Questions and answers for Value Based Purchasing (RFP)

1. If our companies have an existing PSA, could we utilize that PSA and create a simple amendment to address any differences?  
   A: No, this will be a new engagement with different funding and terms and conditions.

2. Attachment A, Scope of Services, Vendor Activities and Deliverables, bullet 1 – Could KHS provide additional context behind the data sets being provided?  
   Data source(s), message types, attributes, etc.?  
   A: The data sets will derive from our practice management system. Attributes will be defined by the vendor and KHS.

3. Are claims all encounter data? If not, what percentage of the claims are FFS?  
   What percentage of the claims are capitated?  
   A: All claims are FFS.

4. What is KHS’s claims distribution by type? How much volume percentage in each category is anticipated?  
   A: For a one year period:  
   Inpatient: 16,757  
   Outpatient: 375,621  
   Professional: 5,810,690

5. What format will be used to provide claims data sets?  Will "plan data" include eligibility & attribution information?  
   A: Excel or 837. Plan data will be only for members that were eligible and active during the reporting period.

6. Is error report required on data that fails plan validation?  
   A: Yes, an error report will be an expected output.

7. Please clarify. What is exactly implied by “cross-tabulate payment by provider type, provider, CPT/HCPCS, etc.”?  
   A: Check what we added in the RFP and see what xerox was talking about.

8. Are IP claims already grouped APR-DRG or does this need to be done as part of SOW?  
   A: APR-DRG Grouping must be performed by the vendor.

9. What existing quality/performance/outcome/satisfaction measures are being captured today? If yes, for what programs/initiatives?  
   A: The plan currently has a mild Pay for Performance program in place. The primary data source are CPT codes. If a provider submits a claims for certain codes, then the encounter/claim qualifies the provider for an incentive payment.
10. Can any of those measure scores be extracted for the work (activities and deliverables) to be performed for the RFP requirements? A: The plan does not want to replicate the current P4P program but we can provide the results for evaluation.

11. Which Value Based Purchasing (VBP) or other Alternative Payment Method (APM) programs are KHS considering? Shared saving/risk? Bundle payments? Capitation? Pay for performance? A: KHS would like the vendor to explore the options based on the clinical and financial evaluation of the dataset.

12. Is KHS in a position to take on risk in an APM? Or do all proposals need to be budget neutral? A: KHS will explore all options, including those with an APM risk.

13. Can the involved providers be included in gainsharing arrangements? A: Yes, KHS is open to gainsharing arrangements.

14. Are there existing VBP/APM contracts in place today? If so, can the high-level details of those be shared? A: We current do not have any VBP/APM contracts. The vendor is expected to assist in the development of financial terms and program outline.

15. There was mention of electronic copies of analytical dataset being provided - is this referring to specific data components such as: attribution lists; rosters; member risk extracts; members included in budgets; etc.? Or is there an expectation to receive ALL data tables utilized within the Edifecs proprietary application schemas? A: Yes, KHS will provide the dataset in a flat file or can accommodate 837 files.

16. It’s understood that the submission deadline for the electronic copy of the proposal is 2pm PST April 14th. But for the 3 hard copies, please clarify whether 2pm PST April 14th is the postal stamp deadline, or is that the deadline for the proposal package to arrive at Kern on site location? A: The deadline for the proposals is April 14th at 2 PM. At that time we can accept the electronic copy and hard copies can arrive at a later date as long as the content on both proposals are identical. If electronic copy and hard copies are not identical this would be consider a disqualifying factor.

17. What is the anticipated timeline for this project? A:
18. The vendor activities and deliverables states that “Plan data will be verified and validated on the inpatient, outpatient and professional services datasets”. Can you please elaborate on the plan data - how will this be provided to the contractor and what information does it contain about the member? Could you also describe the verification and validation process? A: Yes, KHS is open to gainsharing arrangements.

19. Will the inpatient, outpatient and professional services datasets include actual payments made to providers or will the contractor need to calculate payments? A: Yes, actual payments will be included.

20. The RFP states that the inpatient claims will be grouped using APR-DRGs, will the contractor be required to have the APR-DRG grouper or will KHS provide these data already grouped? A: Contractor will be responsible for grouping.

21. Does KHS currently have any value based purchasing arrangements in place today? If so, can you briefly describe? A: We currently do not have any VBP/APM contracts. The vendor is expected to assist in the development of financial terms and program outline.

22. Will Kern Health System (KHS) also be providing Rx data? The RFP only mentions inpatient, outpatient, and professional? A: Yes.

23. Will KHS be able to provide multiple years of historical data, such as three years? A: Yes

24. Does KHS currently license the 3M APR-DRG grouper and is the DRG already on the claims data? A: APR-DRG Grouping must be performed by the vendor. Not all claims contain the DRG.

25. Can you please describe what analytics you are currently using to evaluate providers, such as risk adjustment, medical management initiatives, etc.? A: The plan does not want to replicate the current P4P program but we can provide the results for evaluation.

26. Section A, What is the proposed term of the agreement? Should the bidder propose a term, such as two years? A: The term will be one year.
27. Attachment D, Signature of Attachment D indicates agreement to provide goods and services in accordance with the RFP, the Contract and the master contracts between KHS and the State of California. Please provide copies of the master contracts. If this is not possible, then we would ask that Attachment D be revised to indicate agreement only to provide goods and services in accordance with the RFP and the Contract. A: We can’t provide a copy of Master Contract with the State of California. We will accept a revised attachment D.

28. Are all provider contract details available to the vendor in a single source with standard formats for analysis? If not, how many different sources and formats are defined - what type (e.g., database, MS Excel, etc.)? A: Yes, provider contract details will be provided in an agreeable format.

29. What supporting metadata (e.g., data models, definitions, etc.) will be available to the vendor to support analysis of data for provider contract information, as well as inpatient, outpatient and outpatient professional claims? A: Data field definitions will be provided.

30. Do you currently perform any analytics to determine and track value of services provided? If so, what are they? Are they helping drive decisions and support operations? A: No.

31. Is there a timeframe in which KHS plans to implement the VBP program? A: Timeframe listed above.

32. What analytic and data visualization/reporting tools and platforms are currently used by KHS? A: New do not currently use a specific platform.

33. Is KHS open to evaluating/using new analytic tools including open source tools? A: Yes.

34. Which business area is sponsoring this initiative? Finance, Clinical or other? A: Contracting (Lead), Finance, Claims and IT.

35. Does KHS have a data warehouse? Is it built for operational or analytic use? What platform is it built on? A: Yes KHS has a data warehouse for both purposes; SQL server / ODS.

36. Can you provide broad overview of all tools and technologies that will be part of the scope for this engagement? A: The vendor will provide all tools necessary to
conduct the analytics. KHS will provide the claims data and other data needed for the analysis.

37. Have full-time and/or part-time Kern employees been identified for this project. If so, can you provide the level of commitment (e.g., 10 hrs/week) they have for this project? A: yes, staff are identified and can commit to 5-10 hours per week, but can be flexible to meet deadline.


39. Will Kern issue Kern laptops to vendor? If not, will Kern utilize VPN and VM/VDI to access all Kern systems? A: Kern will provide remote access to data.

40. Under FOIA requests, vendor financial information is considered confidential and does not have to be released, are there any other local or state provisions that would remove the confidentiality of providing financial information (including corporate ownership percentage) to Kern under this RFP? A: The required vendor information is outlined in the RFP and contract template.

41. In what format will KHS provide their datasets? A: see answer above.

42. Can we get a complete breakdown of the service segments (LTSS, SNF, ESRD, HH etc..) and the current membership across each? A: yes.

43. Could you share any benchmarking data you may have currently? A: Data will be provided upon selection of the vendor.

44. Does the data set includes capitated encounters data as well? A: no. we are a FFS model.

45. How many years of claims history will we receive in datasets? A: 3 or more if needed.

46. Approximately how many provider contracts does Kern currently have? A: KHS has 530+ provider agreements. We have approximately 90+ system contract templates.

47. In the RFP there is a requirement "Identify the unit of payment for each provider type". Do you mean the Agreement type (FFS, Capitation, Per Case, Per Diem
etc….) A: Agreement type is standard, unit of payment is the plan’s cost for certain DX across all providers in the network.

48. What is the Tentative timeline to implement these programs? A: see timeline above.

49. Do you have any priority in implementing the programs based on your / business priorities? A: yes, this is a part of our strategic plan. See timeline above.

50. We believe ongoing monitoring would be a separate Statement of Work (outside the scope of this RFP) dependent on the programs in place and other criteria. Please confirm. A: yes. ongoing monitoring it not included in this RFP however methods for internal evaluation are expected.

51. Does Kern expect us to offer actual contract language for VB agreements or can we instead provide the VB related terms, such as proposed budgets, attribution methods, and/or quality measures? A: yes. it will be a collaborative effort.


53. Do you have any file size limitation on your email server for the electronic submission of the RFP response? A: 10 MB

54. Will Kern Health be providing the vendor with a file containing the data (claims, physician contract, etc.) in which to perform the utilization and financial analysis? A: yes. see answer above.

55. Are you interested in the ability to run benchmarking and other analysis from a claims database the vendor would be able to provide? A:

56. Does KHS currently participate in any VBP programs or arrangements? If so, please describe. A: NO.

57. How many physicians are in your network? A: approximately 300 PCPs.

58. Do you have a list of EHR’s your physician’s utilize in their practices? A: yes. NextGen is the primary EMR currently.
59. Which target populations and/or conditions does KHS consider highest priority for interventions, VBP, etc.? A: that will be determined after the analytics are performed.

60. Does KHS participate in the Medicaid Delivery System Reform Incentive Payments (DSRIP) program? A: No.

61. Are certain “high quality/value” provider groups not participating in the KHS health plan? If so, please briefly explain your understanding of the primary reasons for not participating. A: No.

62. On Pg 13 indicates analytics based on “recent” claims history. How far back do they want to go? (i.e., 2-3 years)? A: 3 years or more if needed.

63. On Pg 13 you mention vendor will ensure financial and clinical indicators are achieved. Do you know what these key performance indicators are or would you anticipate the vendor will define success metrics for VBP? A: No. this is the vendor’s responsibility to evaluate and recommend.

64. On Pg 13 can you clarify what is meant by plan data will be “verified and validated”? What will the vendor be expected to verify against? A: Verify no specific anomalies are identified in the claims data we will work off of.

65. On Pg 14 references for highest cost diagnosis - is the health plan focused on chronic conditions or more acute/episodic analyses? A: Yes. Both.

66. Regarding concerns with sharing of data outside of Kern Health. The comment was made “If you feel that some of the information is confidential please do not submit and we can discuss those items separately.” Would we provide any highly sensitive information via a separate email, would this be handled? A: Please do not submit any information that you don’t to be disclosed. For financial verifications we can accommodate over the phone conference between our CFO and your Finance Officer.