

STATE OF NEW HAMPSHIRE  
 Department of Health and Human Services  
 Uniform Health Facilities Discharge Data System (UHFDDS)  
 DHHS - RFP 2016-024

**QUESTIONS & ANSWERS**  
**VENDOR CONFERENCE September 30, 2015**  
**ADDENDUM #2**

	SECTION	QUESTION	ANSWER
1.	General	At one point, a consultant was going to be brought in to conduct a Feasibility Study. If so, who was vendor, how were they selected, what was the funding source, and what was the contract date/amount?	The State decided not to complete a Feasibility Study but rather to move forward directly to release of this RFP.
2.	General	How is this project funded? What is the estimated project cost?	This Contract will be funded in the first year with Federal Grant Funds awarded to the Department of Insurance. The subsequent years (2 through 5) will be funded with State Funds along with anticipated Federal Funds.  For estimated costs, see Answer #4 below.
3.	General	What is the Contract Award? What is the contract year?	This is a Firm Fixed Price/not to exceed contract. For the first year of the contract funds shall not exceed \$250,000. For subsequent years, see #4 below.  Contract year 1 will begin upon Governor and Executive Council approval with a completion date of September 30, 2016
4.	General Page 4	Are there any price thresholds for the ongoing operations and technical support services? If so, what are those thresholds?	The State anticipates that ongoing operations and support will be on the order of \$75,000 per year. Bidders are encouraged to submit their best price.
5.	General Page 5	What is the State's estimated implementation timeline in months?	The implementation timeline is anticipated to be no less than 180 calendar days, but cannot extend beyond September 30 2016

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6.	General Page 6	<p>Does the State currently run claims through a Grouper software to assign DRG and APC and assign reimbursement amounts to claims?</p> <p>Does the State want the selected contractor to use Grouper software and assign reimbursement to the claims?</p> <p>If so, is there a specific Grouper software desired?</p>	<p>Yes – The Inpatient data files are run through a DRG and MDC grouper based on the date of discharge and the applicable Grouper version. The Grouper software used by the State is a 3M product. The State does not assign APC or reimbursement amounts to claims.</p> <p>Yes – The vendor is expected to have approved Grouper software available to assign DRG and MDC values to discharges, but not to assign reimbursement amounts to claims.</p> <p>No - The Grouper currently used is a standard for Inpatient discharges, so while it is preferred, the Grouper currently used by the State is not mandatory. The vendor shall provide approved Grouper software for use on NH discharges.</p>
7.	General	Are there stipulations around the grant regarding how much is licensed and how much is custom development?	No - Under this RFP, the State is looking for an established product which would require minimal custom development. The state considers this to be an operations and services contract instead of a software and/or system contract.
8.	General	Does the NH DHHS have a list of technical requirements, application 'stacks', or data fields, which are necessary?	<p>a. Yes – The technical requirements are in Attachment C-2 of the RFP.</p> <p>b. No – The State is expecting the vendor to provide the application stacks as part of the Solution.</p> <p>c. Yes – The data fields are in Attachments D1 and D2 of the RFP.</p>
9.	General	Can a WORD version of the RFP and an Excel version of the RFP Requirements be provided?	The State is not able to provide a WORD version of the RFP; however, an Excel version of the RFP Requirements are available upon request via email to Caroline Trexler.

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10.	Section 4.11 Security	Will hosting on Amazon Web Services or on a secure local site be acceptable?	The State’s concern is that the Vendor’s technology solution is operating in secure environment that conforms to the specification of a Tier 3 or Tier 4 data center. We do not have a preference for the hosting firm; however, the Vendor must be able to validate that the solution is secure.
11.	Section 5.4.1 – page 19	The final sentence of Paragraph 1 requires clarification: “The contribution of scoring team members representing all stakeholders will be critical in this section.”	Delete the following section from RFP Section 5.4.1: The contribution of scoring team members representing all stakeholders will be critical in this section.”
12.	Appendix A Page 33	a. What are the key factors and reasons why the State is looking to take an in-house function and replace it with a Vendor to perform this function?  b. What is the current FTE count used by NH and NH DoIT to meet the requirements described in this RFP?	a. The key factors and reasons include but are not limited to: State hiring freezes and unfilled vacancies; challenges in managing programs that require dedicated resources; the need to utilize limited NH DoIT resources on other Department priorities; the need for outreach services; as well as the need to process data more quickly and efficiently and improve the overall quality of the data by using Vendor resources.  b. Approximately: 3.4 FTE Total NH DHHS – ~1.3 NH DoIT – ~2.1
13.	Appendix A State of NH Terms and Conditions, Agreement, General Conditions, Form P-37	Does the blank form, noted as 1. Identification, need to be completed by the vendor?	The Form P-37 does not need to be completed by the Vendor.  However, the terms and conditions contained on page 2, 3, and 4 of the P-37 should be reviewed in its entirety. Any exceptions to these terms and conditions should be provided in Appendix I – Exceptions to Terms and Conditions.

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14.	Page 37 and 59 there is reference to 9/30/2016 for the quarterly data processing for data year 2015	<p>a. Is it the expectation of the department that the G&amp;C will be approved no less than 180 days prior? If not, will considerations be made regarding completion date?</p> <p>b. Upon receipt of the 2015 data from the Department of Information Technology and the Department of Health and Human Services, if limitations are discovered, such as missing data, will considerations be made regarding completion date?</p> <p>c. In the event that limitations are found in the 2015 data files, would considerations be made to accept a partial file? For example, receive Inpatient first to be followed by Outpatient at a later date to be agreed upon.</p>	<p>a. Yes, that is the State’s expectation. The State will consider adjusting the completion date if possible</p> <p>b. The State will consider revising the completion date in the event there is no other feasible way of achieving the contract deliverables.</p> <p>c. The State will consider the delivery of a partial file in event that a) there was no other feasible way of meeting the project timeline, and b) there is a clear understanding and timeline for submitting the remaining deliverables.</p>
15.	Appendix A Page 39 Table C-3	<p>Are you only asking the vendor to cite the part in the proposal that addresses the activity, deliverable, or milestone?</p> <p>Alternatively, are you looking for very detailed responses in this checklist section?</p>	<p>In the checklist section, vendors should cite the section of their proposal that expounds upon each requirement in the checklist.</p> <p>Detailed responses do not need to be included in the checklist, but included in other sections of the proposal.</p>
16.	Section D.1.4 Page 45	The third bullet states, “Describe the process used to produce derived and calculated fields as set forth in the NH Administrative rule He-C 1500.” Can you provide a brief explanation of the standards for calculated fields that are set forth in the rule?	H-CUP standards are used as applicable.
17.	C-2 Requirement B6 Page 121	Please provide clarification of specific rule to which is referred in; “Creation of discharge records per rule.”	Requirement B6 refers to He-C 1500.

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18.	C-2 Requirements B-37 – B39	<p>These requirements reference Attachment D2 for providing a consolidated data file. On page 4 of the Attachment (page 156) there are listed 18 columns for revenue codes and 18 columns for HCPCS codes;</p> <p>a. What is the expectation as to how the cases that have more than 18 revenue or HCPCS codes to be handled?</p> <p>b. What process is used to ensure that the primary procedure is included in the data submitted by the hospital?</p> <p>c. If there are cases that have more than 18 distinct HCPCS codes, how are the 18 codes chosen, and why are some codes excluded?</p>	<p>a. It is expected that the vendor will receive, process and store all revenue/HCPCS codes as submitted by the hospitals in their files, regardless of how many columns are reported in the annual dataset. The columns in Attachment D2 show a total of 18 codes due to space and the presence of available, accurate codes being submitted by hospitals, and were capped at this amount in the users’ dataset.</p> <p>b. Primary procedure code must be present in all file submissions. If not present, the hospital must re-submit as a correction.</p> <p>c. The 18 codes were chosen as a capped amount of fields to display for users as a result of reviewing the number of codes being sent by hospitals. Additional codes are stored as part of the original file submission in the internal database.</p>
19.	C-2 Requirements A1.26, pg. 140	<p>Can you provide clarification to the statement “The application must allow a user to explicitly terminate a session. No remnants of the prior session should then remain.”</p>	<p>The application must allow the user to log-off, not just disconnect or time-out, so that the “termination” is clean and without residue. Sometimes applications relying on back-end databases will still keep a user’s session locked up if the connection is abruptly broken or incomplete. In addition, the application should not store user credentials in cache.</p>
20.	C-2 Requirements Application Security Testing Section, pg 141-142	<p>Can you provide clarification to what is expected as a deliverable for “verification of testing”?</p>	<p>The State requires that vendors operate a system environment that is security tested on a regular schedule, as described in the RFP. Vendors need to provide an attestation as verification.</p>
21.	C-2 Requirements O1.1 pg 148	<p>What roles are expected in the statement: “have system access (limited and based on role)”?</p>	<p>The State expects that the specific roles will be defined during contract development: however, some examples are: Vendor Staff, Hospital User, State User, etc.</p>

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22.	C-2, Requirement – Item B23	What is the “Data Workgroup” referred to in that requirement?	The Data Workgroup is more fully described in RFP Section C-1 Scope of Work.
23.	C-2 Requirements – item B33	This item relates to the requirement for ETL code provision, within the standards of the Department of Information Technology and the Department of Health and Human Services. Standards are offered upon request. We would appreciate further clarification about what these standards are.	These standards are documented and will be provided upon request. Send requests to Caroline Trexler via email.
24.	C-2 Requirements Item B59	In reference to supplying de-identification software/appliance; it is unclear as to the purpose of the software/appliance since presumably, data with patient identifiers would be submitted by the hospitals to the vendor (837i format), and data with patient identifiers would be submitted in the requested format from the vendor to the state (Attachment D2).	The vendor must have software/appliance to provide encryption of certain data fields, since these will be sent from the hospital to the vendor without the necessary encryption as required by Rule and approved by the Department.
25.	C-2 Requirements Testing	The term “verification” is mentioned several times throughout this section. Could you provide clarification on the State’s definition of verification?	Regarding verification that testing has been performed; security is of utmost importance. Security testing, such as application vulnerability scanning and 3 <sup>rd</sup> party penetration testing should be a normal part of any vendor’s standard operating procedures. Vendors need to provide an attestation as verification.  Additional information is included in Attachment C-2 Requirements.
26.	C-2 Requirements V1.1	This requirement includes a link which states the file has been moved. Can this be fixed?	The document is available at the following address: <a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-c1500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-c1500.html</a>

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27.	Appendix C Regulations and Deliverables	The table included, C-3 Deliverables Vendor Response Checklist, asks the vendor to “Explain how your solution meets the requirement. Cite the page of your Proposal.” The space provided is not very big. What are you, the State, expecting on this form? Also, what does the column for “Comments” refer to?	In the column “Explain how your solution meets the requirement,” short answers may be provided, but in each case you should cite the page in your proposal that provides a detailed explanation.  Use the “Comments” column to provide any additional clarifying information.
28.	Validation of data	What is the expectation of the validation of 2015 data against 2016 data since data will be on ICD 9 and partial on ICD 10?	We expect vendors to outline how they will handle changes to the coding system and validation in their proposal. For example, describing any ICD9 to ICD10 crosswalks used in validation of 2015 against 2016.
29.	Appendix C-2 Requirements Matrix	How should the requirements matrix be completed?	The instructions for completing the requirements matrix are located on the first page of Attachment C-2 entitled “Vendor Instructions.”  In addition, add the following language to the page:  <b>IMPORTANT: YOU MUST PROVIDE A RESPONSE IN BOTH THE "VENDOR RESPONSE" AND "DELIVERY METHOD" COLUMNS FOR ALL MANDATORY REQUIREMENTS.</b>  <b>IF YOU ANSWER "NO" TO A MANDATORY REQUIREMENT WITHOUT PROVIDING ADDITIONAL INFORMATION ABOUT HOW THIS REQUIREMENT CAN BE MET WITH A "FUTURE" OR "CUSTOM" DELIVERY, YOUR PROPOSAL CANNOT BE CONSIDERED. BE SURE TO INCLUDE ANY ADDITIONAL COST IN THE “COMMENT” COLUMN.</b>