

**STATE OF NEW HAMPSHIRE**  
**2020 – Mental Health Parity Compliance Assurance Plan Monitoring**  
**REQUEST FOR PROPOSALS**

**INTRODUCTION**

The New Hampshire Insurance Department (Department) is soliciting requests for proposals (RFPs) for a Contractor to provide oversight and analysis to assess compliance with an Agreed Order (Order) and Compliance Assurance Plan (CAP), resulting from the recent completion of two (2) market conduct examinations. The examinations shall remain open until the completion of the 24-month monitoring period as required by the Order.

The Department seeks assistance relative to monitoring and oversight of the execution of the requirements of two Agreed Orders and two CAPs, which focus on mental health provider reimbursement practices and network development efforts, and which include compliance testing, a survey of in-network providers, and data analyses for investigation of specific non-quantitative treatment limitation requirements associated with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. The contract is anticipated to continue through June 30, 2022.

**GENERAL INFORMATION/INSTRUCTIONS**

The Contractor is expected to use their expertise in all aspects of MHPAEA, the federal regulations promulgated under MHPAEA as well as federal sub-regulatory guidance, and related New Hampshire insurance regulatory requirements to contribute to the successful completion of this project.

Bidders should thoroughly review the full examination reports and Agreed Orders, found [here](#), prior to preparation and submission of proposals. Please note that the CAPs are confidential as provided for in RSA 400-A:37, and will only be shared with the Contractor(s) selected to complete the project.

All work performed under this contract is specific to the two entities included in the Orders. Anthem Health Plans of New Hampshire, Inc. and Matthew Thornton Health Plan, Inc. are considered one entity. Harvard Pilgrim Health Care of New England, Inc. is the other entity.

The Contractor shall evaluate comparability between mental and physical health coverage by focusing efforts on carrier reimbursement practices and provider networks. In general, comparisons should be based on whether coverage is for a medical/surgical (M/S) or mental health/substance use disorder (MH/SUD) services, but various analyses may consider comparisons with specific provider types within these broader categories. The potential existence of non-quantitative treatment limitations is the purpose of the evaluation. Relevant documentation shall be reviewed for accuracy and completeness, as well as for indications of discriminatory practices. Proposals must be received by 4:00 p.m. local time on April 24, 2020,

and may be mailed to the attention of Maureen Belanger at the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, New Hampshire, 03301. **Electronic proposals are preferred**, and should be sent to [maureen.belanger@ins.nh.gov](mailto:maureen.belanger@ins.nh.gov). Please include **“RFP 2020 – MHP – Compliance Assurance Plan Monitoring”** in the subject line.

Proposals should be prepared simply and economically, providing a straightforward, concise description of bidder capabilities and approach to work. Emphasis should be on completeness and clarity of content. A successful proposal will include all the tasks outlined in the RFP.

It is not necessary for the Contractor to work on site at the Department, however, resources including desk space, computer hardware and software, and other administrative items can be provided if included in the proposal.

Contractors may submit separate proposals for the following segments of work, with the understanding that coordination with other Contractors may be necessary, and should be anticipated in the proposal:

- Order and CAP monitoring and compliance testing
- Data analysis and survey of health care providers

## **SERVICES REQUESTED**

The NHID seeks a Contractor to perform complete, thorough assessments of compliance with each Order and CAP. This includes a review and analysis of quarterly reports required under the Order and CAP, and may include dialogue with the carrier and requests for additional information.

Prior to December 31, 2020, the Contractor shall review carrier online posted directories and perform a “mystery shopper” survey of providers listed as in-network by the carriers. The review and survey shall determine:

- Whether there are a greater number of inaccuracies associated with the listing of MH/SUD providers vs. M/S providers
- If appointment times are sooner with M/S providers than MH/SUD providers; and
- If a greater share of M/S providers are taking new patients.

Prior to September 30, 2021, the Contractor shall perform an analysis of the provider networks to compare outcomes associated with network development practices by the carriers. The Department receives detailed provider networks from all carriers and performs an analysis of compliance with network adequacy requirements (Ins 2701). The Department has developed an algorithm to show carrier networks as a percent of available providers, by service category and county zip code (a snapshot of the tool can be found in Appendix A). The Contractor shall be responsible for developing the methodology and evaluation criteria to use the network submissions and consider whether information provided by the carrier is accurate, and that the carrier does not use discriminatory practices in developing their MH/SUD networks.

Prior to December 31, 2021, the Contractor shall perform an analysis of the New Hampshire Comprehensive Health Information System (NHCHIS) reimbursement information in a manner similar to the BerryDunn analysis and report included as an appendix to the exam reports. The Contractor shall provide findings for professional reimbursement levels by specialty, relative to the Medicare payment levels, as provided to the Department by BerryDunn. Proposals that include an analysis of inpatient data similar to the BerryDunn analysis are welcome, but this step is not required.

The proposal should include information and detail which supports resources and costs for the work to be completed during the Order and CAP monitoring period of March 1, 2020 through March 31, 2022. Project work is anticipated to commence by May 15, 2020, and all work associated with monitoring, assessment activities, survey, and data analyses, including draft reports, is anticipated to be completed by June 30, 2022. The Contractor must be available for consultation, and to attend and testify at meetings or hearings through the end of the contract.

The Contractor shall be responsible for work that includes the following specific tasks:

- Execution of a complete and thorough assessment and monitoring of all requirements as outlined in each Order and CAP.
- Review of online provider directories and survey of in-network providers
- Analysis of provider networks
- Analysis of NHCHIS claims data
- Submission of detailed status updates/reports in the manner and intervals prescribed by the Department.
- Other work related to the project, as prescribed by the Department.

At the conclusion of the monitoring period, for each Order and CAP, the Contractor will be responsible for preparing a written report of high quality. Each written report will include:

- Detailed discussion and findings of each requirement assessed or monitored
- Comprehensive written explanations and thorough documentation supporting any critical comments
- Summary of issues raised by the review and report, and any associated recommendations

The Contractor may be required to attend and testify at meetings, including public, administrative, judicial, or legislative hearings, as requested. Contractor may be subject to deposition, based upon activities and findings during the monitoring period.

Any code or product produced by the Contractor in support of this project shall be the property of the Department, and any reference by the Contractor to the work performed will credit the Department as the sponsor, and indicate that the work performed by the vendor is as an independent contractor for the state.

## EVALUATION OF PROPOSALS

Evaluation of the submitted proposals shall be conducted as follows:

- (A.) General. An evaluation team will assess the bid for completeness and appropriateness.

Officials responsible for the selection of a Contractor shall ensure the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications.

Failure of the bidder to provide all information requested may result in disqualification of the proposal.

- (B.) Specific. A comparative scoring process will measure the degree to which each proposal meets the following criteria:

(1) *Specific skills needed:*

- a) Expertise with the operational processes and procedures of health carriers relative to MHPAEA. Narratives must identify the role and title of each individual proposed for the project.
- b) Experience relative to the development, implementation and execution of the Market Conduct process, and familiarity with the NAIC Market Regulation Handbook is preferred, but not required.
- c) Expertise with the operational development and assessment of MHPAEA non-quantitative treatment limitations, as written and in operation.
- d) Familiarity with the NQTL Self-Compliance Tool checklist.
- e) Expertise with both operational analysis and data analysis of provider reimbursement practices.
- f) Ability to execute a comparative analysis of provider networks, including an assessment of network development efforts.

40% of total score

- (2) *General qualifications and related experience of the Contractor to meet the demands of the RFP.* The proposal must include a summary of experience, including a current resume for each individual expected to perform work under the proposal, and time estimates for each person.

20% of total score

- (3) *Derivation of cost for the Contractor time.* The proposal will be evaluated with particular scrutiny of the hourly rates and how efficient the Contractor is likely to be, based on the Contractor's skills and experience. The proposal must include a budget for the total expenses, as well as a not-to-exceed limit. The not-to-exceed limit should serve as a limit for overall Department financial exposure, but also as a limit on Contractor resources dedicated to this project.

Cost Tables. The Contractor should use the following cost tables in their proposal. The bid should include staff name, project role, proposed hours and hourly rate for the project.

Cost Table:

<b>Proposed Budget – CAP Monitoring</b>				
<b>Staff</b>	<b>Project Role</b>	<b>Proposed Hours</b>	<b>Hourly Rate</b>	<b>Proposed Budget</b>
	Total Hours:		Sub-Total:	
Other Costs Description:				
Other Costs Amount:				
Total <b>“Not To Exceed”</b> Amount:				

Other costs Description. The proposal must include amounts for any material expenses related to performing the work (e.g. specialized computer hardware or software) and any expected out-of-pocket or travel expenses. No benefits in addition to payment for services other than those specifically identified above or included in the proposal shall be provided by the Department under the contract.

Proposals should state any period during the term of this contract that Contractor resources may be limited or inaccessible.

The not-to-exceed amounts for each segment of work will be considered in the evaluation scoring formula.

20% of total score

- (4) *Plan of Work, Timeframe and deliverables.* The proposal must include a Work Plan and specify a timeframe in which the Contractor commits to project deliverables as they are developed. The proposal should be specific about the steps that will be taken by the Contractor. The Contractor is welcome to identify periods of time that they will have reduced resources available, or other considerations that will allow resource planning during the term of the contract. The Work Plan should include a description of the anticipated products, a schedule of tasks, deliverables, major milestones, and task dependencies.

20% of total score

- (C.) Conflict of Interest. The applicant shall disclose any actual or potential conflicts of interest.
- (D.) Other Information. The proposal must include a listing of references of recent engagements of the Contractor that reflect the skills appropriate for work on this project, including telephone numbers and specific persons to contact.

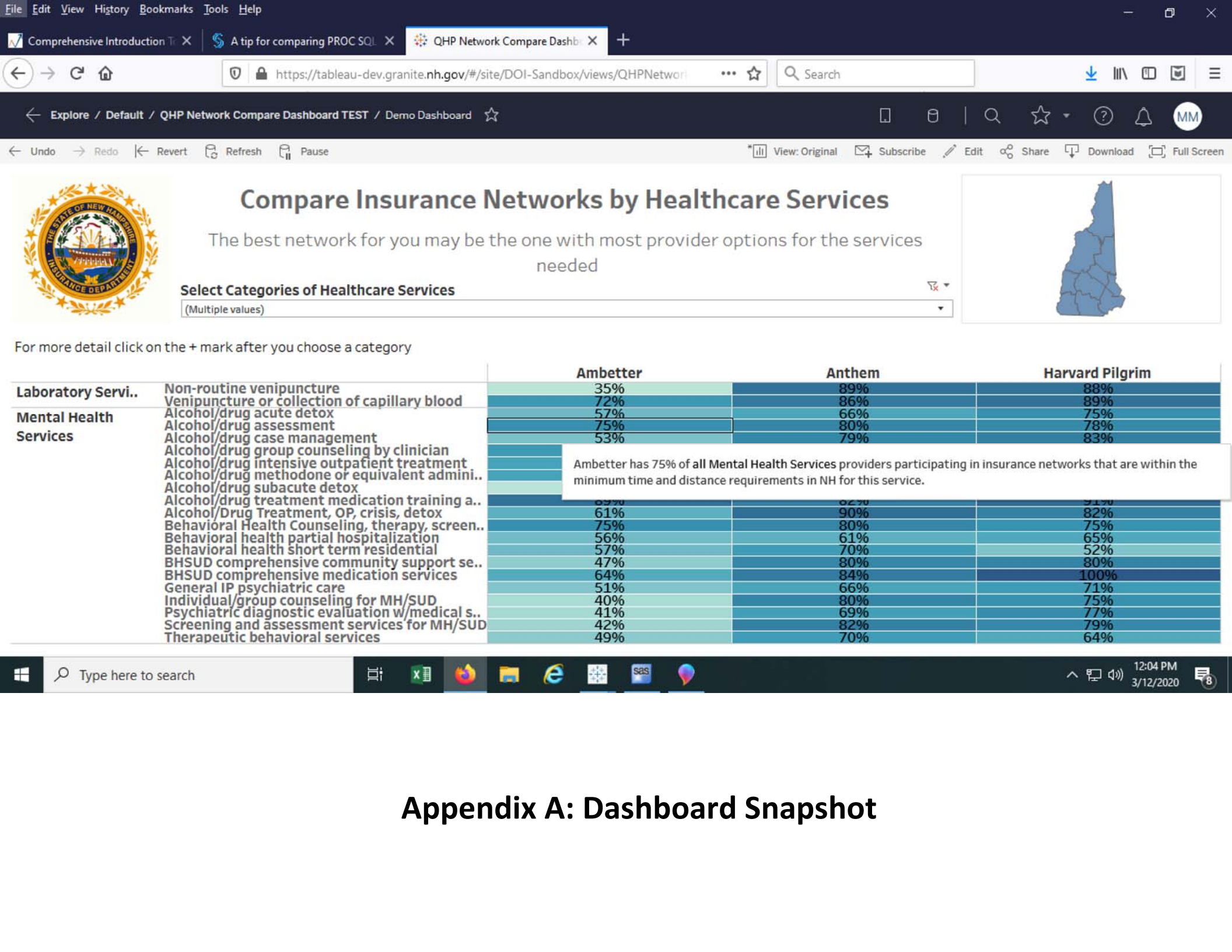
The Department may request interviews with Contractor staff proposed to work on the project.

The New Hampshire Insurance Department will accept written questions related to this RFP from prospective bidders until March 27, 2020. Questions should be directed to Maureen Belanger via email at [maureen.belanger@ins.nh.gov](mailto:maureen.belanger@ins.nh.gov). Please include “RFP 2020 – MHP – Compliance Assurance Plan Monitoring” in the subject line.

A consolidated written response to all questions will be available on the New Hampshire Insurance Department’s website [www.nh.gov/insurance](http://www.nh.gov/insurance) by March 31, 2020.

The selection of the winning proposal is anticipated by April 29, 2020. Please be aware that the winning bidder will need to provide all signed paperwork to the NHID by May 8, 2020 in order for deadlines to be met.

Proposals received after the above referenced date and time will not be considered.  
The state reserves the right to reject any or all proposals.



# Compare Insurance Networks by Healthcare Services

The best network for you may be the one with most provider options for the services needed

Select Categories of Healthcare Services

(Multiple values)



For more detail click on the + mark after you choose a category

	Ambetter	Anthem	Harvard Pilgrim
Laboratory Servi..	35%	89%	88%
Non-routine venipuncture	72%	86%	89%
Venipuncture or collection of capillary blood	57%	66%	75%
Mental Health Services	75%	80%	78%
Alcohol/drug acute detox	53%	79%	83%
Alcohol/drug assessment			
Alcohol/drug case management			
Alcohol/drug group counseling by clinician			
Alcohol/drug intensive outpatient treatment			
Alcohol/drug methodone or equivalent admini..			
Alcohol/drug subacute detox			
Alcohol/drug treatment medication training a..			
Alcohol/Drug Treatment, OP, crisis, detox	61%	90%	82%
Behavioral Health Counseling, therapy, screen..	75%	80%	75%
Behavioral health partial hospitalization	56%	61%	65%
Behavioral health short term residential	57%	70%	52%
BHSUD comprehensive community support se..	47%	80%	80%
BHSUD comprehensive medication services	64%	84%	100%
General IP psychiatric care	51%	66%	71%
Individual/group counseling for MH/SUD	40%	80%	75%
Psychiatric diagnostic evaluation w/medical s..	41%	69%	77%
Screening and assessment services for MH/SUD	42%	82%	79%
Therapeutic behavioral services	49%	70%	64%

Ambetter has 75% of all Mental Health Services providers participating in insurance networks that are within the minimum time and distance requirements in NH for this service.

Appendix A: Dashboard Snapshot