



KERN HEALTH SYSTEMS

2900 Buck Owens Blvd

Bakersfield, CA 93308

# **Request for Information**

Provider and Member Portal

March 21, 2024

## **Overview:**

KHS is a public agency formed under Section 14087.38 of the California Welfare and Institutions Code. KHS began full operations on September 1, 1996. KHS serves about 410,000 Medi-Cal participants in Kern County. Medi-Cal is a jointly funded, Federal-State health insurance program for certain low-income people.

As a public agency, KHS must maintain an open research and bidding process for new initiatives and approve ensuing decisions after extensive internal discussion with Staff and the Board of Directors. KHS is offering a public Request for Information to prospective vendors who can closely match the specifications itemized below. KHS is not prepared to enter into, and will not entertain at this time, an express or implied agency relationship with any particular vendor. KHS will internally analyze all proposals and may request additional information with the clear understanding that such questions or follow-up does not constitute an express or implied agency relationship. No vendor is required to participate and may elect to decline the RFI at any time.

## **Disposition of Proposals and Proprietary Data**

All materials submitted in response to this RFI become the property of Kern Health Systems. Any and all proposals received by the KHS shall be subject to public disclosure and inspection, except to the extent the proposer designates trade secrets or other proprietary data to be confidential.

Material designated as proprietary or confidential shall accompany the proposal and each page shall be clearly marked and readily separable from the proposal in order to facilitate public inspection of the non-confidential portion of the proposal. Prices, makes and models or catalog numbers of the items offered, deliverables, and terms of payment shall be publicly available regardless of any designation to the contrary. KHS will endeavor to restrict distribution of material designated as confidential or proprietary to only those individuals involved in the review and analysis of the proposals.

Proposers are cautioned that materials designated as confidential may nevertheless be subject to disclosure. **Proposers are advised that KHS does not wish to receive confidential or proprietary information and that proposers are not to supply such information except when it is absolutely necessary.**

If any information or materials in any proposal submitted is labeled confidential or proprietary, the proposal shall include the following clause:

**(legal name of proposer) shall indemnify, defend and hold harmless Kern Health Systems, its officers, agents and employees from and against any request, action or proceeding of any nature and any damages or liability of any nature, specifically including attorneys' fees awarded under the California Public Records Act (Government Code §6250 et seq.) arising out of, concerning or in any way involving any materials or information in this proposal that (legal name of proposer) has labeled as confidential, proprietary or otherwise not subject to disclosure as a public record.**

All responses to be returned to Kern Health System no later than [April 22, 2024](#).

Responses may be submitted in electronic format. Please route to:

Electronic Submission to:

[rfp@khs-net.com](mailto:rfp@khs-net.com)

Inquiries for clarification can be requested through Andrea Hylton, Director of Procurement and Facilities at 661-664-5541, [andrea.hylton@khs-net.com](mailto:andrea.hylton@khs-net.com).

**Timeline**

March 21, 2024	RFI Release
March 29, 2024	Bidders questions are due
April 5, 2024	Answers to bidders questions
April 22, 2024	Proposals Due
April 29 - May 10, 2024	Demos

## **Scope of Work:**

### Background

KHS is currently requesting vendors to participate in the RFI for a new member and provider portal for our company. KHS is currently under contract with Zapari for its provider and member portal. This portal is due to sunset in 2025, as a result, KHS is currently in the process of enhancing its digital infrastructure to better serve our members and providers. As part of this initiative, we are exploring the market for a comprehensive web portal solution that caters to both our members and medical providers.

The adoption of a robust web portal is crucial for us to meet the evolving needs of our members and providers. We aim to improve access to healthcare information, facilitate seamless communication between members and providers, and streamline administrative processes.

We are interested in a portal that offers user-friendly access to health records, appointment scheduling, secure messaging, billing, and support for telehealth services. Additionally, it should be scalable and compliant with healthcare regulations, and can integrate with KHS' core systems QNXT and JIVA. We request detailed information about your web portal solutions, including features, implementation timeline, technical requirements, and pricing. We are eager to explore how your proposal can align with our objectives and contribute to our mission of delivering exemplary healthcare services.

### **Features available for our members on the current portal are:**

- Self Help Tools: Request ID Card, PCP Change, Demographic Change, Allow access to account, and request information. The ability for the member to update their own demographic information with no manual updates required by KHS staff unless there is an error.
- Splash screen: The ability to allow alerts, that KHS wants the member to see when they first log in (customizable). The ability for the message to be different based on member eligibility.
- View Key Information: View Healthcare Reminders-Gaps in Care, view referrals, take screenshot of Member ID Card.
- Locate Providers: PCP & Specialty Provider Search, Locate Plan Urgent Care or Hospital, Google Directions to provider locations.
- View Benefits: View/Download Member Handbook & Provider Directory
- Member Assist: KHS MSRs can assist portal users-see what they see, and we can help perform the on-line function for them.
- Quick Links: Several automatic links for transportation services, interpreting services and filing a complaint/grievance.

Quick links currently on our member portal:

<b>External Links</b>	<b>The ability to include website links</b>
Pregnancy	The ability for the member to download forms and the EXR where it can be uploaded
My KFHC	The ability for the member to see an image of their ID card and the ability to order their physical copy or download a cop of the image
Change My PCP	The ability for the member to navigate to the provider directory where they can then select the PCP, then select the Provider EXR (real time update)
Urgent vs Emergency	The ability for the member to see the explanation of the difference between Urgent Care and Emergency Care (static information page)
Speak to 24	The ability for the member to see the static page that provides the information of how to reach a nurse 24hrs a day (2.0 - include chat feature for 24hr nurses)
BH Info	Informational Page
Interpreting Services	Informational Page (2.0 - EXR to go to linguistics team)
How to Complete a Survey	The ability for the member to see a description of the surveys that are currently available. They can click the links on the page that will take them to the JIVA member portal (SSO)
Give us your feedback	The ability for the member to fill out EXR survey within the portal to provide member experience information/feedback
Referral History	The ability for the member to see referral authorization requests that have been approved and/or denied *
Coverage and Benefits	The ability for the member to see their current demographic information: Home and mailing address, home and cell numbers, if they are enrolled in robo calls and text. DOB, current enrollment status and past enrollment history, email address. Vision, dental and medical effective dates and benefit details. And their currently assigned PCP.*
Health care reminders	The ability for Members to see their gaps in care and if their Medi-Cal Renewal is due*
Surveys *(on the menu ribbon)	The ability for the members to log in to complete any surveys that are published in JIVA Member Portal by KHS staff. (This is an SSO to the JIVA Member Portal)

<p>All Current ExRs (An Express Request Form - self-service tools/forms for our members)</p>	<p>ID card requests (and image they can download as a PDF to their phone or print to use temporarily)  Change my PCP  Member consent  Member demographic change  Member feedback  Member health education services registration  Medical emergency claim form  Newborn packet request  Prenatal reward form  Report a newborn (Add My Baby)  Sign-up for Health Ed  Allow/Deny Access to My Account  I Need a Ride</p>
<p>Message center</p>	<p>The ability for the member can validate that their ExR was submitted in their sent box and see whether it was completed in their Inbox. Replies are standardized based on the results of the staff member's procedure (approve, denied and why, etc.)</p>
<p>Helpful Information</p>	<p>The ability for the member to see a list of helpful information.  Member Handbook (URL to Corporate Website)  Provider Directory (Healthx/Zipari maintained provider search - not external URL)  Change My PCP (MP ExR function)  Download/Mail my KFHC ID Card (MP ExR function)  KFHC Grievance Forms (English/Spanish) (URL to Corporate Website)  Member Newsletter (URL to Corporate Website)  Member Transportation Benefits (URL to Corporate Website)  Demographic Changes (MP ExR function)  Health Education Classes (MP ExR function)  Newborn Packet (MP ExR function)  Reimbursement Request (MP ExR function (emergency claims request form)  Survey (MP ExR survey function)  Report a Newborn (MP ExR function)  KFHC Notice of Non Discrimination (URL to Corporate Website)</p>

FAQ	Informational Dropdowns (duplication of quick links) - How do I change my Primary Care Provider? - How do I contact the 24 hour Advice Nurse? - How can I get my KFHC ID Card mailed to me? - How can I download my KFHC ID Card? - How do I request a ride to my doctor's appointment? - When should I go to the Urgent Care vs. the Emergency Room? - How do I enroll my newborn with Kern Family Health Care? - How do I get Translation Services?
Social media links	The ability to include Social Media icons that KHS/KFHC has accounts with are displayed toward the bottom of the page and when clicked on can link to our social media page (public facing)
Required Privacy Policy, KFHC NDD, and Code of Conduct	URLs to Corporate Website

**Features available for our providers on the current portal are:**

- Check Member Eligibility.
- View Members Gaps in Care (including COVID-19 Vaccination Status) for MCAS/HEDIS Compliance.
- Check Claim receipt and payment status.
- On-Line vs. Paper Submission of Outpatient Prior Authorizations & Inpatient Admission.
- Review Authorizations.
- 2D Provider peer profile comparison.
- Complete PCS forms to authorize NEMT transportation services for members.

Quick links currently on our provider portal:

<b>Function Name</b>	<b>Functionality</b>
Admin Portal	The ability for KHS to mimic Provider Admin access for any/all providers
Admin Portal	The ability to bulk load initial set of provider users
Tax ID Lookup	The ability for the Provider Admin to look up all providers by their Tax ID and see all users associated with their account
User Manager	The ability for the Provider Admin to add and inactivate users.
Provider Admin	The ability for the Provider Admin to manage Provider Staff's access within the portal

Home Screen	The ability to have Quick Links (a list of hyperlinks) listed on the homepage to route the provider to outside websites
Home and Member Screen	The ability for the Provider to check eligibility using the CIN number, KHS ID number, or by patients first and last name and date of birth.
Home and Member Screen	The ability for the Provider to search multiple patients' eligibility at one time.
Home and Member Screen	While checking provider eligibility provider can view Gaps in Care section to see which measure the patient is due for.
Home Screen	The ability for KHS staff to publish and edit a provider news section for upcoming events or system maintenances.
Member Screen	The ability for the providers to pull a list of all members assigned to their practice. It is either by provider or site depending on the contracts set up in our main operating system.
Claims Tab	The ability for providers to view the last 18 months of claims automatically
Claims Tab	The ability for providers to search for a claim by the KHS claim number, the KHS ID or CIN number. Can also search a date range or by check number. All results can be downloaded into an Excel spreadsheet.
Claims Tab	The ability to link the provider external links on any page.
Claims Tab	The ability for the provider to view claim line details, provider information, vendor information, and code descriptions.
Claims Tab	The ability for provider to download all claims information into either an Excel spreadsheet, or a printable pdf document. The ability to provide links with SSO capability for providers to access external applications for processing items like authorizations.

Additional tabs within the provider portal:

Function Name	Functionality
Authorizations JIVA	The provider portal has a dashboard that helps all provider groups, but particularly larger groups remain organized. The portal gives all users alerts for any decision made on an authorization associated with the tax id. The user that submitted the authorization will also receive a request.
Authorizations JIVA	Users can begin an authorization and if they do not have time to finish save it a draft mode. It will stay in a draft mode for 48 hours before dropping off.
Authorizations	The dashboard organizes authorizations by work in progress and requests by type.



Authorizations	Users can create a new authorization for the following services: Assessments (ECM, CSS, Specialty (BH)) Health Promotion Outpatient Inpatient
Authorizations	If approved both the requesting and treating providers will receive a copy of the approval letter
Authorizations	In the authorization form a provider can see if the member has OHC
Authorizations	The user can choose the request type: Precertification, Long Term Care, or Retrospective
Authorizations	The user can Request Priority: Urgent or Routine
Authorizations	There is an intuitive search for users when entering the diagnosis code
Authorizations	Users are only able to send an authorization when the requesting provider is affiliated with the federal tax id associated with the account.
Authorizations	Users must also select a treating provider.
Authorizations	Restricted specialties are listed and trigger the system whether to allow auth creation
Authorizations	Users have the option to enter the following code types: CPT, HCPC, Revenue, or NDC
Authorizations	There is a place for providers to enter a modifier
Authorizations	There is a place for provider to enter requested # of services
Authorizations	Providers are able to attach documents to the authorization. They can submit one and later go back in as long as the authorization is not closed to add additional documents.
Authorizations	There is a free text box for providers to enter additional notes.
Pharmacy Tab	Providers are able to submit pharmacy TARS
Pharmacy Tab	Providers are able to review member RX & TAR history
Pharmacy Tab	Providers are able to pull up a copy of the TAR to see if approved or denied.
Provider Practice	Providers are able to see MCAS measures
Provider Practice	Providers can pull non-compliant list of member per measure and entire list for all measures.
Provider Practice	Providers are able to see data which compares them to their peers.

Provider Practice	Lists: 30 Day Readmits, Other Admits, and PPAs.
Provider Practice	Providers Top 10 Member by filled prescriptions
Provider Practice	Provides an overview and summary of referrals submitted by the provider office. Provides a current percentage of approved, denied, pending and open authorizations.
Provider Practice	Provides data on top referred to specialty as well as top denied reasons.
Provider Practice	Provider can download a list of current open authorizations
Provider Practice	Provides a percentage of fully, partial, and not vaccinated members that are assigned to the provider group.
Provider Practice	Providers a list of member information for all non-vaccinated and partial vaccinated members currently assigned to that provider.
Provider Practice	Provides a member overview that includes their address, dob, sex, preferred language as well as lists covid vaccinations and if the member is enrolled in other programs such as ECM / CSS.
Provider Practice	Providers condition history of the member
Provider Practice	Providers Utilization Patterns
Provider Practice	Provides Health Record Information
Provider Practice	Gaps in Care
Provider Practice	Member Engagement
Provider Practice	Access to members Screening Tools.
Transportation	Allows providers to check to see if a member has a PCS form on file
Transportation	Allows providers to submit an online PCS form for a member if they do not have one.

In addition to provider and member functionalities, KHS is seeking answers to the following questions:

Hosted. ASP or SaaS Model	Does your solution provide an existing means to ensure that all files/folders within your solution will also be written and updated to KHS system(s) on an agreed timetable.
	KHS needs access to the underlying database in order to extract detailed data for ad hoc reporting if the vendor cannot provide all reports - does your solution support ad hoc reporting?

	Are you able to commit that your solution will be accessible 24 hours per day 7 days per week except during planned outages and/or established maintenance windows?
Non-Hosted Solution	Can you provide detailed specifications, systems requirements, dependent layered products and/or secure access requirements to KHS systems by which means? Do you have a utilizable API?
Required for Both Hosted and Non-Hosted	Will you be able to provide, at a minimum, Monday through Friday, and 12 hours per day (PST) support for all software. (6 a.m. to 6 p.m. PST) Will the hours of support availability be clearly identified? Is 24x7 support available? Will you provide a well-defined set of escalation criteria and timeframes with specific contact details - including executive access?
	Will you be able to attest to fact that proposed solution adheres to all HIPAA, State/Federal and Privacy regulatory requirements?
	Will your solution provide/support member request for details on what member information is in your possession/opportunities to respond to edits and complete deletion, in accordance with Privacy and regulatory provisions?
	Will you provide all necessary installation documentation guidelines, data formats etc. including opportunity to meet with non-help desk technical resources for detailed implementation dialog and/or escalations?
License Expectation	Can you agree to software licensing that would be either leased or owned for three years with two additional year options?
	Can you agree software maintenance will provide three years of support with two additional year option?
Performance Guarantees	Will your proposal provide a description of all performance guarantees included with your software product and performance with associated penalties for failure to meet each guarantee. Examples may include items such as configuration accuracy, timeliness of reports, support availability, issues with data and report submissions by NCQA or DHCS, and other regulators?
Service Level Agreement	Will you provide a detailed description of your typical service level agreement for the software product, performance and support provided?
	Will you provide a well-defined escalation pathway for unresolved and/or critical issues with time periods escalation events would automatically occur?

	Will you provide your Process/Plans to recover from Distributed Denial of Service (DDOS) and/or corrupted or data held by ransomware attack or any other service disruption that includes immediate notification?
Business Continuity, Disaster Recovery and Emergency Response Plans	Will the Bidder agree to submit a copy of the Bidder's business continuity/disaster/ emergency response recovery plans with the Bidder 's RFI response? It is expected the Bidder 's plans shall:
	Will the Bidder provide provisions to safeguard, and measures employed to safeguard, replicate, and retrieve source code software. Include recovery time period commitment?
	Will the Bidder define how data and system backups are provided to the backup location(s) and the frequency with which this backup location is updated with the backup data and systems?
	Will the Bidder identify the specific testing procedures and frequencies of tests to ensure that the disaster recovery procedures function as described in existing DR plans? Such backup storage and system(s) shall be located at a reasonably secure physical location in the United States.
	Can KHS have the right to request a copy of the Bidder 's business continuity/disaster recovery plan at any time and review it? Any modifications or other changes required by KHS shall be incorporated into the plan in a timeframe mutually agreed to by the Parties.
	Does the Bidder rely on a 3rd party infrastructure / Cloud service provider?
	Will the Bidder agree that if the Bidder fails to follow the business continuity plan as outlined or makes changes thereto which result in Bidder having less disaster recovery ability than as stated or fails to make agreed upon modifications required by KHS, it shall be deemed a material default and KHS shall have the rights and obligations to collect agreed upon liquidated damages.?
	Will the Bidder agree to test the entire business continuity plan at least once a year and provide KHS with a copy of the results of the test, with a section outlining the impact to the services provided. Bidder may be asked to support KHS's annual business continuity testing, provided that KHS gives Bidder, at a minimum, four weeks advanced notice of the schedule dates and desired support requested?

<p>Cyber Threat Protection and Mitigation Plan(s).</p>	<p>Will the Bidder agree that a “Data Breach” is a security incident in which sensitive, protected, or confidential data are made unavailable, copied, corrupted, transmitted, viewed, stolen, or used by an individual unauthorized to do so? The Bidder should submit a copy of the Bidder’s Cyber Threat Protection and Mitigation Plan(s) with the Bidder’s RFI response.</p>
	<p>Does the Bidder's existing policies and procedure define safeguards and measures to secure and protect the Bidder’s and Bidder’s clients’ information including but not limited to enrollees’ personal health information (PHI), personally identifiable information, trade secrets, intellectual property, and financial information?</p>
	<p>Will the Bidder define how Bidder monitors its systems for a potential Data Breach?</p>
	<p>Will the Bidder define Bidder’s remedial plans for appropriately responding to a Data Breach?</p>
	<p>Will the provide the Bidder’s commitment to Breach Notification timeframe and manner(s)? This requires a great deal more than a 3rd Party Attestation past Incident, but Bidder agrees to provide complete details on Incident of Compromise (IOC); when the attack was discovered and how long it took; what data, systems, networks, and backups may have been involved; attack vector; type of incident (credential stuffing, man in the middle, cross site scripting, etc.)</p>
	<p>Provide artifacts that support existing Policies and Protocols for Incident Response and include KHS notice period and delivery of Incident of Compromise (IoC) details.</p>
	<p>Will the Bidder be able to provide system and network environments protected by a firewall or virtual firewall to ensure business and customer security requirements?</p>
	<p>Can Bidder demonstrate through established Policy and Procedure timely deprovisioning, revocation, or modification of user access to the organizations systems, information assets, and data implemented upon any change in status of employees, contractors, customers, business partners, or involved third parties?</p>
	<p>Does the Bidder encrypt data at rest (on disk/storage) within your environment? In transit?</p>
<p>Secure Deletion</p>	<p>Does the Bidder support the secure deletion (e.g., degaussing/cryptographic wiping) of archived and backed-up data and ability to provide evidence of deletion/destruction within KHS specified timeframes?</p>

	Will the Bidder provide a published procedure for exiting the service arrangement, including assurance to sanitize all computing resources of data once a customer has exited your environment or has vacated a resource?
Solution Monitoring	Does the Bidder have controls in place to restrict and monitor the installation of unauthorized software onto your systems? Recognize and address anomalous network traffic?
	Can the Bidder share established policy regarding frequency and type of scanning for virus and/or malware (software, networks, and servers)
Pass Through Regulatory Compliance	Will the Bidder attest to and commit to ensuring that any reliance on a 3rd Party to be able to deliver to KHS is disclosed to KHS before commitments and assurances/attestations regarding meeting/exceeding/maintaining regulatory compliance.