| Prior Auth API Solution RFP Questions	Answers
Due to the inherent limitations of the PDF format, we would like to inquire whether respondents are permitted to submit responses in an alternative format (Word or Excel)? Especially in those cases where answers may exceed the space provided within the PDF tables or layout	Yes, respondents are permtted to submit responses in an alternative format, such as Word or Excel.
Given that KHS is expanding the scope from Medi-Cal to also include Medicare, can you confirm that the proposed Prior Authorization API solution will be applied to both lines of business?	Not at this time. However, may be expanded in the future.
Please confirm whether QNXT maintains membership data for both Medi-Cal and Medicare lines of business? If other systems are in scope, please describe.	Yes, QNXT maintains membership data for both Med-Cal and Medicare.
Do you have business rules in place to determine eligibility and authorization?	Yes, rules are stored and owned within the QNXT system.
Are you able to consume 270 transactions and generate 271 responses for eligibility verification?	Yes.
How will you perform member coverage check?	Preference would be via API to the QNXT system.
Does the QNXT system contain the benefits information necessary to construct the CRD response? If the QNXT system does not contain the benefits information, please provide the name of the system that does.	QNXT determines if a benefit requires authorization. Jiva, through integratoin with MCG, would be the source of coverage requirements/medical necessity criteria.
Alternatively, does Kern Health expect the successful bidder to maintain and routinely update benefit information, including coverage details, on a scheduled basis— through a daily change file?	No, successful bidder must be able to integrate with existing systems in real time using API.
Does Kern Health anticipate Prior Authorization Requests being submitted through non-FHIR formats, such as X12 278, or through portal submissions utilizing proprietary formats like XML or JSON?	Primarily through portal submissions. However, KHS would like to be able to accept authorization requests via FHIR and x12.
Does Kern Health utilize services of vendors like MCG or InterQuals for medical guidelines/clinical criteria/medical necessity? If yes, please share the vendor name(s).	KHS utilizes MCG.
Can integration with vendors such as MCG or InterQual for DTR Questionnaire(s) be done using FHIR standards?	No. Proprietary coverage requirements cannot be accessed by third-party systems via FHIR standards.
Will you integrate directly into your Medical Necessity Policy system?	Yes, direct integration is the intended approach.
Do you plan to convert the custom medical policies in Clinical Quality Language (CQL) to be used alongside the Smart on FHIR Document Template and Rules (DTR) application?	Yes.
Could you provide the monthly volume of Prior Authorization requests received by Kern Health? Please specify the distribution of these requests by submission channels, such as Portal, X12 278, fax, and any others utilized.	Portal submission: 35,000 per month. Fax submission: 900 per month.
Does Kern Health intend to convert existing medical policies to the FHIR conformance format? If so, please provide the number of policies to be transformed?	KHS does not intend to convert existing medical policies to a FHIR conformance format. KHS utilizes a combination of Medi-Cal FFS coverage criteria and MCG guidelines, estimated around 200+.

Does Kern Health expect the successful vendor to deliver a solution for Payer-to-Payer API integration, including mechanisms to capture member consent for opt-in requirements? This is a requirement for the CMS-0057-F regulation.	No, Payer-to-Payer API integration is being handled via a separate effort. This RFP is solely for the Prior Authorization Support rule provisions.
In addition to meeting the requirements of the 57-F mandate, does Kern Health also require compliance with California's Data Exchange Framework (DxF) for sharing health information with Health Information Exchanges (HIEs) and other entities?	No, KHS currently has an existing HIE solution in place.
Is Kern Health seeking a consent management solution capable of dynamically excluding sensitive information, such as substance abuse and genetic testing data, from datasets at runtime?	Yes.
Do you have well documented Prior Auth processes? If yes, please share the steps.	Please see page 5 of this Q&A.
Do your current Prior Authorization system(s) provide "clear, specific and actionable" information for any rejection in your denial responses?	Yes.
Can you supply the list of prior authorization denial codes used along with descriptions?	Please see page 7 of this Q&A.
Do you have an existing process in place to allow a member to opt-out of participation for Provider Access API?	No, KHS does not have an existing process at this time.
Is your enrollment process currently or planning to include outreach to new members where you ask if they wish to opt-out of their Service Providers having access to their records?	No.
Do you currently have plans to modify your Member Portal to provide members with the ability to opt-out of sharing with Providers?	No.
Can you briefly explain if and how medical records or artifacts are attached to a Prior Authorization claims?	Today they are attached to the prior authorization request via PDF format.
Can you confirm if the new Prior Auth vendor will be leveraging QNXT FHIR APIs or would it be through a custom integration.	QNXT provides APIs; however, they are not FHIR-based. Integration for the Prior Authorization solution will occur through available QNXT APIs or through existing integration layers, rather than through FHIR APIs. The API connection may not be directly with QNXT, depending on the system architecture.
Are there any additional delegated vendors that Kern Health uses for specific prior authorization requests that should be considered in scope? For example, according to your website, Kern utilizes UHC MSO for its Medicare line of business.	No.
Does Kern Health plan to have the new vendor generate the CMS compliance reports?	The vendor solution must be capable of having these reports generated from the data. KHS does not expect the vendor to generate reports on our behalf.
Which EMR systems or provider systems Kern Health plans to leverage for generating PA requests?	We do not own or work directly with any EMRs. Our network uses the industry leading EMR options on the market.
Are you planning to use 'X12 275 - Patient Additional Information' transaction for additional documentation submission to support Prior Authorization claim?	KHS is open to using the X12 275 transaction if supported by the selected solution.

Which specialties and service lines are the initial priority for this implementation, and what is the expected breadth of procedures/codes (e.g., CPT/HCPCS) that should be inscope for PA determination and submission at go-live?	Medi-Cal is the line of business. There are no specified priorities for implementation. KHS would look to a vendor to help guide thorugh that decision making.
Can you describe your current end-to-end prior authorization workflow (intake channels, teams/roles, systems touched, SLAs, and handoffs), including how requests are submitted today and how decisions/updates are communicated back to providers?	Attached to page 5 of this Q&A.
Please clarify whether the expected scope includes providing a provider portal and managing benefits or authorization policy configuration, in addition to the Prior Authorization APIs.	Provider portal is not in scope, as we have an existing solution for providers to submit and check status of authorizations. If the selected vendor is unable to integrate (with an accetaptable agreement in place) with MCG for guildeines, then medical policies must be configured to work with CRD operations.
For QNXT and Jiva, what specific integration outcomes do you need (e.g., eligibility + PA requirement determination in QNXT, auth creation/updates and workflow/tasking in Jiva), and do you have preferred integration patterns (API, file-based, interface engine) and environments available for testing?	API/Real Time integration is our desire. Environments are available for testing, including a TEST and UAT environment. Eligibility + PA requirement determination in QNXT, auth creation/updates and workflow/tasking in Jiva
What utilization management (UM) systems and workflows are used today (including any delegated UM), and what level of integration is required with the new solution (e.g., create/update authorizations, routing to clinical review, notifications, and status sync)?	ZeOmega Jiva is our UM system. We use AllMed for processing certain Behavioral Health authorizations.This is done inside the Jiva System.

The solution should be able to route new requests to Jiva, and then access decisioning within Jiva. If selected solution helps with decision support, then the decisions will need to be loaded into Jiva. Routing and workflow will be controlled by the Jiva system. |
Can your solution customize coverage requirements based on patient/provider details? Can we ask Kern for an example?	Yes, if provider and member are present, there are APIs available through the QNXT system to return coverage and PA requirements.
Do you have a preferred deployment/hosting model (KHShosted vs. vendor-hosted), and if vendor-hosted, are there preferred cloud providers, data residency requirements, and security standards we should align to (e.g., SSO/MFA, encryption/key management)?	KHS prefers on premise.
What is your target sequence for enabling CRD, DTR, and PAS (all at once vs. phased), and which provider/EHR workflows are highest priority for the first release?	All at once. We do not have target provider/EHR workflows targetted. However, KHS must be compliant with CMS regulations and hope to include decision support and automation with our current workflow, where authorizations are submitted via the Provider Portal and integrated directly into the Jiva application.
The questions in this section reference the Patient Access, Provider Access, and Provider Directory APIs, which are separate from the Prior Authorization API, named as the scope of the RFP. Would you like information and pricing about our solution that supports these APIs as well?	No, KHS does do not need solution support for the Patient Access, Provider Access or Provider Directory APIs.
Bullet C. refers to fees for a provider portal and consent management solution, however neither of these is mentioned in the main RFP, are you also looking for a provider portal and member consent management solutions? If so, can you provide more detail regarding the requirements?	No, KHS has solutions in place. KHS would expect integration with those solutions for member consent.

D: Clinical Guidelines: Does Kern have any delegated vendors making final decisions on Authorizations? If so, please list.	Yes, KHS utilizes AllMed for processing certain Behavioral Health authorizations.
Please share your annual authorization volume to include authorizations that are handled by delegates, in house, and all submission types.	Portal submission: 35,000 per month. Fax submission: 900 per month. Delgate handles 300, remainder are handled internally.
Can you accept zip files via email for proposal submission?	Yes, KHS will accept zip files via email for proposal submission.

UM OP Episode Review Path
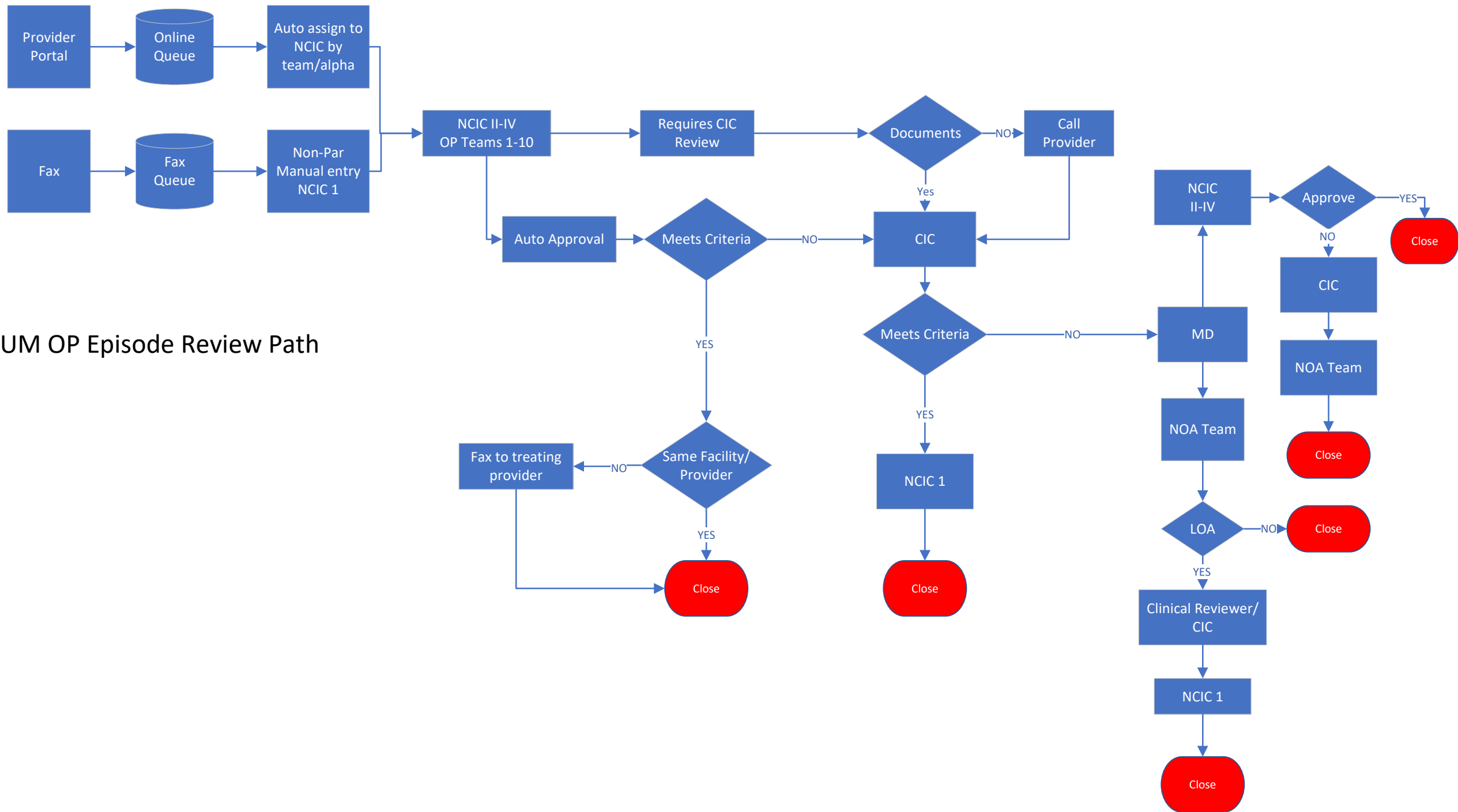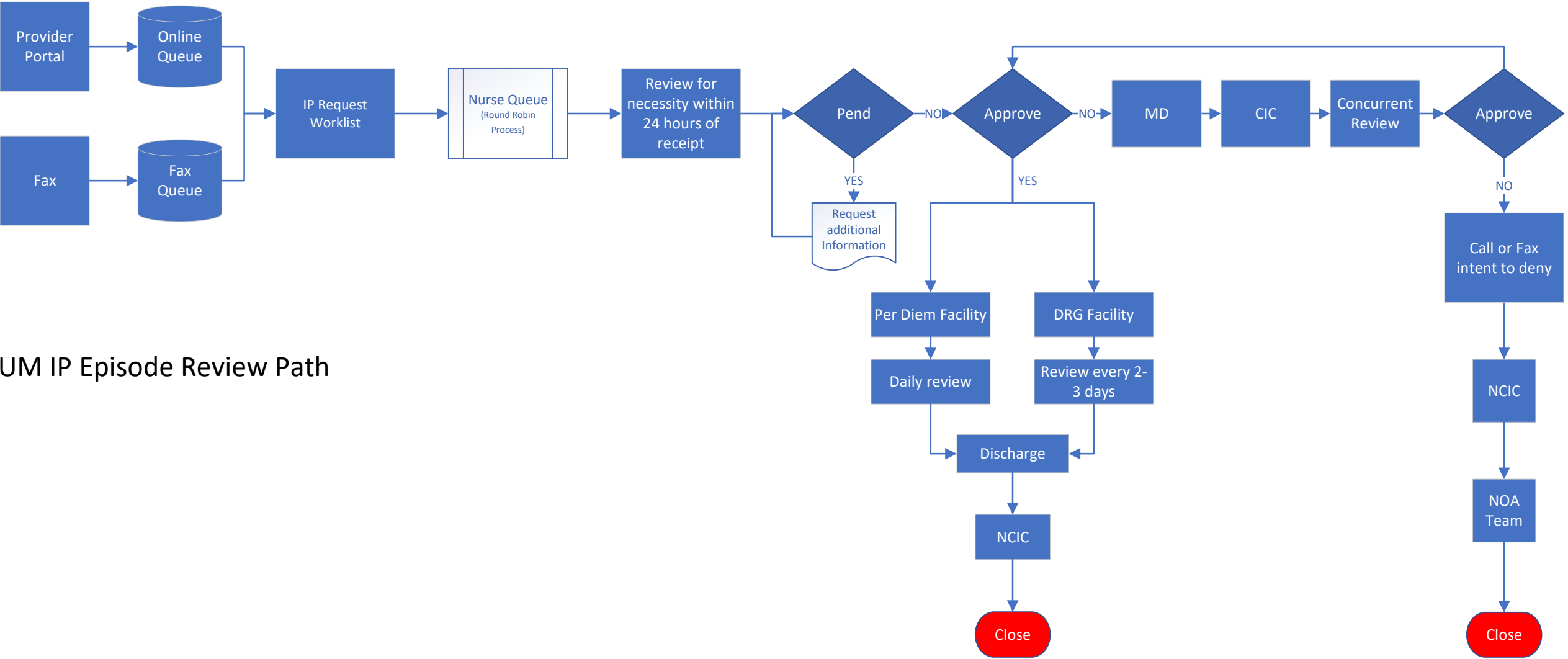
UM IP Episode Review Path

decision_rsn_cd	decision_cd	description
COC	OPDEN	Denied - CCS Open Case
DCOCMbrProv	OPDEN	Denied - Continuity of Care - No Relationship between member and provider
DCOCOther	OPDEN	Denied - Continuity of Care - Other
DCOCProvMCPNtwk	OPDEN	Denied - Continuity of Care - Provider is in MCP Network
DCOCProvNotStAPP	OPDEN	Denied - Continuity of Care - Provider not state approved
DCOCProvPlanNoRate	OPDEN	Denied - Continuity of Care - Provider and plan did not agree to a rate
DCOCProvRefuseMCO	OPDEN	Denied - Continuity of Care - Provider refused to work with managed care plan
DCOCQualofCare	OPDEN	Denied - Continuity of Care - Quality of care issues
DEN	OPDEN	Denied - Denti-Cal Services
DENMOD	IPDEN	Denied - Modified
DON	OPDEN	Denied - Out of Network
DUP	OPDEN	Denied - Duplication of Services
EIS	OPDEN	Denied - Experimental / Investigational Services
IPCOC	IPDEN	Denied - CCS Open Case
IPDENADMIN	IPDEN	Denied - Administrative Day
IPDENCCSEC	IPDEN	Denied - CCS Eligible Condition
IPDIS	IPDEN	Denied - Delay in Service
IPDMR	IPDEN	Denied - Deny Medical Records
IPKMH	IPDEN	Denied - Kern County Mental Health
IPNCB	IPDEN	Denied - Not a Covered Benefit
IPNMN	IPDEN	Denied - Not Medically Necessary
KMH	OPDEN	Denied - Kern County Mental Health
KRC	OPDEN	Denied - Kern Regional Center Services
NCB	OPDEN	Denied - Not a Covered Benefit
NMD	OPDEN	Denied - Previously Delayed - Not Medically Necessary
NMN	OPDEN	Denied - Not Medically Necessary
OPDENAU	OPDEN	Denied - Appeal Upheld
OPDENECM	OPDEN	Denied - ECM Program
OPDENILOS	OPDEN	Denied - Comm Supports Service
OPDENMOD	OPDEN	Denied - Modified
OPDNCVOT	OPDEN	Denied - Carve Out
OPDNVSP	OPDEN	Denied - Vision Service Plan VSP
PHD	OPDEN	Denied - Pharmacy Denial
SAS	OPDEN	Denied - Search and Serve
SDD	OPDEN	Denied - Second Opinion Denied
TDN	OPDEN	Denied - Retro Denial