

APCD Advisory Group

November 13, 2014

Presentation Overview

- Public Comment
- Review and Approval of June 12 and July 10, 2014, meeting minutes
- CEO/ ED Updates
- Overview of APCD Data Management/Analytics Vendor Contract
- Overview of APCD Implementation
- Introduce APCD Data & Analytic Vendor
- 2nd Circuit Court Decision
- Medicaid Data Status
- APCD Website & Newsletter
- Status of Subcommittees
- Next Steps
- Future Meetings



CEO / ED Update

- Milestone achievement APCD Vendor contract finalized! Implementation for APCD solutions will be discussed in detail
- As part of APCD implementation, AHA developed 164 tasks to ensure that the infrastructural and functional capabilities meet our expectation
- AHA also developed performance based payments so that reimbursement is ties to 40 milestone tasks
- AHA/AHCT hired a graphic design company to develop our logo; we have selected and applied for trademark on the words - <u>Access Health CT Analytics</u>
- AHA spent considerable resource and time in developing its own website and newsletter, presently under review and will be activated soon
- AHA has spent time reviewing the 2nd Circuit Court's ruling and its impact on CT's APCD data collection
- AHA had prioritized contract finalization as its top goal; having achieved it, AHA will work with the subcommittees to continue future discussions



- Access Health CT (AHCT) has signed an agreement with Onpoint Health Data (Onpoint) to provide data management and analytics services for CT's APCD
- AHCT went through a rigorous and transparent vendor RFP process (presented in detail on 3/27/2014 AHCT Board and June 12, 2014, Advisory Group meetings)
- Initially 16 vendors expressed interest to submit bids, but by RFP deadline only 10 vendors submitted proposals
- Only 5 vendors met the criteria to be eligible for appraisal Analytic Partners,
 Onpoint, Optum, SAS and Treo Solutions
- Top 3 vendors were invited for Oral presentations Onpoint, Treo Solutions and Analytic Partners
- Onpoint was the front-runner on costs, experience and solutions offered
- Contract is for 5-year duration with an option to extend an additional 5-year
- Total value of the contract for 1st 5-year is \$6.88m; 2nd 5-year is \$4.70m



- Founded in 1976 as an independent non-profit company, Onpoint specializes in health care information with focus on health care data management and analyses domain
- Onpoint manages APCDs in 3 other states RI, VT and MN; manages VT's Blueprint for health; recently awarded 2 federally funded comprehensive Primary Care initiatives; supports Dartmouth Institute's work on Pediatric Atlas study, etc.
- Onpoint deals with 200 carriers from 35 states for data submissions managing 12.5 million lives and 10 Terabyte of data
- AHCT has unique requirements for CT's APCD; Onpoint was able to offer solutions creatively and flexibly
- Long-term contract protects development investment and IP



Main Highlights of Contract

1. Security Provisions

- a. Data vendor must meet HIPAA and NIST (National Institutes of Standards and Technology) compliant policies, procedures and infrastructures
- b. AHA required additional security features and dedicated environment
- c. Data vendor must have annual audit to recertify, and AHA also may request security audit anytime within 5 days of advance notice
- d. Data vendor must inform AHA of any incident involving data breach or attempted breach within 3 hours
- e. Data vendor must keep Connecticut's data separately in a dedicated server in vendor's production and managed environments
- f. Data access for both vendor's analysts and AHA's analysts will be restricted and/or managed via 'role based access control' (RBAC) capabilities



Main Highlights of Contract (continue)

2. Vendor Implementation & Payments

- a. APCD implementation has been carefully crafted along 9 service lines
 - i. Project Management (10 tasks)
 - ii. Data Security (18 tasks)
 - iii. Data Management Infrastructure (19 tasks)
 - iv. Data Collection (34 tasks)
 - v. Managed Environment (10 tasks)
 - vi. Data Management & Analytics (35 tasks)
 - vii. Consumer Research & Communication (6 tasks)
 - viii. Web Access (27 tasks)
 - ix. Business Sustainability Planning (5 tasks)
- b. In total, there are 164 tasks, to guide us initiate, monitor and complete
- c. Vendor payments are based on a select set of tasks, which are called milestones. There are 40 milestones that will form the basis for payments in the implementation time
- d. Operation year payments (partially) are also tied to meeting six (6) Service Line Agreements (SLAs) across production, managed and web environments



Main Highlights of Contract (continue)

3. Contract Duration

- a. As mentioned earlier this contract is for a duration of 5-year with an option for another 5-year period at a pre-determined costs
- b. Main reason development funds for developing Connecticut-specific infrastructure came from CMS/CCIO; additional funding is not going to be available in the future.
- c. Other reason for long-term commitment is to protect investment in intellectual property (IP) and developing Connecticut-specific reporting package
- d. AHA also retained the right to any IP developed independently or jointly with vendor during the contract period
- e. Vendor is obligated to allow its IP and system to be licensed to AHA on agreeable terms & conditions, even beyond contract years if AHA desires to operate
- f. This is not a service only contract due to the substantial value placed on the IP component



Main Highlights of Contract (continue)

4. Business Sustainability

- a. AHA believes that the success of the APCD will rely a lot on self-sustainability
- b. Two (2) service lines address ways to identify self-sustainability using consumer research, survey and focus group approaches
- c. We also retained the services of proven expertise in developing business sustainability model, as part of the contract arrangement
- d. As part of the project implementation, we'll engage various stakeholders in the state to formulate medium- to long-term strategies to address revenue generation for CT's APCD
- e. We'll also approach state agencies to perform tasks that could contribute to self-sustainability in a win-win model for all parties



Overview of APCD Implementation

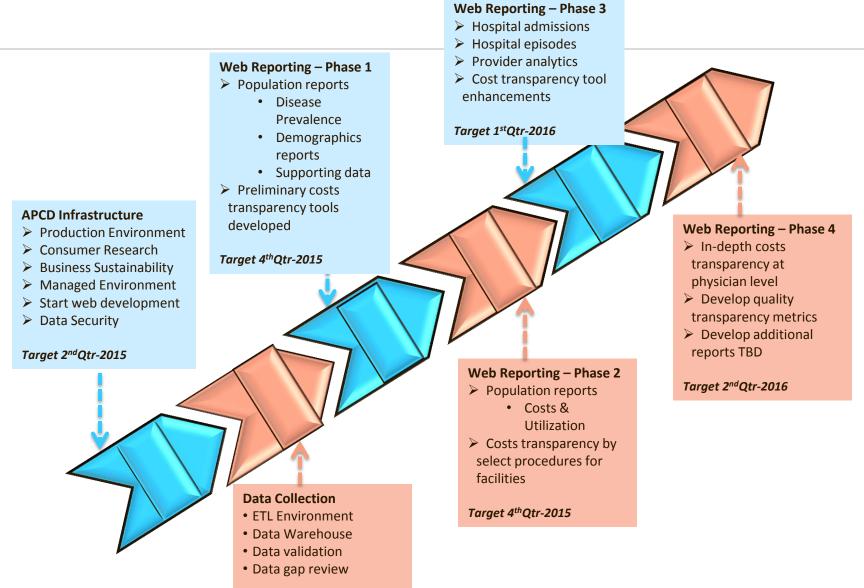
- 4 Releases within the contract
 - Release 1 Build APCD Infrastructure, including Managed Hosting Environment
 - Release 2 Develop ETL & Data Warehouse Infrastructure
 - Release 3 Develop Reporting and Analytics
 - Release 4 Develop Web Hosting Capability
- Implementation time for these releases will be 12-15 months from contract date



Overview of APCD Implementation

Target 3rdQtr-2015 &

Ongoing





Overview of APCD Implementation

Newly Proposed DataSubmission Timeline

Submission of 36
Months of Historic Data
(Within 60 Days &
Contingent on AHA
Approval of Test Data)

Submission of YTD
Data (Within 45 Days)

Commence Monthly Data Submissions (Within 30 Days)

Submission of Test Data (Within 100 days)

First Kick-Off Meeting With Contractor and Reporting Entity (TBD Date)



- Establish Communication Process
- Resolve Open Questions
- Establish Secured Delivery Protocol
- Share Data Variance Standards and Request Process



Onpoint Health Data (OHD) Presentation

Presentation of OHD Capabilities



Onpoint Background & History

- Founded 1976 as an independent, nonprofit health data organization
- Based in Portland, ME
- 30 staff systems and data analysts, QA analysts, intake and operations support, client account managers, others
- Mission Advancing informed decision making by providing independent and reliable health data services
- Vision Maintaining APCD market leader status; end-to-end solutions from aggregation and warehousing through analytics; expert in integration of new data sources



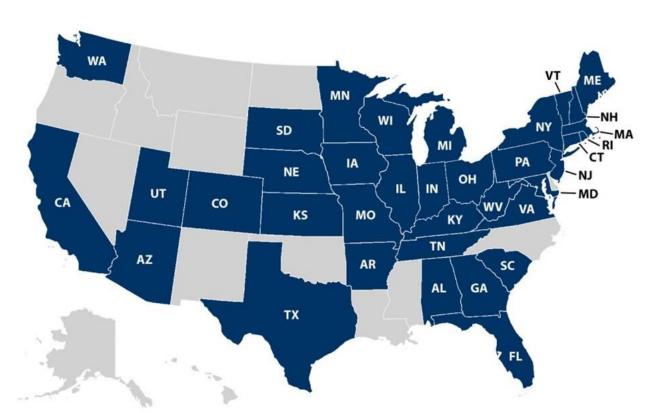
Onpoint Background & History

- Independent, 501(c)(3) based in Portland, ME
- Record of innovation
 - 1980s. Data organization supporting Dr. J. Wennberg's small-area variation studies
 - 1995. First-of-its-kind, multi-payer claims database for business coalition in Maine
 - 2000s. Developed Maine's APCD followed by 5 other states
 - 2006. First to integrate Medicare data into APCD
 - 2010. 3-state APCD integration for landmark variation study
 - 2013. Data and analytic support for Dartmouth Institute's multi-state
 Pediatric Atlas and Total Cost of Care studies
 - 2014. Claims-clinical data integration for VT Blueprint



APCD Market Leader

More than 200 carriers currently providing data from 35 states





Onpoint CDM - Highlights

- Secure, encrypted data submissions initiated by "submitters"; both manual and automatic applications available
- More than 500 data-quality validations performed on data before it "passes" and moves on
- Data quality performed at multiple stages in the process
- Data elements standardized across all data sources for consistency
- Master Person Index (MPI) applied across all APCD data sources for consistency in analytics and reporting
- More than 15 standard algorithms available for data consolidation



Onpoint CDM - Value-Adds

- Master Provider Index, provider attribution
- Health status, diseases, condition assignment
 - CRG, ERG, HCC, CCS
- Services and utilization value adds
 - Type of service, inpatient flag, and length of stay
 - MS-DRG, APR-DRG, APC, APG, BETOS, CCS for procedures
 - Red Book®
 - Total Cost of Care (TCOC)
- Episode Treatment Groups
- Quality of care measures (e.g., HEDIS, AHRQ)



Profile: Data Management Services

Current APCD Client Metrics & Services (1 of 2)

METRICS & SERVICES FOR CURRENT STATE APCDs	MN	RI	VT
Basic Metrics			
Number of data submitters	78	15*	77
Data volume — Annual average records (in millions)	525	100*	68
Data types: Enrollment / Claims (Medical PhaRmacy) / Provider	EMR	EMRP	EMR
Public Payer Integration			
Medicare	Q	•	•
Medicaid	•	•	•
Core Services			
Carrier communication and on-boarding	•	•	•
Initial and ongoing carrier registration	•	•	•
Secure upload and PHI encryption utility development		•	
Data collection and validation in conformance with state regulations		•	
Data QA (code validation, interrelationships, trends)	•		
Incurred service claims consolidation algorithms (carrier specific)		•	
Data specifications and submission schema	•	•	•
Master Person Index			
Master Provider Index	•		
Data warehousing (relational structure)	•	•	•
Carrier and client communications, including related documentation	•	•	•
HIPAA-compliant data security	•	•	•

Estimated figures (RI implementation in full development in 2013)

Services not contracted

✓ Very limited scope

Limited scope

Expansive scope

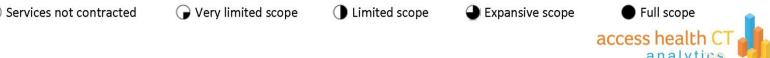
Full scope



Profile: Data Management Services

Current APCD Client Metrics & Services (2 of 2)

METRICS & SERVICES FOR CURRENT STATE APCDs	MN	RI	VT
Value-Added Services			
Hospitalization identifier	•	•	•
Length of stay and patient age	•	•	•
Type of service indicator, special purpose flags, and use flags	•	•	•
Disease categorization	•	•	•
Drug class categorization	Q:	•	•
Provider type and specialty designation		•	•
Diagnosis/procedure grouping	•	0	•
Risk scoring	0	0	•
HEDIS	•	0	•
Total Cost of Care	0	0	•
Analytic Services			
Customized reporting and analysis	Q	0	•
Program evaluation	0	0	•
Data linkage (claims and non-claims sources)		0	•
Online reporting (including BI tools)	0	0	
Data Access Services			
Remote access services	•	•	
Restricted-use data set extraction and documentation	•	•	•
Public-use data set extraction and documentation	0	0	•
Data user support (online Collaboration Zone, webinar training, etc.)	•	0	•



New: Dartmouth Pediatric Atlas

Based on Onpoint's Integration of APCDs from ME, NH, & VT





Practice Profiles Evaluate Care Delivery

Adult & Pediatric Profiling for Vermont Blueprint





2nd Circuit Court Decision

Attorneys from Shipman & Goodwin will lead discussion



Medicaid Data Status

- Other state APCDs
- Update From DSS



Introduction of Access Health CT Analytics Online

Demo of Webpage, Newsletter



Status of Subcommittees

Policy & Procedures Enhancement Subcommittee

Data Privacy & Security Subcommittee



Next Steps

