



| Section                                       | Page # | RFP Text   | Comment/Question  | KPCA Response  |
|---|--------|--|---|--|
| Background                                    | 1      | KPCA's CIN is comprised of over 90 members serving patients in Medicaid, Medicare, MA, traditional commercial insurance, marketplace products and the uninsured self-pay | What does "90 members" refer to: Providers, Hospitals, Clinics, FQHCs, Health Plans, or a combination of all? What is the number of patients that are attributed to these 90 CIN members? Who are these 90 members?         | The "90 members" refers to the 90+ providers of primary care services (i.e. FQHCs, FQHC look-alikes, and Rural Health Clinics) reimbursed through the prospective payment system (PPS) and electing to participate in KPCA's Clinically Integrated Network. The quantity of members (i.e 90) reflects the number of individual TIN's for provider groups participating in the network. In total, the attributed lives for 10 payors contracting with the KPCA CIN is approximately 500,000. The universe of patients served by the CIN members is about 1 M individuals. |
| Background                                    | 2      | CIN has value-based contracts with all but one Medicaid MCO (the remaining will likely be completed in the first quarter of 2023), 2 MA plans and 2 commercial products. | Which Medicaid MCO is currently excluded? Which are the 2 MA plans and 2 Commercial Products? What is the exact number of Payors for this project?  | At this time, the CIN contracts with all 6 MCOs through value based agreements. The two MA plans are Wellcare/Centene and Anthem. The exact number of payors is currently 10 but subject to change.  |
| Timeline                                      | 6      | Proposals Due –January 21, 2023  | This might be a typo given that 1/21/23 is a Saturday. Therefore, my hope is that KPCA extend the due date deadline to 1/27/23.   | The proposal is due January 21, 2023, as stated in the RFP.  |
| Timeline                                      | 6      |  | When is the official start date for this project?   | The official start date of the project will be upon contract execution.  |
| Data Migration, Aggregation, and Integrations | 14     | Describe your process for data migration from current database infrastructure to new platform.   | What system or database infrastructure is KPCA currently using? In addition to the EHRs/EMRs listed in Question 3a under "Data Migration, Aggregations, and Integrations," can KPCA provide a specific list of data sources | The new platform will need to successfully ingest and aggregate information from, at minimum, member EMRs (currently about 25 EMRs), the Kentucky Health Information Exchange, Quest, Lab Corps, and payors.   |

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|   |    |  | from which our platform will ingest data at the time of the initial implementation?   |  |
| Data Migration, Aggregation, and Integrations | 15 | Describe the types of HIE data that can be integrated, including any Kentucky, Tennessee, Ohio or West Virginia HIEs your system is currently integrated with. | Which HIEs are currently feeding KPCA data? Do you have data use agreements in place? | Currently, some KPCA CIN members are connected to the Kentucky Health Information Exchange (KHIE). |