Questions and answers submitted in response to RFP 2017- ECG 106 CHIS Analysis of Mental Health/SUD and Preventive HEALTH Services are listed below.

Questions

Q1 – Does the NHCHIS data contain data elements in the claims tables which would allow a user to see the provider location where an individual claim was serviced?

Answer – The NHCHIS contains provider location, here is the data dictionary for more information

Q2 – Could you please confirm that the anticipated timeline for this SOW is mid-August to December 31, 2017?

Answer – The timeline stated is appropriate.

Q3 – Is there a projected budget and/or an estimated level of effort in terms of hours or FTEs for this engagement, and if so, can you specify?

Answer – We do not have a max budget set for this project. Proposals should be as economic as possible with the most comprehensive deliverable as possible.

Q4 – Will the contractor be responsible for questions of interpretation of legal questions or will NHID supply any necessary legal expertise?

Answer – The Contractor is not responsible for concluding that violations of state or federal laws have occurred, but rather for developing findings from these data that may suggest the existence of violations of parity and/or preventive care requirements. The NHID recognizes that it is not a foregone conclusion that parity violations exist, and therefore, the Contractor responsibilities under this contract are not dependent on verifying violations.
Q5 – The majority of the RFP appears to relate to commercial carriers. However, on page 2, the RFP notes that the Contractor shall work in partnership with the NHID and NH DHHS to develop a set of criteria and method that can be used to identify and track substance abuse providers. Is this the only component of the RFP for which Medicaid will be part of the work? If Medicaid is included in other components, please specify which ones.

Answer – The effort of DHHS will be limited to identifying and tracking substance abuse providers.

Q6 – On page 2, the RFP states, “The Contractor shall develop the methodology for measuring access more accurately and comprehensively than through the current NHID network adequacy requirements, including the anticipated rule enhancements…” In addition to developing mechanisms for measuring access, does the contract include executing these mechanisms to measure current access?

Answer – Beyond testing the methodology, the NHID does not expect the contractor executing these mechanisms.

Q7 – When do you expect the draft adequacy rule to be final? Do you anticipate some changes based on the rule making process?

Answer – We expect the draft rule to be final no later than the end of November 2017. The rule making process includes public hearings which could result in changes to the draft rule.

Q8 – Is there a full account of denied claims in the CHIS? Is there a separate reporting mechanism to help identify denied claims?

Answer – The NHCHIS contains denied claims; more information can be found in our data dictionary. The current extract does not include a well-populated denied claim reason code but does include denied indicator nearly 100% of the time.


Q9 – What services are required to be authorized?

Answer – Assuming the question if referring to the authorization of behavioral health services, authorization requirements are determined by the carrier and the benefit design

Q10 – Are complaints or grievances parity specific? Will this information be available to the contractor?
Answer – NHCHIS does not include complaint data.

Q11 – Will the contractor have access to information on the SUD medical necessity criteria currently used by carriers?

Answer – NHID could provide this information to the contractor.

Q12 – Will the contractor have access to authorization requests and decisions?

Answer – These data are not included in NHCHIS.

Q13 – On page 3 of the RFP there is a reference to “internal and external resources for behavioral health expertise.” What external resources are available for this purpose?

Answer – The contractor should identify the internal and/or external behavioral health resources they plan to use in their proposal.

Q14 – Is there an existing group/committee of providers and patient advocates to discuss the analytic design of the project or would the contractor be responsible for convening this group?

Answer – NHID convenes the Behavioral Health and Addiction Services Advisory Committee…

https://www.nh.gov/insurance/consumers/behavioral_health_addiction_services_committee.htm

Q15 – What is the timeframe of the claims data to be analyzed?

Answer – NHID will provide multiple years of detailed claim and membership data from the NHCHIS. Upon commencement of the contract an extract will be available through March 2017; a new extract will become available during the contract that will include claims through June 2017. The data dictionary is available online at this line: https://nhchis.com/DataAndReport/DataSetDocumentation

Q16 – Does the State want the behavioral healthcare parity analysis and the preventive care services cost-sharing analysis to be completed at a broad state-wide level (without individual carrier/plan details) or to include detailed results at the carrier/plan level?

Answer – NHID would like results shown at the carrier and market category (individual, v. group)

Q17 – Will the State be able to provide multiple years of detailed claim and membership data from the NHCHIS for these analyses (2014-2016) along with a data dictionary describing the data fields of each file?
Answer – NHID will provide multiple years of detailed claim and membership data from the NHCHIS. Upon commencement of the contract an extract will be available through March 2017; a new extract will become available during the contract that will include claims through June 2017. The data dictionary is available online at this line: https://nhchis.com/DataAndReport/DataSetDocumentation

Q18 – The RFP states that “Determining parity of payment levels is beyond the scope of this analysis…”; however, the lack of parity in provider payment levels can contribute to network inadequacy and greater use of out-of-network benefits for behavioral healthcare services, which could also indicate an non-quantitative treatment problem under parity. Is the State open to including provider payment level analysis within the scope of this work?

Answer – Please do not include provider payment level analysis as part of your bid.