Date: January 20, 2015

Questions and answers submitted in response to RFP 2015-RRG-403 Network Adequacy are listed below.

Questions

Q1 – How is claims data collected from insurers? Is it comprehensive, in that all payers in New Hampshire contribute claims?

Answer – The claims data are collected through the use of Milliman as a data consolidator and vendor of the state. The NHCHIS includes claims and enrollment data from both carriers and TPAs. All carriers and TPAs not meeting the de minimis threshold must submit to the state (current threshold is $250k in premium and 200 members). Please see the NHCHIS website for additional information: https://nhchis.com/.

Q2 – Are claims provided for residents of New Hampshire (even if claim was out-of-state, for care provided in a bordering state for example), or for claims for care solely provided in New Hampshire?

Answer – The NHCHIS includes data for residents treated out-of-state.

Q3 – How frequently is the contractor awarded this contract expected to be onsite? Is there a preferred percentage split between onsite and offsite time?

Answer – The contractor is only required to be on site for the network adequacy workgroup meetings.

Q4 – Are claims data from out of state providers included in the New Hampshire Comprehensive HealthCare Information System (NHCHIS) database?

Answer – Yes. The NHCHIS includes data on residents and non-residents covered under a NH policy. Any service covered under the benefits provided by the carrier or TPA is included in the NHCHIS, regardless of where the service took place.
Q5 – For purposes of this project, will all the data from the NHCHIS database be available to the successful RFP bidder?

Answer – Yes. The data will be provided directly by the NHID.

Q6 – Will those data be available electronically, offsite or will the bidder need to be in New Hampshire to access the data?

Answer – The data will be provided electronically through an FTP site.

Q7 – The **Budget** section (B)(3) RFP mentions monthly meetings. Is it anticipated that those meetings will be held in New Hampshire?

Answer – Yes, in Concord.

Q8 – Are there other travel requirements expected in this project?

Answer – Yes, for the Network Adequacy Workgroup meetings.

Q9 – The RFP mentions CPT codes should be emphasized and analyzed in designing the NA standards, more so than provider specialty. Will diagnosis codes, DRGs, etc. also be available and used for analysis?

Answer – The conceptual model is based on the use of CPT codes, but does not preclude the use of other codes/systems. However, some alternative systems may not be reliable, as the DRG is not consistently populated in claims data.

Q10 – Is it expected that telehealth vendors/providers must be staffed by physicians and other providers/professionals who are physically located in New Hampshire? Must they be licensed in New Hampshire?

Answer – The NHID is not making determinations about the standard of care or licensing requirements.

Q11 – The current Network Adequacy rules mention Nurse Practitioners but not Physician Assistants (PA)s. Are there no PAs in New Hampshire and will there not be any during the effective period of these new Network Adequacy rules?

Answer – NH law allows nurse practitioners to practice independently, but physician assistants must be supervised by a physician. Regardless, we anticipate that the increased patient capacity afforded by the use of PAs is relevant when making determinations about network adequacy.
Q12 – The NHCHIS exempts insurers that write less than $250,000 in premiums and third party administrators (TPA)s with fewer than 200 covered lives. Is there a figure from Milliman or elsewhere estimating the percent of total claims included in the NHCHIS database?

Answer – The NHID does not have this analysis for NH, but based on unpublished analyses in other states, we believe that less than five percent of data are missing due to the de minimis exemption.

Q13 – Will the network adequacy standards be applicable to Medicare, Medicaid, Dental, Vision, Workers’ Compensation and any other insurance plans that cover health, medical and hospital services?

Answer – The network adequacy standards covered under this RFP are specific to commercial insurance. They may also be adopted for use by the NH DHHS and Medicaid, but that course of action is independent from the activities covered under this project. Dental and vision services are included under the scope of this project. Medicare is not regulated by the NHID and not included under this project.


Answer – Although we include Medicare identifiers in the data submission rules/dictionary as a safeguard, we have not intentionally collected these data.

Q15 – Please clarify whether bidders are required to submit hard copies of the proposal in addition to the email submittal? If so, when are those due and how many sets should be submitted?