



March 2025

Inclusive Health Vendor Assessment

About PBGH and Its Engagement Model of Public and Private Purchasers

Purchaser Business Group on Health (PBGH) members collectively spend more than \$350 billion annually buying health care for their employees and family members. For more than three decades, PBGH has partnered with both private and public health care purchasers to promote higher quality, more affordable health care for America’s workers and their families. PBGH leads employer-driven innovations to improve the value of U.S. health care with quantified success lowering total spend, improving quality and holding the health care system accountable to those who receive and pay for care. Aligning public and private purchasers has the power to create a higher quality and more equitable health care system by working collectively to achieve these goals.

PBGH used its proven consensus-building process to create alignment across public and private purchasers on a tool to assess and identify health plan carriers and vendor partners that demonstrate their ability to provide high-quality, equitable care, experiences, and services for employees and their families. This document is intended to be used to optimize care and services across all populations in the employer-sponsored insurance market.

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Introduction and Vendor Assessment Categories

In Fall 2024, PBGH launched the Inclusive Health Workgroup. Co-chaired by Jonathan Liu, MD, FACP, and Taylor Priestley, MPH, MSW, Covered California, this employer-led initiative focuses on advancing inclusive health and addressing health-related social needs through collective impact. The workgroup seeks to communicate to partners the care they expect employees and their families to receive in all health care settings and interactions with health care providers and care professionals.

Workgroup members partnered to develop and align on the Inclusive Health Vendor Assessment. Employers and public purchasers can use this tool to assess and identify health plan carriers and vendor partners that demonstrate the ability to ensure fair outcomes, experiences and high-quality health care services across all populations served.

This assessment has been divided into three key sections: Minimum, Aspirational and Optional. For employers and purchasers seeking to assess vendor performance on Inclusive Health, PBGH recommends that questions included in categories 1–3, which are focused on data collection/stratification, member experience and health-related social needs, be treated as minimum to include. Questions included in category 4, focused on accountability for outcomes and improvement, are aspirational, and while PBGH understands that the strategies addressed in these questions will take time to implement, vendors and partners actively building plans and setting targets to reduce disparities is the ultimate goal. Finally, questions in categories 5 and 6 are optional to include and address a vendor’s commitment to inclusive health both internally and within the communities they serve more broadly.

PBGH recognizes that some of these capabilities may take time to implement and operationalize. PBGH and its members are committed to evolving this assessment based on new evidence and priorities.



This vendor assessment is not intended to be exhaustive and is educational in nature. Please use the assessment as a discussion guide with your team and qualified legal consultation.

Vendor Assessment Categories

| | |
|---------------------|--|
| Minimum | <ol style="list-style-type: none">1. Demographic data collection, stratification and reporting capabilities2. Inclusive member experience3. Addressing health-related social needs |
| Aspirational | <ol style="list-style-type: none">4. Accountability for equitable outcomes and improvement |
| Optional | <ol style="list-style-type: none">5. Organization leadership and social governance strategies6. Community impact and social investment |

Scoring Grid

Questions are weighted by the following tiers for assessing inclusive health capabilities, strategies and processes:

- Tier 1: Baseline 
- Tier 2: Advanced 

A scoring grid template is available to PBGH members. Please contact [Logan Waterman](#) to learn how to access this resource.

Health Equity Accreditation

If your organization has received the National Committee for Quality Assurance (NCQA) Health Equity Accreditation, please provide verification of your certification. Certified carriers and providers do not need to complete this assessment.

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Demographic Data Collection, Stratification and Reporting Capabilities

Assessment of a vendor’s ability to collect and ensure safe governance of demographic data, stratify quality and key performance metrics and report disparities in population health.

1.1 Please indicate your organization’s capacity for demographic data collection by completing the table below. T2

| Member Demographics | Do you collect self-reported demographic data or receive it from plan sponsors? Please indicate in each row below. | For what percentage of members does your organization have documented demographic data? Please indicate in each row below. | What targets (percentage and year) do you have for data collection? Please indicate in each row below. |
|------------------------|--|--|--|
| Race / Ethnicity | | | |
| Language | | | |
| Sexual Orientation | | | |
| Gender Identity | | | |
| Ability Status | | | |
| Salary and/or Job Type | | | |
| Other | | | |

1.1.1 If applicable, please describe your organization’s frequency and approach to data collection.






1.2 Does your organization stratify quality, utilization and other reporting metrics by demographic data? Please submit an example of a stratified report and indicate the status of implementation. T1

1.3 If your organization does not collect the data above, what is the organization’s documented timeline for doing so in the future? T1

1.4 For any of the data collected above, please elaborate on the following: T1

1.4.1 How this data is collected (e.g. from member self-reporting, employers, EHR, IZ registry, etc.).

1.4.2 Where the data is stored and matched to the individual member.

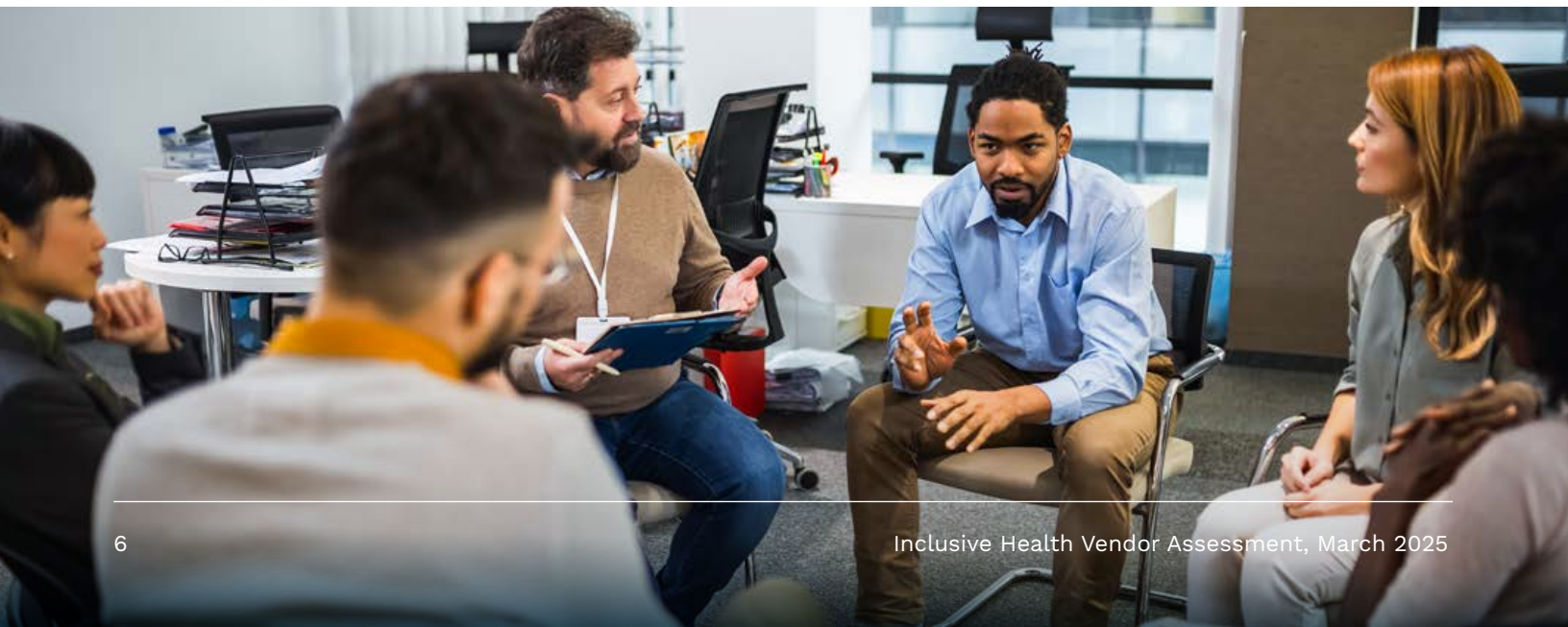
- 1.5 How do you identify disparities across demographics and incorporate interventions into quality improvement work? If applicable, please list HEDIS or other measures you stratify. 
- 1.6 Does your organization align or plan to align to the [2024 US Office of Management and Budget \(OMB\) Standards](#) for collecting race and ethnicity data? If not, does your organization align and/or partner with other leading health authorities, advocates, employer groups or agencies around common measurements to improve demographic data collection? 
- 1.7 Please indicate how race and ethnicity data are used to address quality improvement, inclusivity and disparities. 
- 1.8 How do you partner with clients to implement interventions to address gaps in quality of care across populations and identified disparities? 
- 1.9 Does your organization track and report on member program engagement and performance metrics based on demographic data for clients? If so, please indicate which demographics. If not, what is your organization's plan for stratifying metrics by demographic factors and reporting this information in the future? If applicable, please share a sample report. 



Inclusive Member Experience

Assessment of member experiences including access to care or services, respectful and culturally appropriate care or services and culturally inclusive standards and training.

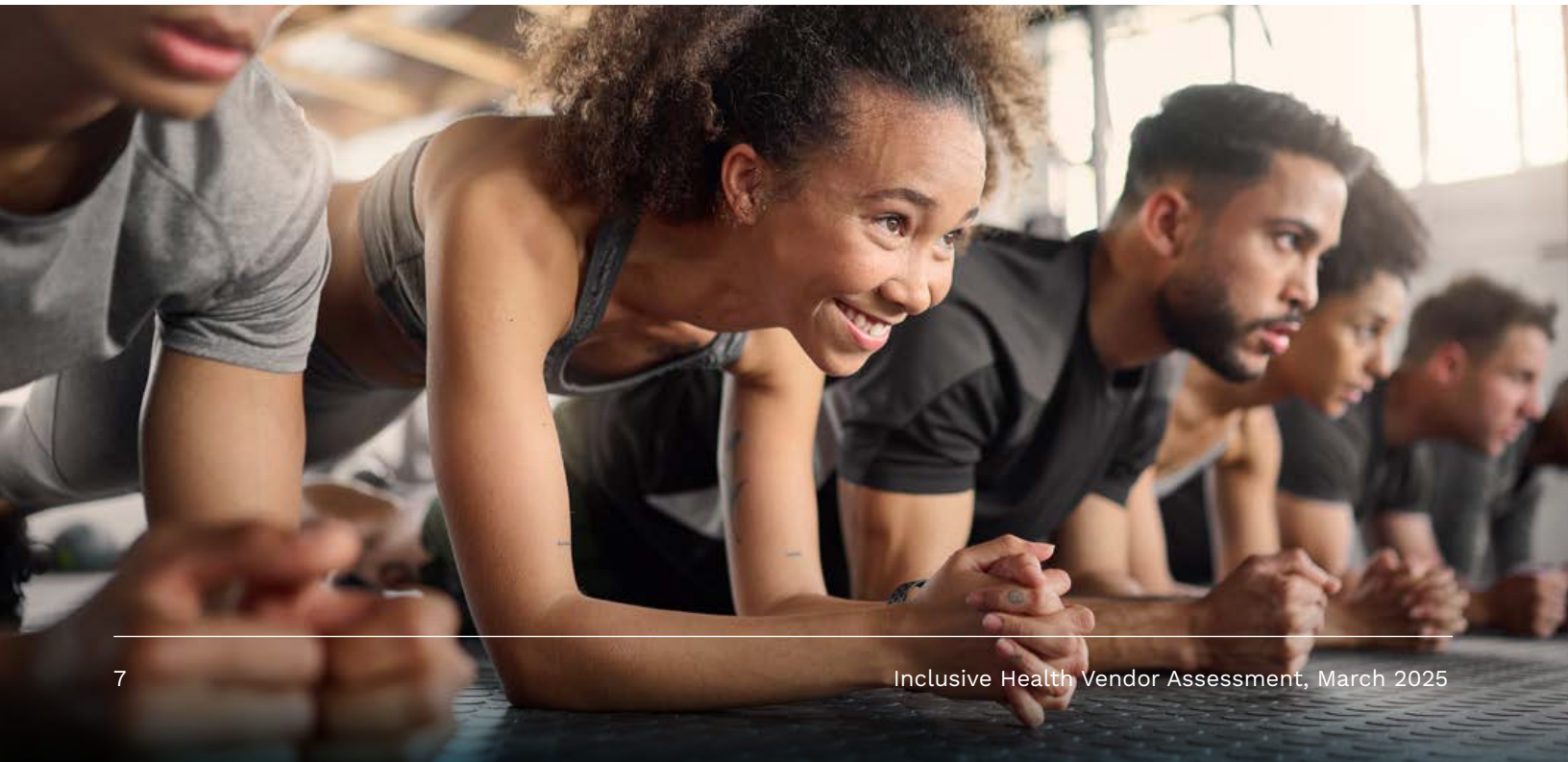
- 2.1 Does your organization provide access to and promote availability of language services (including translation and interpretation)? If so, which languages besides English are available and how is it accessed? T1
- 2.2 Does your organization adhere to all 15 of the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#)? If not, what is the plan to do so? T1
- 2.3 How does your organization assess its performance on culturally and linguistically appropriate care? T1
- 2.4 How is your organization providing information, resources or activities on a platform that is accessible for all people, including members with accessibility needs (e.g., vision or hearing impaired) or at varying health literacy levels? T1
- 2.5 Are members able to select providers based on elements of affinity (e.g., race, ethnicity, gender, language), provider photos, provider qualifications or clinical experience? Please describe the mechanisms that support patients in provider selection. T2
- 2.6 Describe how your organization engages members in shared decision making, including the tools and mechanisms used to support this. T1
- 2.7 How does your organization support plan members in geographies with few or no healthcare providers or specialists? T1
- 2.8 How are you collecting and integrating feedback on your programs and services from members? T1
- 2.9 Please describe how you train providers within your organization's network in cultural humility. If a training program is part of the care model, please describe. T1
- 2.10 Does your organization have a systematic way to evaluate the medical and social science literature (including real world data where applicable) to determine that clinical policies and guidelines that are implemented are appropriate for diverse populations and are patient-centered (e.g., designed with the perspective of the patient and/or family in mind)? T2



Addressing Health-Related Social Needs

Assessment of a vendor's strategy and ability to identify health-related social needs and ensure referrals to services.

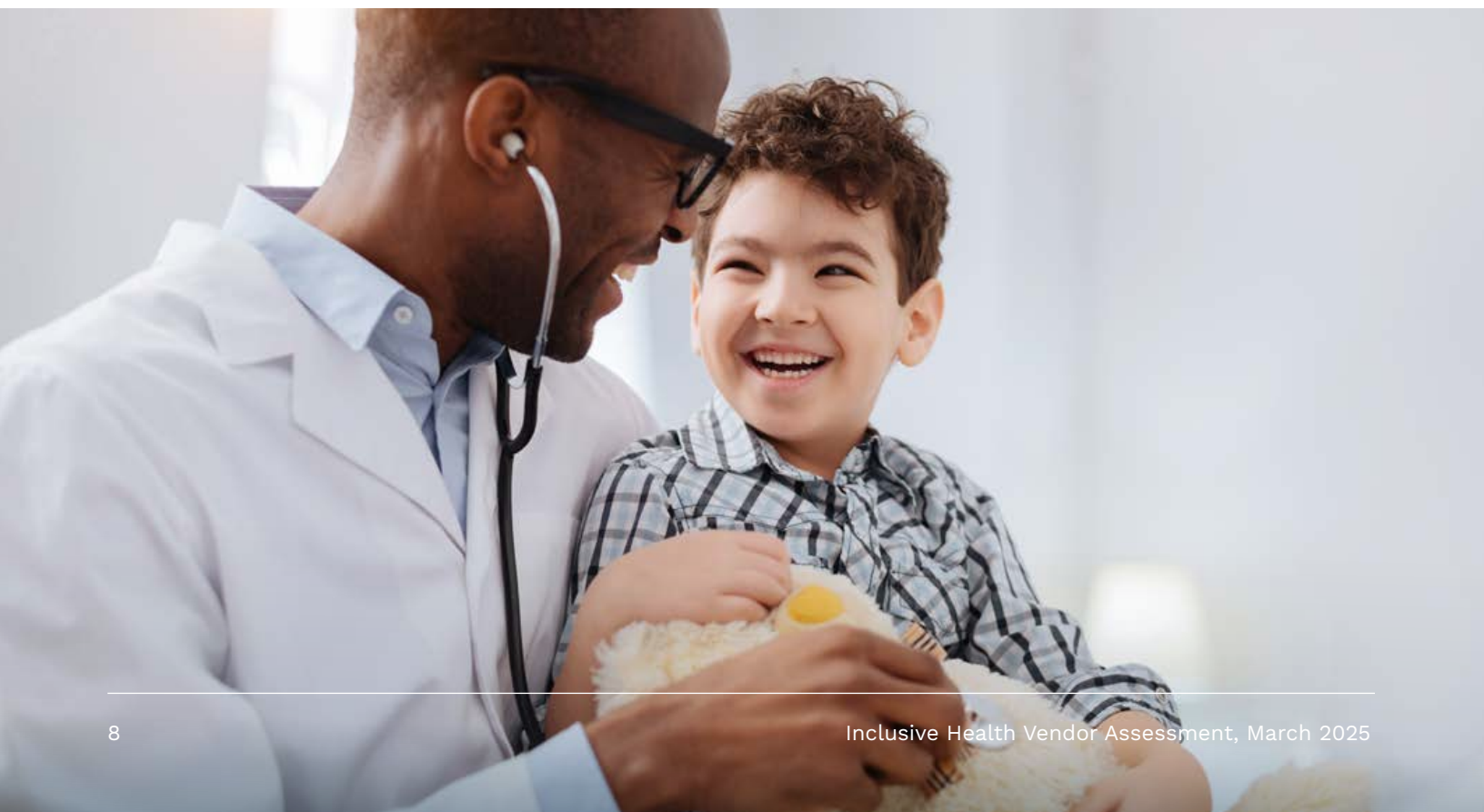
- 3.1 Describe your method for screening members for unmet social needs including which staff or vendor conducts the assessment. Of the five domains (housing stability, food security, transportation, interpersonal safety and financial strain), what needs are screened for and what proportion of a client's population is screened? T1
- 3.2 When unmet social needs are identified, how does your organization connect members with appropriate services in a timely manner? Please specify the timeframe in which members receive referrals on average. T1
- 3.3 How are you reducing health care costs to support members who may be facing financial barriers to accessing care? T1
- 3.4 Does your organization engage in closed-loop follow-up of social needs referrals? If so, what is your tracking mechanism? T1
- 3.5 Is your organization able to report the results of health-related social needs screening, referrals and outcome status at an aggregate level to clients? Please describe. T1
- 3.6 Is health and social health data integrated into the same clinical documentation platform (if applicable)? T2
- 3.7 Does your organization use a secure, electronic, longitudinal case management system for tracking social needs referrals? T2
- 3.8 What training is provided to your organization's staff or network providers who conduct the health assessment or social needs screening? T1
- 3.9 Does your organization participate in a community information exchange (CIE) that connects the health care and social services sectors in your region(s)? T2



Accountability for Equitable Outcomes and Improvement

Assessment of a vendor's ability to set disparity reduction targets, develop improvement plans and guarantee equitable performance.

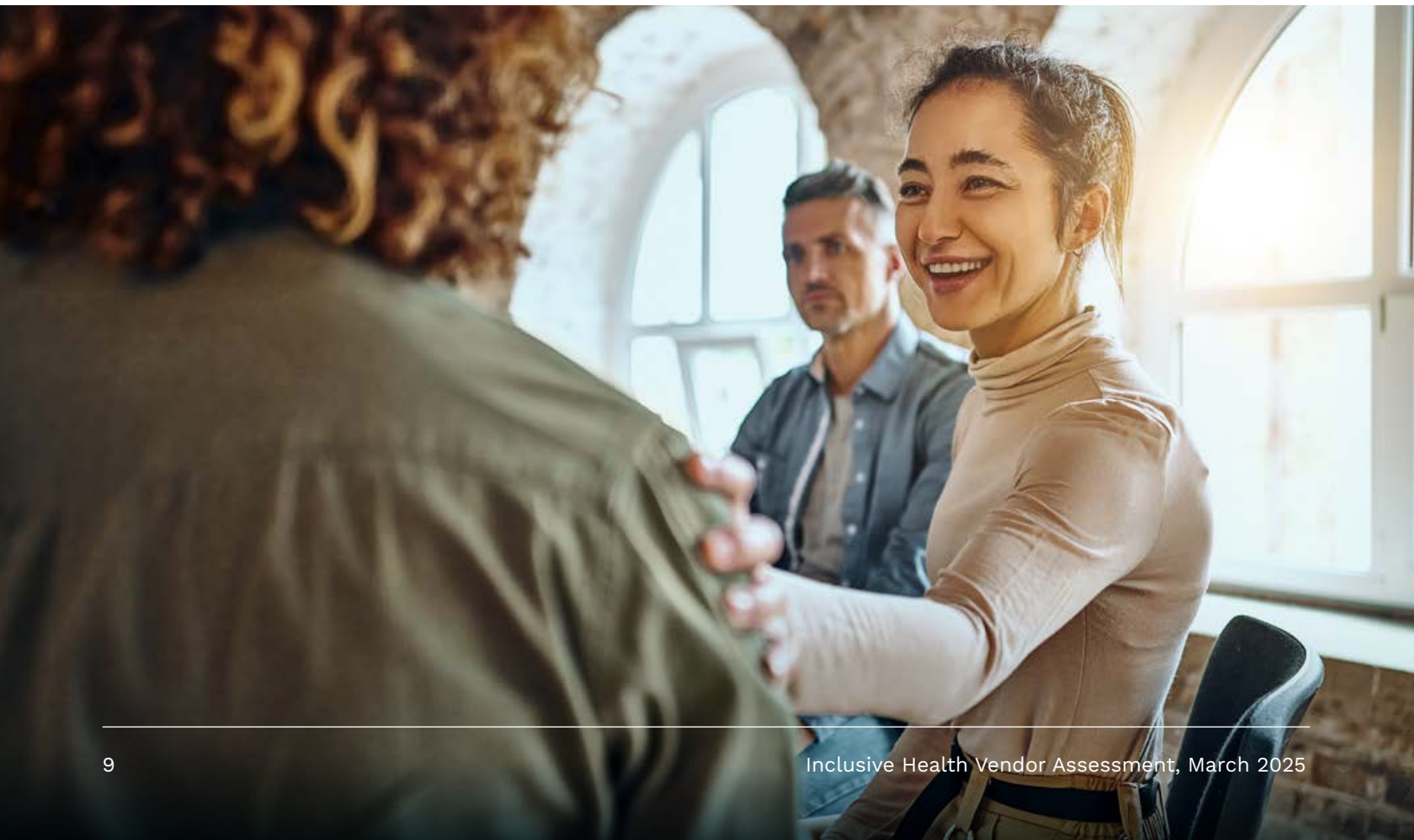
- 4.1 How does your organization track the overall health of your client's population? Describe the various health outcomes that are tracked. Can these outcomes be stratified by demographic and social health data? What additional outcomes will you expand to in the future? T1
- 4.2 What is your current and/or future measurement strategy for setting and achieving disparity reduction targets? If targets are not met, describe how corrective action plans are developed to achieve targets. If no targets are set, describe why not. T2
- 4.3 Does your organization have an action plan in place to address at least one health disparity? Please describe. Does your organization annually assess progress in reducing identified disparities? T2
- 4.4 Does your organization currently have equitable performance targeted metrics with any clients? If so, list the metrics. If not, are you willing to guarantee performance for equitable outcomes? T2
- 4.5 Describe your organization's reporting mechanism for health disparities. If no mechanism exists, describe your plan for developing one. Are you able to customize reporting for an employer? If applicable, please share a sample report. T2



Organization Leadership and Social Governance Strategies

Assessment of a vendor's strategy for prioritizing and advancing inclusive health within its own organization.

- 5.1 What is your organization's commitment to achieving inclusive health? Describe your inclusive health strategy including how you define inclusive health and what levels of investment have been made to reduce disparities. T1
- 5.2 Is there a designated inclusive health leader within your organization? What responsibilities are included in their portfolio? T2
- 5.3 How does your organization promote inclusivity within the organization including training, policies and practices? Please also highlight any recognition your organization has received (e.g., Human Rights Campaign Corporate Equality Index). T2
- 5.4 Does your organization have a systematic way to evaluate implementation of clinical guidelines and evidence-based decision making in diverse populations (including real world evidence where applicable) to determine the extent to which (a) evidence-based practices are being implemented across diverse populations, and (b) to determine the extent to which implementation of these practices are contributing to favorable outcomes or unexpectedly not producing desired outcomes? T2



Community Impact and Social Investment

Assessment of a vendor's capability and commitment to investing in communities and/or policy to advance inclusive health and reduce disparities.

- 6.1 To what extent does your organization develop and engage in community and multi-disciplinary partnerships to improve population health? Please describe relevant examples. T2
- 6.2 Does your organization use its financing power internally or externally to support inclusive health or social drivers of health initiatives? Please describe. T2
- 6.3 Is your organization able to estimate the return on investment (ROI) and/or value on investment (VOI) to social drivers of health and inclusive health work? Please describe. T2
- 6.4 Has your organization earned external accreditation or recognition for excellence in inclusive health or health equity? T2



Acknowledgments

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