

Center for Healthcare Transparency
Regional Data Center Collaborative RFP - Questions and Answers

Updated as of June 5, 2014

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Q. Will this be a fixed fee where there is one lump sum amount paid to meet the grant objectives? Or do you expect a line item budget where participating organizations bill NRHI periodically (e.g. monthly) for staff hours spent and other expenditures?

A. We anticipate that at a minimum the first 12 months of the grant award will be paid upfront to the grantees at the time of the grant award decision, based on a simple line item budget submitted as part of the proposal. There is possibility that the last third of the grant award would be paid at the end of the first twelve month period. Grantees will be expected to submit a grant report which includes a detailed account of expenditures at the conclusion of the project.

Re the question "How many relevant cost variables are contained in your database or included in your alternative cost reporting methodology? Do you have permission to use them all? At what level of granularity?"

Q. By "relevant cost variables" are you referring to payer submitted data fields and, if so, do you mean charges, paid amounts, etc., or something else?

A. Payer submitted data fields such as 'paid amt', 'allowed amt', 'charged amt', coinsurance, copays, coordination of benefits, any other may have.

Q. What is meant by "alternative cost reporting methodology?" Currently, we publicly report on Total Cost of Care at a very high level – basically, total dollars divided by total member months (by payer) x 12 to get a PMPY figure. Is this what you are looking for us to describe here?

A Yes.

Q The meaning of "alternative" is not clear in this context, put differently, alternative to what?

A. Simply describe how you report cost of care. Alternative means if you do so on more than one way.

Q. We do have permission to publicly report and release detailed financial (e.g., paid amount) information if it is appropriately or sufficiently aggregated and consistent with FTC/DOJ anti-trust safety zone guidelines. Is this what you are looking for?

A. Yes, and limitations on reporting, such as constraints in Non-Disclosure Agreements to protect negotiated prices. At what level of detail can you report costs variables, including by provider and payer.

Q. Just to reconfirm, a point person will be identified for this RFP that will likely be the key staff person, but we may draw upon other staff in specific areas to lend their expertise also. Do you anticipate the total time commitment for the project to be .25FTE between all staff, or is it just an anticipated minimum requirement?

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A. That is the expected minimum, based on the variety of information that the participating organization will bring to the Collaborative and level of engagement in the different subject areas the total staff time may be higher.

Q In determining a point person, appropriate staff, time etc..., do you foresee particular periods in the 18 month engagement where the work will be more concentrated or will it be fairly consistent across the 18 month time frame? Also, are the three in-person meetings planned or anticipated for a specific time yet (e.g., beginning of project and each half year?)

A. We anticipate the Collaborative work will be greatest during the first fifteen months of the project. There will be significant work gathering current practices in the first three months, then we'll move into the more detailed analysis to come to consensus recommendations, which is likely to involved quite experienced folks in their respective domains. My best guess is that the in-person meetings will be early this fall, early to mid-spring 2015 and early fall 2015.

Q: In the budget, do you want staff time/rates and overhead rate separate?

A: That would be wonderful. Please use whatever format you are already using for other budgets and reporting.

Q. Can we include someone for our organization and someone from the data partner in our application, for example, to join a committee? If so, could that vendor staff time be included in the budget?

A: We want the expertise needed to make the data work. However, that expertise needs to come to the Collaborative through the multi-stakeholder partner, although they may be supported by their vendor. Because of the level of sharing and our commitment to a level playing field, it would not work to have a vendor participate directly in the Collaborative or on one of the Advisory Committees. However, we will be very interested in talking to vendors for their perspectives on particular topics and would love the Collaborative participant to offer that option when specific topics arise.

Q. Does this mean that none of our requested budget should be for paying our data partner for additional time to support this project? Or would it be acceptable to include this as a line item in the budget, if that would be required for us to participate?

A. It is fine to include paying for additional vendor time as a line item in your budget.

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Q: Why is data availability a considerable portion of the selection criteria?

A: The value of participation from entities that have experience with data and analysis is to provide knowledge and expertise to build recommendations about how best to proceed with this work. Experience having used data is essential for participants to be able to identify and propose solutions to barriers.

Q: When do you anticipate resources will need to be available for the .25 FTE?

A: Best guess right now is no sooner than 7/15 given the timeline of the RFP review and selection process.

Q: If a RHIC performs multiple aspects of the work in the RFP, should they just pick one and apply or include all in the application.

A: All. Also make your particular strengths come through.

Q: If a RHIC includes a multiple aspects of their work in the application, would they get selected for one area only and would that .25 FTE have to represent that aspect alone?

A: There needs to be a single point person, however, we are expecting participation in all areas so that .25 FTE could be a combination of people with different expertise as different topics come up.

Q: With regard to the single data interface, are you thinking about it on the backend, meaning everyone working with a single data vendor or aggregator or more on the front end, all of us having similar looking consumer data interfaces?

A: We're talking about potentially a single interface from the national plans to get data out to regions. For example, instead of everyone negotiating individually with the plans, could there be a single data flow from the national carriers out to all the regions that are interested.

Q: Should we include information about various data projects we might have going that don't apply directly to the RFP questions? For example, our board policy on data sharing?

A: There are two different ways of getting us the information. One is by answering the application questions (we purposefully placed no word limits on those answers.) We will also accept attachments or additional information you think might be helpful. Our goal is the most informed selection.

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Q: In addition to the .25 FTE and overhead, what other costs have you thought the grantees might have?

A: Those are the basic costs. If applicants identify specific costs which we believe could inform other applicants' thinking, we will note that on the Q&A list.

Q: What is the relationship to the Research and Development grants?

A: PGBH is in the process of developing an RFP for those grants. This is not an either/or proposition. The R&D RFP is for a specific pilot to address a barrier that exists today.

Q: We are a QE but the data can only be accessed for public reporting. Does that count as data for this project?

A: Yes, it does. We included the questions about being a QE on the RFP because we think being a QE is valuable in several ways: the rigorous selection process, the familiarity with questions of security, the experience working with Medicare data, etc.

Q: Who is managing each stream of work included in this grant?

A. NRHI: Regional Data Center Collaborative, National publishing options

PBGH: Network and Benefit Design, R&D pilot projects

Joint: Single Data Interface, 5 Year plan development

Q: What is in scope and out of scope for willingness to make specs and standards available, in terms of sharing that information?

A: It is as broad as it looks. What are the data use agreements you need in different markets? What technical standards do we need? The distinction between what will be shared with the collaborative members and the resource library is that the Resource Library contents will be a subset of documents that represent best practices across the board and best practices at a certain stage of development.

Q: How important are and how should we incorporate experiences with our data partners? What does "in-house" mean? Do we need to differentiate which experience comes from whom?

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A: We require either in-house OR contracted experience but want to understand what type of knowledge you have to contribute. If that expertise all lies with the vendor and you are not as involved in “making the sausage”, that’s somewhat less valuable to the collaborative. Please explain the nature of the relationship to your vendor and how deeply you get involved in the different pieces of data collection, management and analysis. If you’re in doubt, over explain.

Q. Data availability. Sometimes we have patient level labs, etc. data, sometimes it’s just a numerator/denominator rate for either clinical or patient experience data. Does clinical data mean individual blood pressure results or could it be a particular measure for a provider?

A. For a lot of these questions, the answer comes from what are we trying to achieve with the data and what does it take to do it. Include in the RFP anything that makes your processes work and successful, and anything that limits what you are trying to achieve. We’re trying to understand the whole process.

Q. Can we include someone for our organization and someone from the data partner in our application, for example, to join a committee? If so, could that vendor staff time be included in the budget?

A: We want the expertise needed to make the data work. However, that expertise needs to come to the Collaborative through the multi-stakeholder partner, although they may be supported by their vendor. Because of the level of sharing and our commitment to a level playing field, it would not work to have a vendor participate directly in the Collaborative or on one of the Advisory Committees. However, we will be very interested in talking to vendors for their perspectives on particular topics and would love the Collaborative participant to offer that option when specific topics arise.

Q: What about Medicaid data and claims that are not national data streams? Do they count?

A: Experience with Medicaid and Medicare data demonstrates experience with data streams and how they work. We want to know how you handle data, how you combine it, how you get insights from working with data if you have it.

For more information: we are happy to take phone calls, but written questions to rfp@nrhi.org enable us to get the same information out to all potential applicants on our website. We’re trying to make the process as transparent as possible!