

QUESTIONS AND ANSWERS FOR 24/7 NURSE TRIAGE & ADVICE SERVICES RFP

1. Regarding Section A. Services Summary of Attachment A Scope of Services “Kern Health Systems (KHS) is required to provide its members with 24/7 nurse triage and Advice, health information, disease and/ or case management both through California licensed nurses and a phone accessible self-help library (AHL), and related services associated with 24/7 nurse triage phone-in service.”: In addition to nurse triage line services, is KHS also requesting that the selected vendor provide disease management and case management services as listed in the Services Summary?

Case management and Disease management are services provided internally by KHS staff. This is not a requirement but if the vendor has an option, these services could be considered as an augmented product feature. Please include separate pricing if available by the vendor.

2. Regarding Item B8 in Attachment A Scope of Services “KHS member usage of Nurse Triage average 1,000-3,000 per month for combined clinical and non-clinical services.”: Of the 1,000 – 3,000 monthly member usage calls for the nurse triage, what percent is non-clinical and what percent is clinical?

90% clinical; 10% non-clinical

3. Also regarding Item B8 in Attachment A Scope of Services: Industry standard nurse triage service is intended to assist members in determining the appropriate level of care needed for an acute health issue. Would the service requested in this RFP be promoted by KHS to your members just for nurse triage services, or is it KHS’s intent that this service would be promoted as an additional customer service number where non-clinical staff would assist and refer members with questions about items beyond nurse triage such as benefits, access to care, availability of resources, etc.?

KHS nurse triage support is directed towards clinical support for symptoms and appropriate levels of care. The customer service number would encompass all requests, clinical, non-clinical, and potential benefit questions. Care coordination and resources referrals are not considered the vendor’s responsibility. We do however, request members be referred to our separate transportation vendor. The transportation vendor will find and schedule the best transportation available.

4. Regarding item D1 in Attachment A Scope of Services “Maintain a dedicated toll-free number for routing member calls to the Nurse Triage services.”: How many calls are routed to nurse triage services from KHS’s dedicated toll-free number?

Callers have the ability to reach the vendor 24 hours a day, 7 days a week (including holidays) via KHS’s IVR system. In addition to the IVR, KHS staff can “warm” transfer callers to the vendor during KHS’s regular business hours of operation. Occasionally, KHS will ask for support if power outage or other issues requires support from the vendor for a defined period of time. KHS will notify vendor in advance before routing calls to vendor. However, vendor should expect on rare occasions where advance notice is not possible.

5. Regarding item D5 in Attachment A Scope of Services “Provide to vendor the protocols for determination of services the member is authorized to receive through the nurse triage services (Business Rule).”: Industry standard nurse triage services use clinically appropriate algorithms to recommend the proper level of care for health situations. Does KHS want to include your own protocols in the determination of the care that is recommended?

KHS would not include clinical protocols for vendor use. KHS would only include benefit protocols related to MCAL coverage guidelines for covered services. This would include mental health, pharmacy, transportation, and other carved out care.

6. Regarding item E8 in Attachment A Scope of Services “Can your system handle providers with rotating office schedules to multiple locations-namely, providers that have routine visits to rural locations?”: Industry standard nurse triage services determine the appropriate level of care needed such as ‘seek care now’, ‘care can be given at home’, or ‘seek care with a provider’. Does KHS also want the vendor to schedule the member’s appointment with their primary provider when a recommendation to see their provider is given?

Vendor will not be responsible for scheduling appointments for members.

7. Also regarding item E8 in Attachment A Scope of Services: How many appointments on average are being scheduled via the nurse triage service?

None-not required

8. Also regarding item E8 in Attachment A Scope of Services: What electronic medical record system would the vendor use to schedule appointments?

None-not required. Vendor manages KHS membership in their internal workflow

9. For the 1,000 – 3,000 per month call volume what is the breakdown of clinical vs. non-clinical calls?

90% clinical; 10% non-clinical

10. Can you share any further information about the current membership of 255,000 potential growth timeline? With this growth are you anticipating any change in the clinical vs. non-clinical breakdown?

Growth has been relatively flat for 2018-2019. Anticipated growth of less than 7,500 annually.

11. Through what methods will Kern Health System be making eligible members aware of the available nurse advice line services?

Member newsletter, new member entry process, KHS website, IVR and member portal.

12. To support encounter reporting, will the provider directory file transmitted by Kern Health System to the Vendor include the provider office's fax number?

Provider file includes provider demographic information including fax, phone, and address.

13. For providers with rotating schedules, would the schedule information be provided by Kern Health System to the Vendor in some format?

Appointment scheduling will not be required by the vendor although provider hours can be communicated to the member if the resolution decision is to seek care with their assigned PCP

14. Please describe what you might expect to see in a report on PCP access issues?

As vendor will not be responsible for scheduling appointments, need additional information why vendor would provide a PCP access report. If after hours provider survey is an augmented service by the vendor, availability of appointments, answering service, 9-1-1 message , etc. can be reviewed if service offered by vendor

15. Does the program require the Vendor to provide a mechanism to members to securely chat or email with a registered nurse?

Not a requirement

16. Does the program require the Vendor to offer educational materials about a health condition or symptom to members as appropriate on clinical calls?

Health Library or Audio Library for member's self-service reference for specific conditions preferred offering if available. Mailings of education materials not required although can be considered as an augmented option if priced separately

17. What percentage of the 1000-3000 monthly calls are triage calls?

75%

18. Can KHS please supply historical Triage call volume by month for the last 12 months?

500

19. Can KHS please supply historical non-clinical call volume handled by the Nurse Triage system for the last 12 months?

200

20. What percentage of triage calls are non-English?

Unable to define—membership 40% Spanish speaking

21. What areas of success would you like to see replicated with the selected vendor?

Reporting metrics with graphical illustrations

Down time coverage for health plan on ad hoc basis with prior notification (unless emergent)

Member satisfaction ratings, call metrics equal or exceed industry standards (time to answer, call abandonment, hold time, call blockage, etc.)

Daily report of prior day's activity, to including, but not limited to, date and time, member name, ID #, demographics, reason for call, resolution of call, etc.

Increase KHS Member Portal utilization, by directing members to the KHS Member Portal for self-service features and information

22. What areas of improvement would you like to experience with the selected vendor?

Flexible cost structure—PMPM vs. per call

23. Requirements outlined in Attachment A section C.5 (allow for call-back option for members not wanting to hold for a Nurse) – Is the expectation that the process be designed for all members to be transferred to a nurse unless otherwise requested, or do you expect a callback model, warm transferring urgent matters only?

Initially, all members should be given the opportunity to speak with CA licensed RN. If not immediately available, a call back option is viable in lieu of wait queue. Based on vendors' call center process, current member triage call process could be modified

24. Requirement outlined in Attachment C section B (Bidder's present financial statements are necessary and must be part of the Proposal submission). – We are a privately held corporation and our financial information is confidential, we will, however, set up a meeting with the KHS stakeholders to review our financials with our Chief Financial Officer in confidence - is this acceptable for Proposal Submission?

Historically, we have allowed for separate discussion of financials if selected as finalist