CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

ADDENDUM 1

Request for Proposal (RFP) SD25-00019
Health Care Provider Network and Prior Authorization services
Questions and Responses

Below are the responses provided by CDCR/CCHCS to the questions submitted for this RFP.

Question 1: Would you be willing to share a claim file with provider data so we can understand the most utilized providers? This will help us prioritize contracting efforts.

Response 1: CDCR/CCHCS is unable to provide this information due to the proprietary nature of the data.

Question 2: Will you share the list of currently contracted providers?

Response 2: The contract with the current Contractor is still effective and CDCR/CCHCS is unable to provide this information due to the proprietary nature of the information. While CDCR/CCHCS is unable to share a list of current contracted providers, we can share there are 99 contracted hospitals and approximately 1000 providers . These contracted hospitals and contracted providers deliver sufficient coverage within a 25-mile radius to all 31 institutions across the State of California.

Question 3: Will the winning Contractor receive the complete list of providers prior to the 12/1 contract date? With Health Net not renewing this contract, we don't believe there will be a conflict with sharing this information.

Response 3: CDCR/CCHCS anticipates sharing a complete list of providers upon execution of the contract. We are unable to discuss whether the current contractor will submit a proposal for this RFP.

Question 4: Does the State of CA have legislated, specific provider reimbursement rates for the prison population?

Response 4: CDCR/CCHCS does not have legislated, provider specific reimbursement rates. However, CDCR/CCHCS is expected to comply with the reimbursement rate requirements under California Penal Code Section 5023.5.

Question 5: If the answer to the prior question is YES – If providers are unwilling to contract at the legislated rate, is CDCR willing to negotiate higher reimbursement rates in order to achieve the required access standards?

Response 5: CDCR/CCHCS is open to rate negotiations to secure needed services. However, CDCR/CCHCS expects the contractor to obtain competitive and cost effective rates.

Question 6: Can you please provide details around the types and counts of providers that are onsite for each facility?

Response 6: CDCR/CCHCS currently has 33 contracted specialties for onsite services across the state. Provider counts can vary at each institution.

Question 7: Do you have a specific telemedicine vendor that you expect the Contractor to contract with for either synchronous or asynchronous consultations?

Response 7: CDCR/CCHCS utilizes many telemedicine vendors and providers and would like to continue to utilize their services under the new contract. CDCR/CCHCS anticipates sharing a complete list of telemedicine vendors and providers upon execution of the contract.

Question 8: Are all claims processed by the TPA, or are there categories of claims that the TPA does not receive? For example, telemedicine, on-site care, asynchronous claims.

Response 8: Yes, all claims are processed by the TPA.

Question 9: What is the role of the Contractor in assisting CDCR with improving the clinical Prior Auth process, excluding the technology/integration component?

Response 9: The Contractor will assist in ensuring specialists and hospitals acknowledge the implementation of prior authorization and schedule according to the authorization, including responding timely to requests for appointments, avoid cancellations, schedule appointments within designated compliance dates, and submit claims according to the authorized procedures.

Question 10: Does CDCR/CCHCS and/or TPA currently transmit an electronic eligibility file to the current network Contractor? If so, what is the format and frequency?

Response 10: Neither CDCR/CCHCS, nor the TPA currently utilize a prior authorization system.

Question 11: Will you please extend the due date by 2 weeks to 9/1?

Response 11: CDCR/CCHCS can consider extending the due date for submission of RFP proposals by two weeks from the original due date. Extension of the due date will not change the anticipated transition and implementation timeframe for the new provider network. Extension of the RFP submittal due date will be confirmed via an addendum to the RFP.

Question 12: Can you reconfirm the Contract Effective Date (listed as 12/1/26) and the minimum requirements needed for setup on that date? There is a Network Guarantee of 80% set up within 6 months and Claim/PA system 1 year after effective date.

Response 12: 12/1/26 is the anticipated contract execution date, assuming there are no changes to the current RFP dates. Network implementation will begin after contract execution. Prior Authorization does not have an expected implementation date at this time, as this is an optional item of the RFP. Integration with the TPA should begin within the first three months.

Question 13: Are you able to share the current contract in place with Health Net?

Response 13: CDCR/CCHCS is unable to share the current contract with Health Net due to the proprietary nature of the contract.

Question 14: We are under the impression that Health Net is charging a 'per claim' fee, are you wanting to maintain that bill structure?

Response 14: Yes, please see Attachment 16 - Rate Sheet.

Question 15: Who owns each component of Claims, Prior Authorization, and Utilization Management today?

Response 15: The claims system utilized by CDCR/CCHCS is Correct Care Integrated Health. There is no current Prior Authorization system. Utilization Management is internal to CDCR/CCHCS.

Question 16: Which Utilization Management (UM) and Prior Authorization (PA) functions will remain with CCHCS versus Contractor?

Response 16: All UM functions will remain within CDCR/CCHCS. Prior Authorization oversight and approval/decision workflows will be completed by CDCR/CCHCS. The Prior Authorization system should be an electronic system allowing for integration of current workflows and approval/denial processes.

Question 17: What inmate eligibility and identification data fields will be available to support claims processing?

Response 17: CDCR/CCHCS does not believe this information is relevant for the RFP.

Question 18: How are claims reconciled and linked to individual inmates today?

Response 18: Claims are not currently reconciled against prior authorizations.

Question 19: Are you able to share the list of network providers in the current Network today? Hospitals and providers?

Response 19: Please see response to Question 2.

Question 20: Is the contract and reimbursement in place with the provider today remaining for the next Carrier, or would the new Contractor need to recontract with each provider?

Response 20: The new Contractor will need to recontract with each provider.

Question 21: Are we safe to assume we are mirroring the current network?

Response 21: Yes, the new Contractor must contract with existing preferred providers that are currently providing and/or have previously provided services to CDCR/CCHCS.

Question 22: Are we taking over current contracts, or would we need to repaper these providers through the new contract?

Response 22: The new Contractor would need to repaper all contracts.

Question 23: How is inmate eligibility, census, and identification data be received and maintained today?

Response 23: CDCR/CCHCS does not believe this information is relevant for the RFP.

Question 24: What date would we need to be integrated and up and running with your TPA?

Response 24: Integration must begin with the first three months of contract execution.

Question 25: What role will the new Contractor play versus the existing TPA in claims processing and administration?

Response 25: The existing TPA will manage all claims processing and administration for CDCR/CCHCS.

Question 26: Are you able to share your contact at the TPA, so we have a detailed conversation regarding set up?

Response 26: Contact information will be provided upon contract execution.

Question 27: Can you confirm the claims process in more detail and how the new Contractor would be integrated into the workflow?

Response 27: The new Contractor would be required to send contract information (term dates, provider information, rates, etc.) to the TPA (format TBD). The TPA would load this information into the claims system. From this point, the Contractor would not be integrated into the claims processing workflow. All claims would go to the current TPA for processing and payment. The TPA would identify claims associated with contracted providers and provide a data file to the Contractor. The Contractor would utilize this information for billing purposes.

Question 28: Page 1 of RFPSD25-00019 references Exhibit A.1 – Service Specifications. Could you please confirm whether this refers to Section I Provider Network Requirements within Exhibit A – Scope of Work? If not, would you please advise which section or document contains the referenced section?

Response 28: Please disregard Exhibit A-1 – Service Specifications.

Question 29: Can you please confirm the effective date in which the prior authorization system is expected to be built and completed? Is this in conjunction with the 6-month post contract effective date 80% network implementation requirement, meaning it is expected to be completed by 5/1/27?

Response 29: Please see response to Question 12.

Question 30: Page 115 states that the RFP response should be submitted in PDF format. However, Page 110 suggests that project implementation plans should be provided in both PDF and the original Microsoft Project 365 format. Could you please confirm the expected submission format of our response documents and whether the implementation plans should be included in both formats?

Response 30: The Project Implementation Plan shall be submitted using Microsoft Project 365. All other proposal items shall be submitted in PDF format. Additional submission information will be provided via an addendum to this RFP.