Population Health Management (PHM) Software: Q&A

Software Solution Users

1. **Q:** Will the software be used by providers to identify trends and inform treatment on an individual patient-level, overall population-level, or both?
   **A:** The software will initially be used by internal CBH staff to identify trends and inform treatment on an individual member level as well as an overall population level. In the future, CBH may consider extending access to providers and other users to support this functionality.

2. **Q:** With whom will data need to be pushed to and pulled from?
   **A:** Data will need to be pulled from CBH (through the main cloud database) and pushed to users.

3. **Q:** How many and what type of users will be accessing this platform?
   **A:** Users will first include internal CBH staff. Across internal departments, this could mean 30-60 staff members depending on roles. In the future, CBH may consider extending access to providers directly.

4. **Q:** Can you further detail the population that will use the software (size, demographics, and use case)?
   **A:** Internal CBH staff will be initial primary users as mentioned in the response to Q1. For example, CBH Care Managers will use the software to see members in a holistic view and support care manager workflows. Other users may include finance teams, executives, and potentially other external users.

Current CBH Processes and Systems

5. **Q:** Please provide more information about CBH’s existing information technology systems which need to be integrated with the new system?
   **A:** Per Section 2. of the RFP, please reach out to Hans Leach at hans.leach@phia.gov to gain access to this documentation. You will be asked to complete an NDA. Once this NDA is signed, you will receive information about the CBH environment and data systems.

6. **Q:** Would the population health software replace a system that is currently in use and if so, what system is that?
   **A:** CBH does not currently have a population health software.

7. **Q:** Do you have a preference regarding Analytic tools? Tableau? Power BI? Other?
   **A:** We currently use Power BI and, in the future, will be using Tableau.

8. **Q:** Do you have specific KPIs that you are tracking now/would like to track with the new system?
   **A:** We have KPIs on penetration rate and utilization rate. We also regularly track various State metrics, including but not limited to follow-up and readmission stratified by member-level characteristics.

9. **Q:** What is the total count of eligible members for CBH services? What are CBH’s expected utilization rates across this count?
A: The Philadelphia Medicaid population fluctuates between 650,000 and 750,000. In CY 2020, 99,684 unique members utilized services and 725,053 were eligible. For CY 2019, the penetration rate was 19% and the utilization rate was 16%. For more information about utilization, please review the data and reports on the CBH website located here: https://cbhphilly.org/about-cbh/data-reports-and-minutes/.

Software Solution Design and Specifications

10. Q: Will the new application be cloud hosted or on-prem?
   A: The new application will be cloud-hosted.

11. Q: Regarding the use of AI/ML: will trained datasets be provided? What is the specific use case of AI/ML in the application?
   A: The specific use case of AI/ML in the application is predictive insight on member treatment plan. Yes, CBH will provide trained data sets.

12. Q: Will an existing database be used or will a new database also be designed?
   A: An existing database will be used.

13. Q: Will any data migration be involved from the legacy system to the new system?
   A: No.

14. Q: Is the preferred tech stack Open source or licensed? Who will bear the licensing cost if any?
   A: Open source is preferred. If you are proposing licensing, then it should be part of the software pricing.

15. Q: Will the parameters to predict health risks be provided?
   A: This will be a combined effort between in house and the selected vendor to provide a solution.

16. Q: Will parameters to identify and stratify member sub-populations be provided?
   A: Yes.

17. Q: Approximately how many screens, reports and dashboards are expected in the application?
   A: There should at least be an executive level, manager level, and case manager level dashboard, plus provider value-based reports. CBH expects that staff will have the ability to use the software to generate reports and dashboards using a decentralized model.

18. Q: You indicate that you expect to self-host the data, would you consider a hosted or SaaS solution platform?
   A: CBH is looking for a SaaS solution.

19. Q: Is this solicitation looking for a self-service population health tool or a tool to aid providers in carrying out collaborative care with patients?
   A: CBH is looking for a tool that is as easy to use and as automated as possible. Ideally this tool will be easy for internal staff to use and support care management of its members.
20. Q: Which Third party tools/Systems need to be integrated with the new system?
A: Integration will occur through a cloud data platform. Potential future integrations at this level include data from a provider portal and HIE platform.

21. Q: How many integrations/connections need to be made?
A: Three to six integrations will need to be made.

22. Q: Please clarify your expectations around the “built-in third-party liability (TPL) capability” requirement listed on page 3.
A: Respondents should describe any off-the-shelf TPL functions, such as handling delays in claims and cost differential due to TPL/dual eligibility.

23. Q: What data sources will be used to populate the population health management system? Please describe the type: payer claims data, electronic health record data, other. And please provide data specifications for these data sources.
A: Data for the system will primarily come from the CBH Cloud Data Platform and will consist of all CBH-owned member data, including authorizations, claims (Behavioral Health, Physical Health, Pharmacy), member eligibility and other clinical information, provider information, health information exchange, etc. Details of data will be made available based on requirements to meet specific use cases for this software.

Proposal Response Technical Questions

A: This is confirmed.

25. Q: Please confirm resumes, job descriptions and copies of certifications may be provided as attachments and not included in the 25 single-spaced pages limitation.
A: This is confirmed.

26. Q: Please confirm project plan and timeline may be provided as attachments and not included in the 25 single-spaced pages limitation.
A: This is confirmed. There is a typographical error in the second sentence of the second paragraph of Section 4.1.3 Format Requirements. The paragraph should read:

Applicants are required to limit their narrative responses to 25 single-spaced pages. This page limit includes Sections 4.2.1. to 4.2.5. below. There are no limitations for the cost proposal and operational documentation and requirements (Sections 4.2.6. and 4.2.7). If you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds 25 single-spaced pages may have their proposals considered non-responsive and be disqualified.

Section 4.2.5 Project Plan and Timeline is therefore a part of the page limit.

27. Q: Can you provide use cases to be incorporated into the technical demonstration recording?
A: More information about requirements for the technical demonstration will be shared if applicants are invited to submit a technical demonstration.

28. Q: What is desired contract term (3-5 years, etc.)? Would CBH consider a longer term?
   A: CBH is hoping to implement this software as a long-term solution, but is mindful of compliance with procurement rules set forth by, and its contract with, the City of Philadelphia.

29. Q: We are offering our commercial-off-the-shelf product. Section 4.2.3. mentions providing resumes and job descriptions of those working on the project. Please advise how to complete this section when providing COTS products. Also please confirm these resumes and job descriptions count towards the 25-page limit.
   A: For off-the-shelf products, please include resumes for product and project management support staff or any relevant clinical staff that would support this project. Resumes and job descriptions will not count toward the 25-page limit.

30. Q: For section 4.2.4. References, our company only provides references after downselection. Please confirm this is acceptable. If not, please explain when and how the references will be contacted along with the questions they will be asked so we can prepare them properly?
   A: At least three references are a part of a complete application. Reference checks will be done after an internal review of final candidates.