeling. He collaborates closely with state Medicaid agencies to ensure evaluations provide useful and actionable findings. Mr. Starr also provides oversight and analytic methodological development for EQR quality focused studies, including but not limited to foster care, skilled nursing facility/intermediate care facility services, preventive services, blood lead screening, dental utilization, and maternal and child health for states such as California and Virginia.

Associate Director, DSAA, HSAG (7/2022–6/2023): Mr. Starr provided analytic oversight on several Section 1115 waiver evaluations, including Alaska, Nebraska, and New Mexico. He collaborated with state Medicaid agencies to identify and collect necessary data sources and supervised analytic staff in efficiently calculating performance metrics, conducting statistical tests, and developing evaluation reports in accordance with CMS guidance and expectations.

Senior Data Scientist, DSAA, HSAG (7/2019–7/2022): Mr. Starr led an analytic team in developing and implementing quasi-experimental research designs to evaluate state Medicaid programs and Section 1115 demonstration waivers. As lead analyst, he was responsible for drafting waiver evaluation design plans; analyzing Medicaid administrative claims, encounter, and enrollment data; conducting statistical testing; and generating results. Additionally, Mr. Starr supervised analytical staff to ensure the timely development of high-quality client reports. He incorporated innovative statistical testing into robust research designs and specialized in presenting findings in a clear and actionable manner. In addition, he also served as lead analyst for the State of Hawaii's encounter data validation activity, contributing to the study design, conducting advanced data quality assessments, and ensuring the accuracy and completeness of encounter data used for the activity.

Informatics Analyst III, DSAA, HSAG (10/2017–7/2019): Mr. Starr led an analytic team for the EQR contract for the State of Ohio, where he calculated a broad array of performance measures to evaluate the effectiveness of the Ohio Medicaid Health Homes Initiative and determine program cost savings. Mr. Starr also served as lead analyst on the New Hampshire Premium Assistance Program (PAP) Waiver Evaluation, developing a quasi-experimental research design, selecting appropriate performance metrics from claims and survey data, and conducting statistical testing to evaluate the PAP’s impact on health outcomes.

Informatics Analyst II, DSAA, HSAG (7/2015–10/2017): Mr. Starr developed methodologies and conducted data analysis to generate meaningful results, ensure accuracy in reporting, and create production codes for recurring reports. He contributed to several projects, including the EQR contract for the State of Ohio, where he conducted impact assessments to evaluate program efficacy in cost savings and reducing utilization. As part of this work, Mr. Starr constructed statistical models to assess outcomes for an opioid control program, applying advanced techniques, such as log-linear, logistic, probit, Poisson, and negative binomial panel regressions.

Informatics Analyst I, DSAA, HSAG (3/2014–7/2015): Mr. Starr contributed to multiple projects, including the EQR contract for the State of Ohio. He was responsible for calculating and reporting clinical and access performance measures and evaluating cost savings associated with the Ohio Medicaid Health Homes Initiative.

Senior Associate (1/2013–2/2014) / Research Analyst (6/2010–1/2013), Global Economics Group; Chicago, IL: Mr. Starr managed and conducted complex economic and statistical analysis, primarily used in Section 10b-5 and Section 11 class action securities litigation on behalf of plaintiffs. He drafted and prepared arguments for class certification, loss causation, and expert rebuttal reports. Additionally, Mr. Starr trained new research analysts in SAS programming, workflow procedures, and research methodologies. He collaborated with the lead economist to develop an analytical and economic framework for the Cook County Health & Hospital System, enabling a more precise quantification of healthcare costs and expenditures at the patient level utilizing comprehensive patient care data.

Education

Master of Public Policy, School of Public Affairs, Arizona State University, Tempe, AZ, 2015
Bachelor of Arts, Economics, *cum laude*, Knox College, Galesburg, IL, 2010

Select Publications

Coffman, Chad, Tara O’Neil, and Brian Starr, “An Empirical Analysis of the Impact of Legacy Preferences on Alumni Giving at Top Universities,” *Affirmative Action for the Rich*, Ed. Richard Kahlenberg, 2010, pp. 101–121.

Skills

Proficient in SAS, Stata, R, and Python.