

QUESTIONS AND ANSWERS FOR COMMUNITY BASED ORGANIZATION SYSTEM

1. Has KHS considered extending the due date of bid submissions?

A: In order to meet our internal review timeline and approval at KHS Board meeting, the due date cannot be extended.

2. What is the approximate budget for this project?

A: KHS will evaluate each vendors pricing based on system and not necessarily confined but a budget amount. This is an unbudgeted expense.

3. Since the services in this network will be all ILOS (as part of CalAIM), will the technology funding for this project be considered under KHS administrative loss ratio, or their medical loss ratio?

A: Administrative

4. How many provider groups will be using the platform? Does KHS have a centralized provider portal that provider groups will use to access the platform, or does KHS anticipate that each of these provider groups will require an integration into their EHR system? If so, what are the expected EHRs that will need to be integrated?

A: The provider groups have not been identified but we anticipate approximately 50-100 provider groups. This may expand in future years. KHS currently has a centralized provider portal that is utilized for eligibility and authorization requests. The expectation is to provide a single sign on that the identified ECM providers will be able to access the ILOS platform from our centralized provider portal and integrate into our medical management system. We would leverage standard data files and exchange from EMRs as necessary if direct integration is not supported.

5. In the timeline, KHS has indicated that the demo would be scheduled for 3/22-3/23. This is before the proposal is due (4/2).

a. How should vendors present the demo, knowing their responses won't be completed for over a week?

A: KHS will publish responses on March 15, 2021. DEMOs will be scheduled for March 22-23.

b. Can KHS provide details on the demo format and anticipated format?

A: Interactive 1.5 hrs. DEMOs

c. When should vendors expect to hear from KHS regarding the demo scheduling?

A: Wednesday, March 17th, 2021

6. In reference to Attachment A, D. Payment/Claims Processing, part C - What are the specific data elements (including the format) needed by KHS to convert the invoice information?

A: Ideally, we would need a standard ANSI X12 837 file output. If not able to provide, we would work with vendor to develop core elements needed to generate a standard ANSI X12 837. Please specify in your RFP response the approach

your system will provide.

7. Can KHS provide a scoring rubric for this RFP?

A:

- a. Company, Background, Financial Stability, and General Experience**
- b. Technology and Alignment with KHS Infrastructure**
- c. Solution, Ability to perform the services of RFP**
- d. References and Experience**
- e. Solution Price, Implementation and ongoing maintenance (We perform 1, 3, 5 years cost analysis)**

8. As most companies are still having employees work remotely, can vendors have an exception to submitting a paper submission (only submitting electronically)?

A: Yes

9. In section A (Instructions and Conditions), it says the respondents should complete each attachment according to the instruction in the attachment. However, in Attachment A, there are no specific instructions for responding to that section. Can KHS please advise?

A: Instructions are under each attachment that requires a response.

10. In Attachment A, E. CBO System Requirements, part b Integration Requirements, KHS mentions "Integration Capabilities with API functions". Can KHS provide the list of systems with which they expect an API integration will be necessary?

A:

- a. KHS would like a list of APIs and/or micro services available for use with proposed solution.**
- b. KHS will likely integrate into our Provider Portal, Medical Management Solution, and custom workflow solutions (KHS Built) as necessary.**
- c. The goal is to avoid bulk data loads which can cause timing issues and would like to create a homogeneous system environment for our providers and end users.**

11. In Attachment A, E. CBO System Requirements, part b Integration Requirements, KHS mentions data exchange between KHS and the referral system exclusively. Does KHS expect that the vendor selected would also need to support and deploy integrations between community-based organizations and the CBO system, and the provider groups and the CBO system as well?

A:

- a. KHS would like a list of APIs and/or micro services available for use with proposed solution.**
- b. KHS will likely integrate into our Provider Portal, Medical Management Solution, and custom workflow solutions (KHS Built) as necessary.**
- c. The goal is to avoid bulk data loads which can cause timing issues and would like to create a homogeneous system environment for our providers and end users.**

- d. **KHS does expect for vendor to support any APIs/micro services provided as part of the solution.**
- e. **Separate professional services would be solicited as necessary for integration**
- f. **Please share any experience for integration standards, timelines, and resource estimates**

12. In Attachment A, E. CBO System Requirements, part b Integration Requirements, KHS mentions “Integration Capabilities with API functions”. Can KHS confirm whether they are open to an integration which utilizes the vendor’s API documentation, or if KHS has its own API they would expect a vendor to use?

A:

- a. **KHS would like a list of APIs and/or micro services available for use with proposed solution.**
- b. **KHS will likely integrate into our Provider Portal, Medical Management Solution, and custom workflow solutions (KHS Built) as necessary.**
- c. **The goal is to avoid bulk data loads which can cause timing issues and would like to create a homogeneous system environment for our providers and end users.**
- d. **KHS does expect for vendor to support any APIs/micro services provided as part of the solution.**
- e. **Separate professional services would be solicited as necessary for integration**
- f. **Please share any experience for integration standards, timelines, and resource estimates**

13. Can KHS confirm whether the users accessing the CBO system will work exclusively with KHS members, or will provider groups or community-based organizations use this tool to support other community members who are not KHS members?

A: The system procured by KHS will be exclusive to KHS members however the CBOs do provide services to other members.

14. From the system requirements provided in Section E, it appears that KHS is looking for a self-hosted solution. Is KHS open to a SaaS, cloud-based solution?

A: KHS is open to on-premise, SaaS, or cloud-based solutions. If your systems support more than one, please provide pricing and response for both.

15. In reference to Attachment A, E. CBO System Requirements, part d Data Requirements can KHS confirm whether those are requirements they expect the vendor to be able to access/fulfill within their own solution, or whether those are access requirements that KHS desires within the vendor’s solution?

A: KHS needs access to the underlying data of the CBO system in order to support integration with systems, operational reporting and analytics, transaction reconciliation, and other operational processes to support the organization using data.

16. What is your anticipated implementation timeline?

A: Q3 2021

17. When do you intend for the project to go live?
A: Q4 2021 for testing and Q1 2022 Go Live.
18. What is the intended budget for the project?
A: Can you provide us with any assumptions?
19. Is the expectation that KHS will be directly contracting with each CBO?
A: KHS will be contracting for ILOS and clinical services with providers directly. CBO system registration can be handled by the vendor.
20. Is KHS taking the lead in identifying all CBOs or is this the task of the Vendor?
A: KHS can take the lead on identifying the CBOs however if the vendor has an already established community services network, we can leverage this resource.
21. Are the CBOs intended only to serve members of the managed care plan or do they work with the broader population?
A: THE CBO SYSTEM WILL BE USED EXCLUSIVELY FOR KHS MEMBERS however, the CBOs likely works to service the broader population.
22. How many actual users do you anticipate in each year of the contract?
A: It is estimated that 1-3 users per entity will enroll, therefore we are anticipating 50-300 users over the next several years. This also depends on how many ILOS KHS decides to provide as a benefit as well as the CBOs available to provide this service in Kern County. The system should be flexible enough to accommodate easy additions of ILOS and user groups.
23. What is the contract term?
A: 3 Years
24. What systems would be integrated?
A: Please see Question 10.
25. Will the Kern Health System users be using the EMR version of the application?
A: KHS does not manage an EMR. We leverage a medical management system (JIVA) however we work with many providers to leverage EMR data.
26. Can you provide more clarity on the invoicing requirements?
A: Monthly Net 30
27. What kind of reporting is required?
a. Are the specific data points that are critical to the project's success? If so, what are they?

A:

- 1. Claims data as outlined in the CAIAim ILOS document; screening tools and results; utilization, referral tracking and outcomes, consent forms, and user profiles.**
- 2. KHS needs access to the underlying data of the CBO system in order to support integration with systems, operational reporting and analytics, transaction reconciliation, and other operational processes to support the organization using data.**

b. Which user profiles will be consuming reports? (e.g. KHS internal stakeholders, CBO staff, etc.)

A:

- 1. KHS needs role-based security to assign access to data as necessary**
- 2. (e.g. KHS internal stakeholders, CBO staff, etc.) KHS internal stakeholders, CBOs and Enhanced Care Management providers (Clinics).**

28. What kind of individual/family data linkage is required?

A:

- a. KHS leverages a case ID to link families**
- b. Each member has a unique ID**

29. Will fee schedules vary by contracted provider or will there be a standard county-wide fee schedule for all eligible services?

A: Fee schedules will vary depending on the ILOS service provided.