

## **QUESTIONS AND ANSWER FOR POPULATION HEALTH CONSULTANT**

1. The timeline stated is extremely aggressive. The award date is February 11 without contracting yet deliverables are due in March and April. What is driving those dates and what flexibility is there?

**KHS has a full project portfolio for 2021 and until the finalists are selected, timelines potentially could be extended.**

2. Does workflow documentation exist for the Health Services department?

**Yes-for all departments-Utilization Management (UM), Case Management (CM), Disease Management (DM), Health Education (HE), Health Homes Program (HHP), Pharmacy, and Quality Improvement (QI).**

3. What is meant in A.d. Technology? Is it a detailed review of the existing solution? Or how the solution is currently being used?

**Review of existing technology for member risk stratification and program enrollment. This includes a portfolio review of outreach and engagement programs in place.**

4. B. appears to be a complete network review vis-à-vis PHM requirements. This is a major initiative in its own right and is based on what comes out of the other parts of this assessment. Can this be done once the other components are complete?

**Intention of the network review is to identify gaps particularly surrounding Social Determinants of Health (SDoH) and covered versus non-covered MCAL benefits.**

**Depending on initial gap analysis performed, components potentially could be deferred although remain part of the consultant final review.**

5. Are there existing reports to be used to determine population severity and complexity? Performance metrics for the departments? Other reports indicative of the current performance and environment? Or will we have access to report developers to obtain information from the various datasets?

**Currently, KHS utilizes a predictive modeling tool for risk stratification to define acuity score. Complexity and severity levels are determined by each member's enrollment into specific programs after an assessment is completed.**

6. In E. Technology Support, the word "establish" is used. Does that mean you want the vendor to develop a tool to interrogate the various defined data sets and come up with a report of its findings? Or recommend a tool? Or something else?

**KHS uses defined data sets and logic in our current tool. The request would be to review current data sets and logic application and determine if tool is sufficient for Pop Health Management and if modifications are necessary.**

7. How does the Population Health Strategy align to the overall KHS business strategy?

**KHS believes it has the underlying infrastructure of a Pop Health Management program. The request is for the consultant to review and validate current strategies and processes in place and recommend or identify the elements necessary to ensure compliance with an industry standard Pop Health Management Program.**

8. It appears in the RFP that all work should be completed by April 2021. Assuming the start of the project is around mid-February after the award is given, we want to confirm you are looking to complete this work in 10-12 weeks? Are there business imperatives that are driving this timeline?

**10-12 week engagement is preferred. KHS has a full project portfolio for 2021 and until the finalists are selected, timelines potentially could to be extended.**

9. Is there already a technology and/or digital roadmap in place? What are your current platforms and reporting capabilities? E.g., do existing platforms have the ability to adapt to predictive analytics, longitudinal plans of care, personalized assessments, etc.?

**KHS currently uses a predictive analytics tool, John Hopkins ACG modeling tool. Our core claims system is QNXT by Cognizant and our Medical Management system is JIVA by ZeOmega, which contains our longitudinal plans of care and assessments.**

**Our Business Intelligence team uses Power BI and other tools for reporting and analytics.**

10. What disease-specific education and Case Management programs exist today?

**Diabetes, Pre-diabetes, Hypertension, Asthma, COPD/CHF, pregnancy, smoking cessation, nutrition, and weight management.**

11. Are there any approaches to social needs that are off-limits, or are essentially restricted only by funding and/or budget? For example, if we see a need could we pursue alternative approaches to food and housing insecurity such as creating a plan-funded food pantry/meal delivery system or housing system? Are you open to pursuing grant or other alternative forms of funding for similar types of solutions?

**No social needs approach to services are off limits, however, based on the funding requirements, the final program selections will need to be reviewed for overall influence to yield the optimum achievable health status for each member's health. In lieu of services and enhanced case management are two areas of a Pop Health Management program that heavily support this area, although at the present time, many of these services are not funded by the State.**

12. Does the scope of the RFP include the entire population covered by Kern?

**Yes, except for the delegated Kaiser membership ~11K.**

13. Are there any “dual eligible” included within the Medical population covered by Kern?  
a. If yes, Are there specific requirements for duals?

**Coordination of care with OHC and Medicare (MC) exists in our population although we have only one LOB-MCAL**

14. Does Kern Health Systems expect any support with accreditation of programs (NCQA / Others) as part of this exercise? **No**  
a. If so, what is the nature of support expected?  
b. The RFP states that the design should be compliant with NCQA standards and NOT used to culminate the plan's formal accreditation – can you clarify this statement?

**KHS is not looking to become accredited with NCQA at this time. Development and implementation of the Pop Health Management program should be completed as close to NCQA standards as possible to allow KHS to be NCQA compliant if accreditation is sought in the future.**

15. For the population analysis (care Gradient), will Kern be sharing membership and claims data with the vendor for the analysis?

**KHS currently uses a Care Gradient analysis format to stratify our population. Data sharing would be reliant on a signed BAA once finalist is selected.**

16. For member engagement, would the vendor be expected to develop any educational content, either by themselves or in collaboration with the Kern staff? **No**

17. Can you share additional details on the requirements for the technology support requirements?
- a. Is the expectation to conduct an assessment and provide recommendations for the IT components listed to support the program? **Yes**
18. Are there any restrictions from Kern on sub-contracting for some of the components called out in the RFP?

**Consultant should be sole source for RFP components. If sub-contracting is identified once the finalist is selected, KHS could consider at that time.**