

Advancing Health Equity Learning Collaborative
Background Questionnaire

Instructions

Please complete the following questions. Once completed, please upload them with your other application materials at <https://is.gd/AHEapplication>

1. What is the name of the lead organization? It is up to the applicant team to decide which organization will take the lead on submitting the application. Note that the lead applicant organization will also need to designate one member of their organization to serve as the Learning Collaborative team lead.
 - Organization Name (open text box)

 - Organization Type (e.g., health system, Medicaid managed care organization, state Medicaid agency). (open text box)

State Medicaid:

1. How long has the state Medicaid agency partner been operating Medicaid Managed Care?
 - 0-1 year
 - 1-5 years
 - 6-10 years
 - Over 10 years

Medicaid Managed Care Organization (MMCO):

2. Approximately how many individuals were enrolled in the MMCO in all contracts and markets as of March 2019? Do not limit your answer to one state if the MMCO has contracts in multiple states. If there is more than one MMCO partner please answer for each MMCO separately.
 - Open text box

3. Across all of your markets in 2018, did your health plan use alternative payment model (APM) or Value Based Payment (VPM) structures? If there is more than one MMCO partner please answer for each MMCO separately.

- Open text box
4. In 2018, did any MMCO contracts (markets) require the health plan to implement VBP or APM contracting between health plans and providers? If there is more than one MMCO partner please utilize the text box and answer for each MMCO separately.
- Yes
 - No, but we anticipate it with the next contract renewal
 - No, and not planned with the next contract renewal
 - Other, specify
 - Open text box
5. How long have you been operating Medicaid managed care in the proposed team's state? If there is more than one MMCO partner please utilize the text box and answer for each MMCO separately.
- 0-1 year
 - 1-5 years
 - 6-10 years
 - Over 10 years
 - Open text box

ALL Partner Organizations

6. We have agreed to the timeline and will participate in the Learning Collaborative meetings, calls, and webinars listed in Part V of the RFA. Please check the box if each organization has agreed. If there are more than four partner organizations, please utilize the open text box to indicate if the remaining organizations agree.
- Health Care Organization or System #1
 - Health Care Organization or System #2
 - MMCO
 - State Medicaid Agency
 - Open Text Box
7. We've reviewed and agreed to meet all expectations listed in Part II on the RFA. Please check the box if each organization has agreed. If there are more than four partner organizations, please utilize the open text box to indicate if the remaining organizations agree.
- Health Care Organization or System #1
 - Health Care Organization or System #2
 - MMCO
 - State Medicaid

- Open Text Box

Follow-up Conference

A subset of applicants will be selected for follow-up phone or video conferences to discuss their application in more detail. Please indicate, in order of preference, your top three choices for a date and time for a follow-up conference, if your team is moved forward in the application process. 1 = your first choice, 2 = your second choice, 3 = your third choice. We cannot guarantee that we will be able to accommodate one of your choices. We might need to negotiate a different date and time.

8. To Be Completed