Provider and Member Portal: Q&A Responses

January 18, 2018

A. Contractual Questions

1. **What is the budget for the project?**

It is against our policy to disclose budget details, as we are looking for the most cost-effective and innovative solutions.

2. **Is there a preference for product based approach or are you looking for a custom built portal solution?**

We are searching for a vendor partner that can deliver functionality via a modern user experience. We are not looking to recreate the wheel when it comes to Provider or Member Portals, but there are clear business cases for clear workflows. A vendor could propose an off the shelf, custom or combination solution.

3. **What is the claims adjudication and care management system that you are using?**

We use HealthSuite for claims adjudication and TruCare for care management.

4. **The requirement for the ability to load paper claims by provider – is this more that you want paper claim to be manually loaded and submitted or are you referencing OCR reading capability to create claim or are you referencing the fact that a paper claim can be attached to a message and sent?**

We currently utilize an optical character recognition (OCR) process for claims and authorization submission. Ideally, we would like to integrate this solution with the Portal, but are open to learning other possible solutions.

5. **Credentialing – are you looking for an external link to be made available where provider can go and fill the application?**

We seek a system that will allow the Provider user to, at a minimum download credentialing applications, however we would strive for a system that allows Providers to submit credentialing information online.

6. **Can you provide us with: 1) a list of providers with Tax ID (TIN) numbers? and 2) your current monthly utilization for each transaction / workflow on your existing provider portal?**

We do not share this information at this stage in the procurement process. We will share monthly utilization workflows for our existing Portals once a vendor is selected. At the onset of implementation, we will provide proprietary details about our Provider network.

7. **Do you support integration via HIPAA standard X12 5010 EDI for the following transactions?**
    a. **Eligibility & Benefits (270/271)**
    b. **Claim Status (276 / 277)**

c. **Professional Claim Submission (837P / 999 / 277-CA)**
d. **Authorization Status (278)**
e. **Authorization Submission (278)**

Yes, we support integration for all five HIPAA supported EDI transactions listed. .

B. Systems Integration

8. **What additional systems do you currently have that will need to be integrated with the Portal to get the data?**

Other systems that require integration include: 1) claims, 2) authorization, 3) patient (Member) engagement, 4) reporting, 5) Provider, and 6) Member eligibility system files. These represent the high-level system and or processes that will need to be integrated.

Specific data integrations systems will be provided to finalists and address each solution at that time.

9. **Our platform provides a custom homepage for a health plan. Will a single Alameda home page be your preference – or separately branded home pages for both Medi-Cal and Alliance Group Care?**

For the initial implementation a single homepage would be acceptable. We would encourage your organization to outline your ability to stand up additional branded pages based on a line of business.

C. Member Portal

10. **What is the current adoption rate for your members for the portal?**

Approximately 6% of our Members have system accounts 20% of whom use the Member Portal.

11. **Do the regulatory requirements noted for the Member Portal regarding designing for users who speak any of the 5 threshold languages also apply to the Provider Portal? Our portal offers the ability to publish content on your Plan Central home page and deliver electronic documents in PDF or MS Word format in any language you wish, but the application's user interface is in US English.**

We present all Provider communications in English. We present all member information in four (4) threshold languages (English, Spanish, Chinese, and Vietnamese). We are mandated by regulatory bodies to provide all Member communication in threshold languages, but not Provider communications.

12. **Member requests specialist visit and service authorizations – are you referencing that member should be able to ask provider to submit those for them or do you expect the member to actually submit these through the member portal to the plan?**

Our goal is to provide an easy method for our Members to request services. Your solution should take this workflow into account.

13. **Do the regulatory requirements noted for the Member Portal regarding designing for users with vision or hearing constraints also apply to the Provider Portal?**

Regulatory requirements noted for the Member Portal relevant to our vision and hearing constrained Members are not a regulatory requirement for our Providers.

D. Existing Provider Portal

14. **Does the existing provider portal include status for medical or pharmacy authorizations, or both?**

Our desire is not to duplicate existing functionality but build a new digital presence that addresses the many complex needs of the Provider community. The Respondent should provide their suggested method of addressing this use case. They should include any data dependencies, assumptions or constraints.

15. What is the current adoption rate for your providers for the portal?
Approximately 40% of our Provider offices have at least one registered user, 25% of whom actively use the Provider Portal.

16. Does the existing provider portal include status on whether a prescription was filled? Referring to 4th bullet on page 3 "Review pharmacy and prescription status".
Our desire is not to duplicate existing functionality but build a new digital presence that addresses the many complex needs of the Provider community. Our existing Portal does not provide prescription status; this is a functionality we are considering adding.

17. Are medical and pharmacy authorizations processed on the same or different systems? Please provide the vendor and name of the system(s).
We utilize different systems: Medical authorizations are done internally using TruCare, a product by CaseNet, LLC. Pharmacy authorizations are done by a Pharmacy Benefits Manager (PBM) vendor.

18. In what format are member rosters published for download by providers?
Delivery of information to a Provider or Member is part of the new digital presence we are searching for. When we think about modern delivery of information, "downloaded" is insufficient. We seek a solution from respondents who are able to provide methods more technically agile than publishing PDF rosters, though this is how we currently deliver the information. Please include in your response adoption rates for different delivery methods.

E. Regarding RFP Questions for Provider Portal (page 10-18)

19. Please confirm whether the intended user for member medical record inquiry is a member or a provider.
This would be a Member performing the search within the Member Portal.

20. Please confirm whether the use of ICD-10, CPT and HCPCS codes is specifically related to Authorizations, or more broadly. If used more broadly, please elaborate on other relevant workflows.
Yes, we use all of these code sets (ICD-10, CPT, and HCPCS codes) as part of our Authorization and Claims workflows.

21. Are you seeking a solution for providers to obtain any type of form, or is this requirements specifically related to Authorizations?
In this use case it is the Authorization but we would expect the solution to be able to easily incorporate new forms as needed.

22. Are you seeking a solution for provider data management capabilities in addition to demographic updates as noted in requirement 6s?
Yes, in addition to demographic updates we are looking for solutions able to expediently manage and supply Provider data to all our users, including other Providers and Members.

23. Please elaborate on the expected types of protection and examples of functionality to be protected.

Are enhancements provided for individual customers rolled into future product releases? If you answer no, how do you maintain backward compatibility to these previous enhancements in your new releases?

F. Regarding Provider Portal Target User Stories (page 4-6)

24. Are you seeking an appeals solution only for Claims, or also for Authorizations and/or general grievances and appeals?

We are looking for a Portal solution that addresses both Claims and Authorizations workflows, but also Grievances and Appeals, and Provider Dispute Resolutions workflows. The ideal solution will be flexible enough to address new workflows, as possible.

25. Are you seeking a solution for internal management of the credentialing process, or only a mechanism for collecting necessary data from providers to support credentialing?

We are seeking only the mechanism for the collection of data.

26. Do you require providers to submit referrals for specialist services (even when prior-authorization is not required), or simply refer to an in-network provider based on a provider directory lookup?

The solution should be flexible. There are situations that we would require specialist referrals. In others, a simple in-network provider would be accepted.

27. How do you envision your Provider Portal enabling secure electronic communication between providers and members? Does this assume an interface between the Provider and Member portals?

We are seeking a solution that provides secure communications between all our user groups, including Members and Providers. We seek responses that describe how their proposed solutions will address this use case.

G. Regarding Attachment A, Provider Portal User Stories (page 20-29)[1]

B003. Please elaborate on the problems identified by providers with claim status not being displayed consistently on every page of the existing provider portal.

This user story addresses a key issue encountered by our provider community, which is that information available is not current and provider representatives cannot determine to what date & time the information displayed was current. This is due to the fact that various pages source data differently in the current solution. We seek responses that detail how data is queried by Provider end users and how it is displayed throughout the Claims process by your portal solution.

B005. What subset of claims are not available on the existing provider portal?

The user story addresses a key issue encountered by our provider community, that Claims submitted are not viewable timely. We seek Respondents to detail how workflows for their solutions ensure that a Claim is tracked from submission to payment. Additionally we currently do not display paper claims in the portal.

B010. Please elaborate on the context in which admittance and discharge dates, length of stay and level of care are presented to a provider end user. Is this part of the status information available for an Inpatient Authorization, or other context?

The data elements in this user story are provided in both the Authorization and Claims statuses.

[1] Numbering in Section G is left consistent with the numbering of the user stories in the RFP.

B014. For what percentage of your provider network do you have NPIs on file?
We have NPIs on file for 100% of our Provider network.

B015. Please define CIN.
CIN refers to the Customer Identification Number. It is the number assigned by Medi-Cal and is used for Member eligibility.

B019. Who is the trading partner in this situation?
In this use case, trading partners are delegated entities such as a Pharmacy Benefits Manager (PBM) or Provider organizations.

B020. Please elaborate on the problems identified by providers with procedure codes not being displayed on every page of the existing provider portal. In what workflow context is this a problem today?
Some Provider Claims screens, including payment and status, currently detail summaries and leave off more detailed information, including procedure codes. In the case where a Provider biller is tracking several Claims, sometimes for the same Member, this requires their representatives to keep several open windows to track status of invoices and payments. Our goal is to provide access to pertinent data while minimizing the clicks and screens required by a Provider office to finish each task.

B027. Is the intention of this user story to differentiate between electronic and paper claims? What is it about the way status is presented in the existing provider portal that requires calls to the Alliance?
We expect a solution that is process agnostic between paper and electronic Claims. Displays should be available for all methods of submission.

B029. Please confirm whether this user story refers to rejections based on pre-adjudication claim edits. Are such reports available on the existing portal, but insufficient, or not available?
We are looking for a modern digital presence that addresses the needs of our Provider community. We ask Respondents to provide workflow explanations for how their solutions address Claims rejections at every part of the adjudication process. Please include any data dependencies, assumptions, and constraints.

B030. Does this user story refer specifically to claims submitted via the provider portal, or all claims submitted through any channel? What is the current lag time for submitted claims being available on the existing provider portal? What is the expected threshold for "immediate" availability?
We are looking for a modern digital presence that addresses the needs of our Provider community in a timely fashion. We seek a solution that is as transparent as possible in our Claims processing. Respondent should outline how their solutions inform Providers throughout the adjudication process. Please include any data dependencies, assumptions or constraints.

B032. Are claim submission receipts available on the existing portal, but insufficient, or not available?
We seek Respondents suggested method for addressing receipts. Please include any data dependencies, assumptions or constraints.

B034, B037. Please confirm whether these user stories refer to both claims with corrections based on pre-adjudication edits, and/or adjustments to claims that are in process in the adjudication system.

These user stories refer to both unadjusted and adjusted claims, depending on where the Claim is in the adjudication lifecycle. Our desire is to provide accurate information to the user throughout the claims adjudication lifecycle.

B039. Is status information about paper claims available on the existing provider portal? Please confirm that the intent of this user story is to make status information available via the provider portal, not for providers to upload (submit) paper claims via the provider portal.

Status information for paper claims is available on the current Provider Portal, but delayed from submission date. We are looking for a solution to this issue that addresses the needs of our Provider community. We seek Respondents' proposed workflows for submitting paper and electronic Claims, potentially using the new Portal as a means to do as such. Please remember to include any data dependencies, assumptions or constraints.

B043, 047. Please clarify the difference between pre-authorization and referral authorization as it applies to your benefit plan and provider network rules.

Some of our Member benefits require referral authorizations, others require pre-authorization. A referral authorization is required for referrals to specialist services that are designated as needing prior plan authorization before the member can be seen, however, not all referrals require an authorization. A pre-authorization is required for services that need prior plan approval before a provider can render services, this also includes referral authorizations.

A detailed list of our current Member Evidence of Coverage (EOC) is available at: https://www.alamedaalliance.org/~/media/files/modules/publications/members/medical%20materials/2017%20aah%20medical%20eoc%20final_fixed_kv_mtg_041417_final.pdf.

B061. What are providers consenting to?

To be able to register for the Provider Portal, Alameda Alliance currently requires a signed user consent form. We ask new users to consent to receipt of PHI. The new solution however should accommodate general mechanism for recording consent for future use cases such as sharing of information, acknowledging receipt of documentation, etc.

B063, 064. Are you seeking an analytics solution that produces dashboards and performance scores, or only to distribute / provide access to this information via the provider portal?

We envision our new Portal will be used as a data distribution and collection channel to our Member and Provider communities. Our organization does not currently integrate Portal analytics into our business review, but we seek respondents to share their system's analytics functionalities and potential use cases.