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Specialty Care Request for Proposals—Questions and Answers

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This document contains questions and answers specific to the specialty care request for proposals (RFP). This document can be found on the Kaiser Permanente Colorado website at kp.org/share/co, under the questions and answers tab. This document was last updated on May 11, 2017.

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General Questions

Question: Is the goal of this RFP to enhance/create local referral networks or a state-wide network?

Answer: The two outcomes of this funding opportunity are:

- Work collaboratively with a cohort of grantees to develop and pilot a process for communication and referral across organizations, service areas, and systems that includes virtual and technological solutions
- Increase/improve access to specialty care for adults 18 years of age and older who receive Medicaid assistance and/or are low-income uninsured (including undocumented individuals) through expansion of an existing program or implementation of a new program already in the planning stages

We are seeking collaboration between grantees on a broader scale. The goal is not necessarily statewide.

Question: Where will the cohort meetings take place?

Answer: This is difficult to answer at this point, as the meeting location(s) will depend on the selected grantees' geographic locations. The first few meetings will likely be in person, and then virtual options may be available. These types of decisions will be made by the specialty care convener, in consultation with the grantees.

Question: What are you looking for in a balanced cohort of grantees?

Answer: A balanced cohort of grantees will include geographic diversity, readiness and capacity to engage in the work, and varied skillsets amongst the grantees.

Collaboration Questions

Question: How many organizations are you hoping will collaborate together for each grant award, or is it OK for a single organization to apply?

Answer: Applicants may choose to submit an application as a single entity or a consortium of organizations working together. A lead applicant must be identified.

Question: Will each grantee be tasked to create/pilot their own tech based specialty care access system?

Answer: This question is difficult to answer since at this point it is unknown what virtual and technological solutions are being used/explored. If a system is identified by the cohort as one to consider, it would be ideal for the cohort to vet its benefits and challenges as well as compare it to others, together.

Question: Is the expectation that each grantee will have its own population of specialty care providers to connect patients to or will grantees have access to connecting patients to Kaiser specialty care providers?

Answer: It is unlikely that any primary care providers working with the grantee will have direct access to Kaiser Permanente's specialty care providers. Applicants should be engaged with specialists in their communities.

Question: Do awarded grantees need to be working in the same specialty care area? How do you anticipate grantees focused on different specialty areas working together?

Answer: No, grantees do not need to be working in the same specialty care area. Regardless of the specialty, it is likely that grantees will benefit from group learning about best practices regarding such things as engaging/maintaining specialty care provider participation, care coordination, and referral processes in general.

Specialty Care Areas Questions

Question: Which specialty care (disease lines) will the cohort work on? Does Kaiser Permanente have specific priorities?

Answer: Specialty care refers to medical care provided by a clinician with advanced training and specialized clinical expertise in such specialty areas as cardiology, dermatology, and rheumatology. Specialty care does not include urgent and trauma care, family practice, or internal medicine. Kaiser Permanente does not have identified specialty area priorities for this RFP. Applicants will be required to provide local data regarding the state of specialty care services currently available for the RFP target population as part of their full proposals. Strong applicants will provide or plan to provide specialty care services that address the local community need(s).

Question: For purposes of this RFP, are behavioral/mental health and dental considered specialties?

Answer: Yes

Eligibility Questions

Question: Can Regional Care Collaborative Organizations or CCOs play a part in providing data and technology? For example, could a RCCO be a co-applicant or partner?

Answer: RCCOs cannot serve as the primary applicant. However, partnership with RCCOs by applicants is encouraged.

Question: Are dual-coverage patients over the age of 65 excluded from receiving specialty care as part of this RFP?

Answer: No

Question: What if any criteria exist for an "established workgroup" focused on specialty care?

Answer: A strong applicant will have a group that has already been working to improve/increase access to specialty care for the RFP's target population and has at least a specialty care program plan in place. The applicant must describe the structure of the work group and include the length of time the group has been in existence, significant partners, and their roles.

Question: If we currently have a contract with Kaiser Permanente telehealth specialty care, does that exclude us from this opportunity?

Answer: Assuming that this question is referring to participation in the Kaiser Permanente Safety Net Specialty Care program, the answer is no.

Question: Is it okay if applicants also serve Medicaid and uninsured persons under the age of 18, but solely utilize Kaiser funding for the adult population?

Answer: Yes

Evaluation Questions

Question: Will Kaiser Permanente provide evaluation support across all grantees? How will it be ensured that grantees do not duplicate efforts and data is gathered consistently?

Answer: Kaiser Permanente Colorado will provide support for evaluation across all grantees by developing data tracking templates, supporting the cohort evaluation and providing evaluation TA as needed. There are two streams of work highlighted in the

RFP and evaluation will be used to monitor both the progress toward the grantee's individual outcomes and the cohort's collective outcomes.

Successful applicants will be expected to monitor and report on the work of their specialty care programs. Data points highlighted in the RFP have been identified as key metrics specialty care programs may already be collecting or planning to collect. It is requested that applicants identify any additional metrics they are collecting as part of their specialty care programs. A data tracking template will be created. Successful applicants will be responsible for reporting baseline and evaluation data with their quarterly progress reports. Applicants should outline their expected outcome(s) for increasing access to specialty care for adults in their grant application.

The cohort will be in control of identifying their goals, expected outcomes and the process for achieving them. Likewise, the evaluation to monitor progress and to evaluate the impact will be driven by the cohort. Applicants should highlight their evaluation capacity and willingness to engage in the work of the cohort in their grant application.

Use of Funds Questions

Question: Would we be able to use a portion of the funds to contract for e-consult specialty care support? Or does that count as paying for specialty care?

Answer: Assuming that the question is whether or not funds could be used to pay for a vendor to support electronic consults, and that specialty care providers or services are not being directly paid for by the grantee, the answer is yes.

Question: How will specialists be reimbursed for providing care to undocumented patients if paying for specialists is not allowed as part of the grantfunding? How will specialists be incentivized to see patients if there is no funding?

Answer: We specifically included the note about not using grantfunds to hire, contract, or pay for specialists or for medical services since we are striving to build something that is sustainable beyond the grant period. We recognize that reimbursement is a barrier to specialty care access and we seek to fund possible solutions within the constraints of our current health care system. This RFP strives to build on work already being done in local communities by establishing a learning community that shares resources, creates efficiencies, and identifies barriers to work on together.

Question: How much of the total budget should be allocated to evaluation support?

Answer: A best practice is for applicants to budget a minimum of 10 percent of their total budget for evaluation. However, the needs of each grantee will be different depending on existing internal evaluation capacity. Applicants should consider the evaluation requirements outlined in the RFP to determine what resources they will need.

Question: How will the third-party cohort convener be funded?

Answer: Kaiser Permanente will issue a request for qualification for a third-party convener this summer. Kaiser Permanente will pay for the convener.

Question: Can you estimate how much time the designated org employee will spend in cohort meetings, perhaps in hours, so we can better budget?

Answer: It is likely that the frequency and duration of cohort meetings will be greater at the beginning phases of the grant. Grantees should estimate a minimum of monthly cohort meetings of two hours or more, with work expected to take place in-between meetings.

Question: Our organization is within Kaiser Permanente's service area. However, we represent communities both inside and outside of those "Kaiser Permanente" counties. Would only those communities in the defined area be able to benefit from this program if we are awarded?

Answer: No.