



RFI Title: VHCURES 3.0

Procuring Organization: Vermont Green Mountain Care Board (GMCB)

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Vendor Name: Onpoint Health Data

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Section 1: Vendor Information

Onpoint's secure, multi-payer data integration systems have been in production for more than 15 years, have been continuously updated and enhanced, and have been tested more rigorously than any other APCD solution on the market. We invest heavily in ensuring the security, integrity, and quality of our APCDs' data, safeguarding the reliability and trust in downstream analyses. The quality of Onpoint's work is evidenced in the breadth, complexity, and granularity of the analytic applications that our APCDs are supporting — from public reporting solutions that rate providers' and payers' relative quality and cost of care, and financial settlement reporting for Accountable Care Organizations that requires a very high level of precision in measure results, given the financial impact, to program evaluations that depend on reliable member and provider indexes and robust linkage with clinical and other data sources to support complex statistical models.

The VHCURES system is well known nationally as a leader among APCD programs in its broad and innovative applications which depend first and foremost on getting the data right. Integration systems must reliably validate, standardize, transform, and enrich the database to support the evolving data needs of its user community and variability in submission quality. Given the large number of submitters in Vermont, and the relatively small population, delivering a consistently valid and complete data set is no small challenge. Onpoint is proud of the work it has done in support of the state over the past 10 years and is committed to continuously improving the data management and analytic products it is contracted to deliver. To illustrate this commitment, we would point to several notable milestones that have been achieved working collaboratively and responsively in the last year:

- Onpoint implemented a secure, cloud based analytic enclave for the GMCB on a 6-month trial basis in May 2017. The GMCB users have strongly endorsed the performance of the enclave, and have expressed interest in continuing with an enclave environment following the trial period. The trial has been collaborative and Onpoint has been flexible in adapting the enclave to meet the specific needs of the GMCB.
- Onpoint understands the importance of reliable APCD data, and has worked closely with the GMCB, Blue Cross Blue Shield of Vermont (BCBSVT), and the Department of Vermont Health Access (DVHA) to undertake a data reconciliation process. The collaborative approach has been informative and productive.
- With the signing of the All Payer Model (APM) agreement in October 2016, the Vermont GMCB was interested in collecting ACO attribution information from VHCURES submitters. Onpoint has provided the necessary subject matter expertise to build technical requirements and has successfully implemented code changes to accept the ACO attribution data from DVHA in October 2017.



Section 2: Cost Estimates

Given the uncertainty in the exact scope of work, we have provided a cost range for the GCMB’s planning purposes.

	Annual Cost Range
Core Data Management	\$600,000 – \$950,000
Analytic Enclave	\$75,000 - \$135,000
Data Request Website	\$120,000 - \$270,000

Section 3: Business and Technical Requirements

3.1 Data Collection, Cleansing, Consolidation, and Distribution

3.1.1 Improved Data Layout

The GCMB currently maintains three separate file layouts for submission of data to the APCD, one each for commercial, Medicaid, and Medicare specific data submitters. With the common data layout (CDL) having been vetted by many key players in the industry, it is expected that there will be a shift to use it as the new standard for APCD commercial submissions. The CDL is a robust layout that contains all the key commercial data elements currently collected by the GCMB, plus many additional elements that are not currently collected but would add value. [REDACTED]

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3.1.2 Redesigned and Enhanced Onpoint CDM

Key to the utility and reliability of our clients’ data is our market-leading solution, Onpoint CDM (Claims Data Manager), a powerful suite of data integration technology, end-to-end quality assurance procedures, expert analytic enrichment, and a bullpen of technical staff with the knowledge and experience to effectively address client needs.

Over the past year, Onpoint, with guidance from key stakeholders and leaders in the healthcare industry – from federal, state, and private agencies to provider organizations and health plans – has worked toward enhancing the end-user experience of our Onpoint CDM solution. [REDACTED]

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- [Redacted]

Everlasting components of Onpoint CDM include:

- APCD systems development in conformance with state’s requirements and approved Data Submission Guide
- Submitter onboarding, from registration and initial orientation through successful testing and historical data submission
- Data intake, cleansing, standardization, and consolidation
- Quality assurance at all stages of data integration
- Identity resolution, including master patient and provider indices
- Provider roster development and maintenance
- Analytic enrichment spanning use-flag assignment, disease flagging, risk scoring, grouper assignment, provider attribution, and performance measures generation
- Maintenance of an externally validated information privacy and security program that complies with all appropriate federal (e.g., HIPAA, NIST 850-53) and state regulations and standards

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3.2 Master Person Index

Onpoint’s clustering process involves a complex series of algorithms and automated linkage steps that rely, first and foremost, on the quality of the underlying data, which is safeguarded by our library of established data quality validations. Submitted member and subscriber attributes — from eligibility, medical/pharmacy claims— comprise the building blocks that are critical to linkage across records; the more accurate and plentiful these building blocks, the stronger the construction. Included in Onpoint’s library of data quality validations are those necessary to ensure quality member data is received, even if it is reported as hashed data.

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3.3 Master Provider Index

The key to creating a robust master provider index is to establish clear definitions for the provider information being sent to the APCD. When conflicting attributes are being reported by different data submitters for the same provider, the ability to assign a single provider identifier is diminished. [Redacted]

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3.4.2 Controlled Access

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3.6 Other Considerations

3.6.1 VHCURES Rule Changes

Onpoint is ready to adapt to legislative/rule changes as they develop. We have in the past with *Gobeille* decision and with the ACO agreement with CMS.

3.6.2 Lock-Box for Master Person/Provider Indexes

Covered in Section 3.2 above.

3.6.3 Proprietary/Licensed versus Open-Source Software and Products

Onpoint’s Claims Data Manager (CDM) system is delivered in a Software-as-a-Service model where we develop, test, manage, and operate the system end-to-end using commercially available and open-source technologies. Onpoint CDM has been continuously enhanced over time – from data validation and analytic enrichment to dissemination models – and all enhancements are shared across our client base. As a nonprofit organization, we are able to deliver services cost effectively and to reinvest the surplus we generate into product and system enhancements (rather than to investors), which provides the highest possible value to clients.

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