

**RFP 2025-13 Advanced Primary Care Roadmap
Questions and Answers**

| No. | Bidder Questions: | Covered CA - Response: |
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| 1. | Has Covered California identified a preferred approach to expand access to advanced primary care at the outset of this project? Does Covered California have a perspective on the role of Qualified Health Plans versus direct actions to expand advanced primary care? | Covered California has several provisions in our past, current and future contracts that address and promote access to advanced primary care. The Advanced Primary Care Roadmap is designed to research options, assess purchaser levers, and define a phased approach, including clarifying roles between purchasers and health plans, and will inform Covered California's approach for the 2029-2031 contract. |
| 2. | What is Covered California's perspective on legislative and/or policy changes to achieve the stated RFP goals as part of the final roadmap? Does Covered California anticipate spending additional resources to implement the final roadmap? Has an implementation budget been established or consideration given about how to accommodate higher spending in the initial years of the roadmap? | <p>The Roadmap will identify strategies that public purchasers can implement through new or existing contracts or other levers. It does not assume or require new legislation but will note policy considerations and gaps within the current framework.</p> <p>Implementation may require ongoing resources beyond the first contract year. A formal multi-year implementation budget has not been established; early costs, scalability, and sustainability will be addressed in the Roadmap.</p> |
| 3. | What are Covered California's primary goals for stakeholder engagement? How many and what types of stakeholders are anticipated to be engaged? What are the proposed roles of Covered California staff and the contractor in stakeholder engagement? | Goals: inform roadmap development, reflect perspectives from purchasers, plans, providers, and key partners, and support cross-purchaser adoption. Stakeholders include public purchasers, health plans, providers, and others. The contractor leads engagement planning and synthesis; Covered California staff provide guidance, co-coordinate, decide how input is used, and serve as the main contact. |
| 4. | Does all work under this contract have to be completed onsite at Covered California? If not, how much work under this contract is expected to be done at the Covered California offices? Overall, how much work is expected to happen virtually versus in person? | Most work under this contract is expected to be performed remotely. While the contract designates Covered California's offices as the official reporting location, the project representative may direct when in-person work is needed, which Covered California anticipates to be limited. |
| 5. | How broad and deep does Covered California expect the review of the | While the evidence review should cover California, other U.S. states, and relevant |

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| | evidence on previous strategies to expand advanced primary care access to be in California, the United States, and internationally? What level of empirical evidence will be expected to rank potential solutions? What level of contextual detail is Covered California seeking to assess the feasibility of potential solutions? | international models, emphasis should be less on depth of detail. The goal is a concise and actionable comparative assessment of interventions based on outcomes, relevance, and fit with California purchasers. Contextual details should assess feasibility, including implementation complexity, workforce and infrastructure needs, sustainability, and administrative burden. Recommendations should guide metrics, governance, funding, stakeholder engagement, and scaling in California. |
| 6. | Can you confirm that the budget for this work is capped at \$75K for year 1? Given the scope of work requested, is there budget flexibility? | Yes, the approved funding for the contract will not exceed approximately \$75,000.00 for the term of the original contract and not to exceed \$50,000.00 per year for any extensions of the term. Covered California may, at its sole discretion, extend the term of the contract for two (2) years. The total number of contract years shall not exceed three (3) years. |
| 7. | The RFP has a release date of March 24, 2025 (footnoted "V.05.28.2025"). Was this RFP previously released in 2025 or is this a typographical error? | Footnote (V.05.28.2025) reflects the newest version of the RFP Template. Addendum 1 RFP 2025-13 Advanced Primary Care Roadmap was posted April 9, 2026, to correct the RFP Cover Page date from March 24, 2025, to March 24, 2026. |
| 8. | Overall short to medium term goals for this project: what does success look like under this scope at the 12 month mark? | At 12 months, success means delivering a complete, actionable foundation for advanced primary care implementation that can be undertaken by Covered California and others, not executing the full roadmap. This includes completing core deliverables such as a project plan, a summary of public purchaser levers, and a synthesis of evidence from California, other states, and international sources. (see Exhibit A, D. General Scope or Tasks). Deliverables should be translatable into the 2029-2031 Covered California contract. |
| 9. | Does Covered California have a vision for how this work would relate to the existing Advanced PC Initiative and its | Covered California views the existing California Advanced Primary Care Initiative, including its MOU and roadmap for |

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| | <p>MOU and Roadmap that is focused on commercial lines of business across several participating insurers? Would the two efforts join up?</p> | <p>commercial lines, as foundational context. The APC Roadmap will leverage prior work to provide aligned direction to public purchasers, health plans, and other stakeholders, without formally merging the two efforts.</p> |
| 10. | <p>How does this scope relate to <u>OHCA's</u> statutory mandate, efforts and workgroups?</p> | <p>Covered California anticipates the APC Roadmap will align with and complement the Office of Health Care Affordability (OHCA) activities.</p> <p>OHCA definitions, benchmarks, and reporting structures, including primary care spend, APM adoption, and quality/equity measures are necessary context for the APC Roadmap which will translate statewide affordability goals into Covered California-specific purchaser and QHP levers.</p> |
| 11. | <p>The scope calls for “research and analysis of advanced primary care initiatives and purchaser strategies in California.” Given Covered California’s cross payer engagement initiatives already underway, what are Covered California’s knowledge gaps currently about current state initiatives?</p> | <p>While Covered California has extensive knowledge of ongoing advanced primary care (APC) initiatives and cross-payer engagement efforts, the APC Roadmap scope recognizes several key needs including: mapping public purchaser levers, synthesizing of California practice-transformation initiatives and outcomes, understanding feasibility, operational burden, infrastructure needs, and creating purchaser-specific roadmap that clearly defines roles, responsibilities, timelines, and levers.</p> |
| 12. | <p>Given the high degree of national consensus around NASEM’s 2021 “Implementing High-Quality Primary Care” report, as well as work in California that has already established a vision for hybrid payment to practices based on a common measure set, has Covered California already worked on an evidence based payment/delivery model that it would like to see roll out across public purchasers? If not, what are the key design questions that need to be addressed to consider adaptation to the public purchasers?</p> | <p>Covered California has not yet defined a hybrid payment and delivery model for all public purchasers. The APC Roadmap will address design questions: purchaser-specific roles and levers, balancing prospective payments and FFS, operationalizing a common measure set across lines of business, and assessing feasibility, burden, and infrastructure needs, and integrating equity, social-needs, statutory, and budget constraints.</p> |

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| 13. | <p>What is the vision for the Roadmap Framework deliverable? Who are the expected audiences and level of technical detail?</p> | <p>The Roadmap Framework is envisioned as a practical, actionable blueprint for public purchasers and health plans, not just a conceptual report. It is intended to translate evidence and purchaser levers into sequenced, implementable steps that support advanced primary care at scale. The framework will define roles, priority actions, metrics, funding, governance, stakeholder engagement, and implementation support.</p> <p>Primary audiences include public purchaser leadership (Covered California, DHCS, CalPERS, and others), Qualified Health Plan issuers as the main implementers, and other system stakeholders such as provider organizations and practice-transformation partners. The framework provides executive summaries with technical details on contracts, APMs, measure sets, data/reporting expectations and implementation considerations sufficient for actionable decision making.</p> |