

Questions and Answers for Healthcare Payment Services

1. Can you please clarify what is meant by or rephrase Question 7.4 Describe your approach to integration for existing developments as it relates to receiving data from the client and providing the data back to the client.

Describe the approach that data files, file development, and other file information would be shared by Kern Health Systems and what information would be provided back?

KHS will submit a standard 835 file generated by the claims core system QNXT, in addition to supplemental files as necessary with remit messages, provider ID, etc.

KHS will require data including processing errors, payment file success, and other operational metrics/reports such as call volume, paper vs ACH payments, and others.

2. Total number of annual payments?
Approximately 46,000 payments were processed for 2020.

3. Total annual payment dollar volume?

Approximately \$850,000,000 of medical payments were processed in 2020.

4. Total # of claims per payment?

The number of claims per payment varies based on the provider type and member utilization.

5. Is EOB in project scope?

Yes, the ability to provide and distribute an EOB/or EOP to providers is included in the project scope.

6. Can you please clarify what is meant by “Ability to create gift cards” for item 2.1?

KHS reimburses members who elect to receive their mileage reimbursement via a gift card that contains those funds.

7. Can you please clarify what is meant by “Can you create thresholds for payments?” for item 2.4?

We are asking if limits can be placed on dollar amounts in which if a payment amount exceeds a given threshold another approver is necessary, a warning can be provided, or another type of additional control or security measure can be put in place to help monitor payment activity.

8. Can you please clarify what is meant by “Ability to uniquely identify providers for reoccurring payments” for item 2.5?

We are asking if providers in which we make frequent payments to, or other providers as identified by the plan, can be flagged or tracked to monitor payment activity or search payment activity.

9. What results / improvements does Kern have as its goals regarding its healthcare payments over the next 12 to 36 months versus its current state?

Continue to enroll providers into the ACH system.

10. How long has Kern worked with its incumbent supplier of healthcare payments solutions for which this RFP is being issued?

5 years.

11. The RFP states proposals are due February 26th and award to be announced April 15th. The timeline does not list any dates for supplier presentations or demonstrations. Does Kern expect to use supplier presentations or demonstrations in this RFP process?

Not for this RFP.

12. What is the average aggregate dollar volume of the 3,800 payments made each month?

Medical payments of approximately \$70,800,000 are processed each month.

13. What percent of those payments by dollar volume and payment count are delivered via EFT each month?

Payments made via ACH account for approximately 59% of total dollar volume of payments or \$41,900,000 each month. Payments made by ACH account for 63% of total payment count or 2,400 each month.

14. What percent of those payments by dollar volume and payment count are delivered via check each month?

Payments made via check account for approximately 41% of total dollar volume of payments or \$28,900,000 each month. Payments made by ACH account for 37% of total payment count or 1,400 each month.

15. Beyond EFT and check payments are any other payment types delivered to providers each month? If so, please list the payment type by dollar volume and payment count?

There are no other payment types delivered to providers initiated by the plan each month, however through our current healthcare payment service provider.

16. To identify “day one” electronic payment adoption, will Kern please provide a data file of the past 12 months of provider payments? This payment file would need to include the following: (1) Provider TIN (2) Provider Name (3) Provider Address – address line 1, address line 2, city, zip code (4) Aggregate Payment Dollar Volume by Provider (5) Aggregate Payment Count by Provider.

Yes, Kern can provide payment history to identify payments made to providers within a certain time frame.

17. How many gifts cards were created in calendar year 2020?

0, Please note that this could be the result of members not traveling due to COVID.

18. What aggregate dollar volume was placed on gift cards?

0, Please note that this could be the result of members not traveling due to COVID.

19. Who are the gifts cards issued to?

Members who elected to be reimbursed via a gift card.

20. For what purpose are gift cards issued/used?

Mileage reimbursement.

21. Is Kern issuing gift cards due to external or regulatory requirements?

No.

22. Will Kern please explain the problem/need it is trying to solve by requesting the ability to uniquely identify providers for reoccurring payments?

23. Average \$ amount of 3800 monthly processing.

See response to #12 above.

24. % of ACH/Credit or Debit Card.

For 2020 approximately 63% of payments to providers were made via ACH based on volume not dollar amount.

25. Different cards accepted.

Yes.

26. Would you like e-Presentation pricing?

No.

27. Would you like Medical Billing Statement Pricing? If so, what is your current monthly volume.

No.

28. Could we get a sample invoice or billing statement?

No. This is confidential.

29. How long would you need e-Presentation archived?

N/A

30. Due to the unprecedented circumstances of COVID-19 and our company's policy to self-contain, we are asking clients to accept electronic submissions in lieu of hard copies. Please confirm that we can submit our proposal electronically (in email) only?

Yes.

31. Can you please help us understand whom the recipient of the gift card is and the use case? Is there an average value to the gift cards distributed?

KHS members, average is less than \$10 dollars.

32. Please define manual check entry system versus automated payment system.

Manual check entry process allows KHS to initiate payments to providers without a claim file associated, therefore no EOP/EOB is produced. In our current system these payments are referred to as Capitated payments. The automated payment system initiates payments from a data file shared which is supported by claims data which is used to produce the EOP/EOB.

33. Can KHS provide a Payment File that would include associated TINs, Total number of Payments and Total Payment Spend from October to December 2020 so a payment analysis can be run to identify existing penetration?

Yes, KHS can provide a file with above information.

34. What are the total number of monthly payments and their payment allocation types (Check, ACH, Virtual Card)?

See responses to #13 and #14 above.