



MHDO's Delivery Model

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Review of MHDO Data Users

USE, FREQUENCY, REVENUE GENERATED

Requests by Requestor Type

Of the 129 data requests in a three year period:

- 36 requests were made by a **One-time/Intermittent Requestor**
- 93 requests were made by an **Ongoing Requestor (submitted data requests in all three years)**

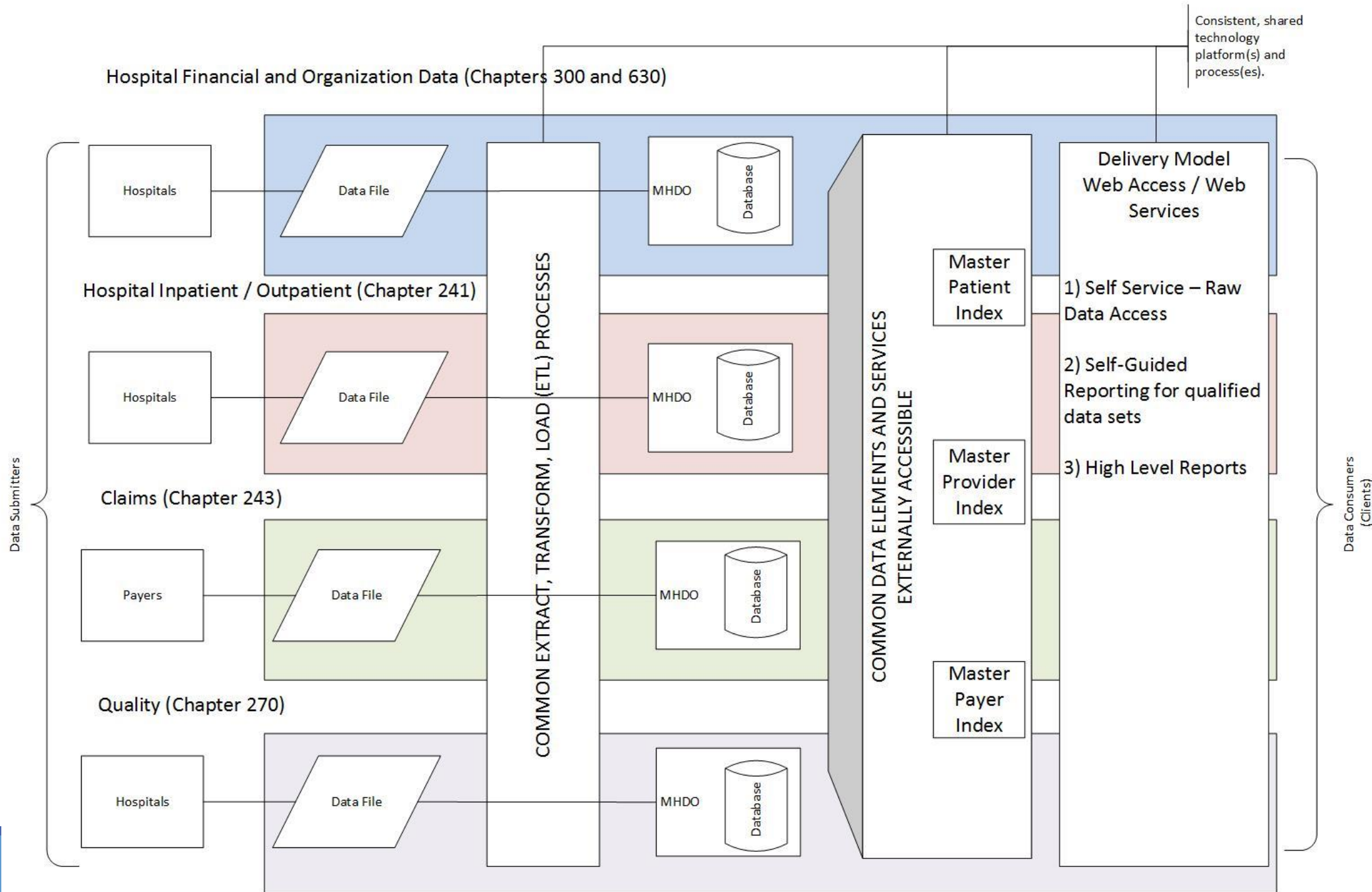
Moving to the Proposed Future State

MHDO'S FUTURE STATE

ENVIRONMENTAL SCAN

EXAMPLES OF MHDO'S NEW DELIVERY MODEL

MHDO Data Streams and Infrastructure – Proposed Future State



Environmental Scan

In May of 2016, NORC conducted an environmental scan of existing data-driven service and revenue generating (sustainability) models adopted by state all payer claims databases (APCDs), state hospital associations, private organizations, and federal government initiatives.

A select number of states offer examples of new and emerging sustainability models for APCDs. **Four Service Models: Standard Data Extract; Web Access to Data Resources; Reporting Services; Consulting Services.**

Standard Data Extract – Key Characteristics

Access to automated standard data extracts (claims and hospital data).

Involves the development of an interactive user experience, including available metadata, data dictionaries and data samples.

This model aligns with MHDO's current and new delivery model.

Web Access to Data Resources – Key Characteristics

Access to a secure portal where users can work in a secure environment and do not have to store the data tables and views. Additionally users have access to statistical software like SAS.

When analyses are complete, de-identified outputs are available.

This model aligns with MHDO's new delivery model web access/web services. MHDO is currently piloting web access with one of our more sophisticated users of our claims data.

Reporting Services - Key Characteristics

This model allows users access to standard reports and/or the ability to request custom reports.

Standard Reports developed and delivered online to requestors or subscribers.

Custom Reports developed based on a specific request. Typical requests include specific areas, such as service type, population, diseases, treatment or drug types.

This model aligns with MHDO's new delivery model web access/web services.

Consulting Services – Key Characteristics

This model involves providing support to data users in using and understanding data assets. This could be a standard service provided to new users or on-demand resources that are available by request.

This model aligns with MHDO current and new delivery model.

Examples of Pricing Structures/Access Fees

- Fee-per-data-set arrangement
- Fee-per-report arrangement
- Tiered pricing schedules based on file and/or requestor types
- Annual subscriptions
- Licensing fee
- Hourly fee

Pricing Structure - Example

The **Center for Improving Value in Health Care (CIVHC)**, the entity that maintains the Colorado APCD releases de-identified and limited data sets for \$25,000 to \$150,000 per set and offers a tiered pricing structure for different types of organizations, including: hospitals, health plans, physician groups, non-profit agencies, commercial enterprise groups, and academic/research institutions. The costs associated with each subsequent data request typically decreases.

In addition to its tiered pricing system for releasing data, CIVHC offers annual subscriptions to its data-range is \$40,000 to \$250,000.

Pricing Structure – Example (Cont.)

The **Utah Health Data Committee** provides a licensing option for a 12-month period at a cost of \$150,000.

It is a multi-use, multi-user license that covers all available data products including APCD, facilities data, HEDIS, and CAHPS; and covers all standard limited and research data sets and up to 250 hours of staff time to create customized data sets.

Pricing Structure – Example (Cont.)

Virtual Research Data Center (VRDC), a secure data enclave where researchers pay to have a “seat” to access data.

The first seat for a project costs \$40,000 per year for 500GB of data, with each additional seat costing \$15,000 per year.

Researchers are also provided the opportunity to purchase additional storage space on the VRDC for \$2,000 per 500GB.

Pricing Structure – Example (Cont.)

The **Utah Health Data Committee** offers tiered pricing for custom data requests beginning at \$55 per hour, custom data extractions beginning at \$74 per hour, and discounted custom data extraction requests starting at \$35 per hour (for data suppliers only).

CIVHC, in Colorado, offers custom reports that range in cost from \$1,500 to \$50,000. The Kansas Hospital Association provides custom requests, beginning at \$250 for members only.

The **Pennsylvania Health Care Cost Containment Council** provides consulting services for developing custom data sets that require a \$75 application fee, administrative fees upwards of \$350 based on requestor type, plus an hourly programming fee starting at \$75; and based on requestor type, as well as a data fee per record/row.

Select a date range to see what data are available.

1/1/2012



12/1/2015

What volume of claims are available?

Type of Insurance	Dental	Medical	Pharmacy
Commercial Insurance	3,292,149	29,932,099	60,441,077
MaineCare (Medicaid)	696,920	43,693,473	22,183,825
Medicare		22,716,936	
Medicare Advantage		6,633,219	552,203
Grand Total	3,989,069	102,975,727	83,177,105

Interactive
Metadata: Data
Availability:
Claims - APCD

How many members are represented in an average month?

Type of Insurance	Dental		Medical		Pharmacy	
	Claim	Eligibility	Claim	Eligibility	Claim	Eligibility
Commercial Insurance	59,228	471,428	224,179	823,601	373,265	813,339
MaineCare (Medicaid)	11,820	275,315	150,478	310,094	123,653	365,028
Medicare			147,056	291,837		
Medicare Advantage			35,822	55,175	3,760	211,730
Grand Total	71,048	746,743	520,772	1,407,749	500,679	1,390,097

Which payers have available data?

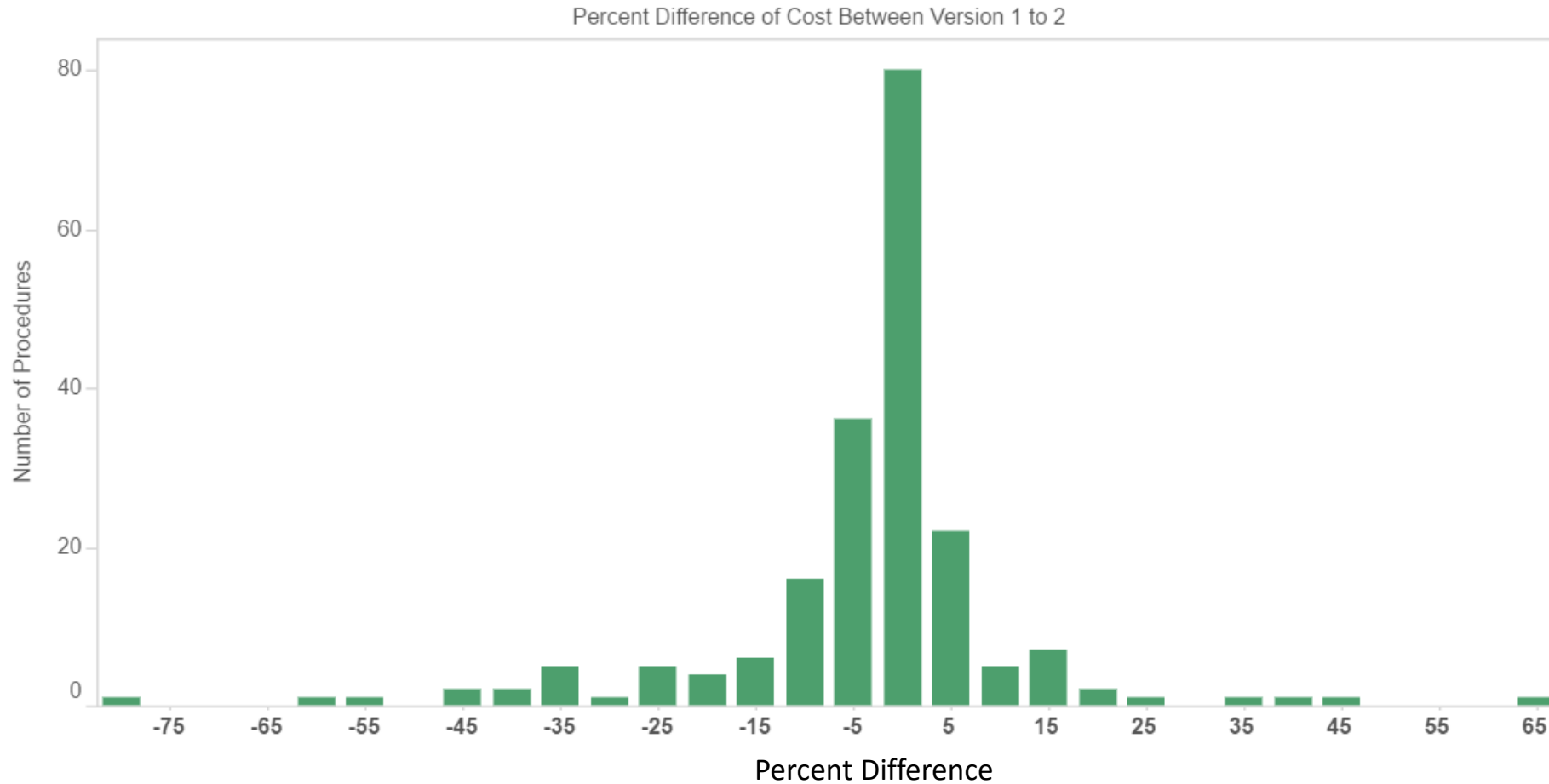
Name	Payer
A-G Administrators Inc	T0486
Aetna Health Inc	C0011
Aetna Life Insurance Compa..	C0010
Alicare Inc	T0012
Allied Benefit Systems Inc	T0418
American Health Care Admi..	T0527
American Heritage Life Insu..	C0042
American Progressive Life ..	C0053
American Republic Insuranc..	C0055
AmeriHealth Administrators..	T0342
Ameritas Life Insurance Cor..	C0060
Amica Mutual Insurance Co..	C0709
Anthem Health Plans of Mai..	C0065
Anthem Insurance Compani..	C0541
Arcadian Health Plans, Inc.	C0493
Assurant Inc	C0710
BCS Insurance Company	C0459
Blue Cross & Blue Shield of	C0576



Interactive
Metadata: Data
Availability:
Claims - APCD

Example of High Level Report: CompareMaine Version 1.0 vs. 2.0

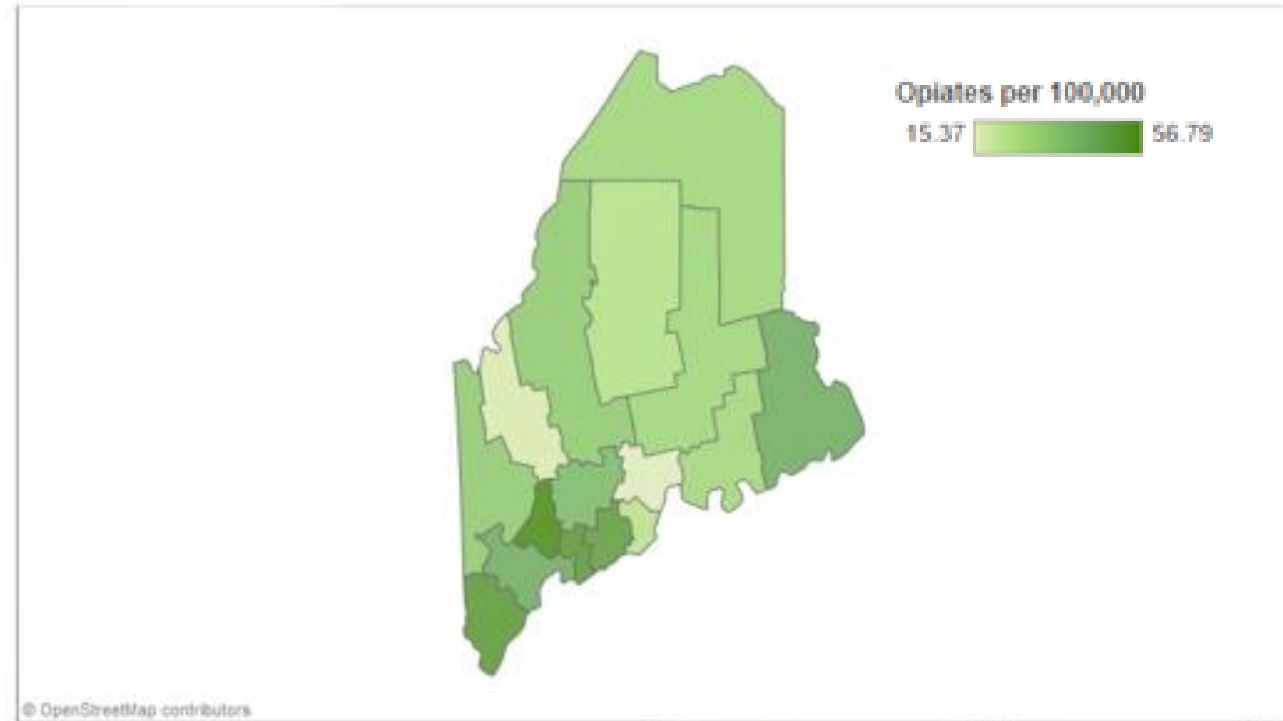
Percent Difference of Statewide Median Costs Between First and Second Release of CompareMaine



Procedure Type

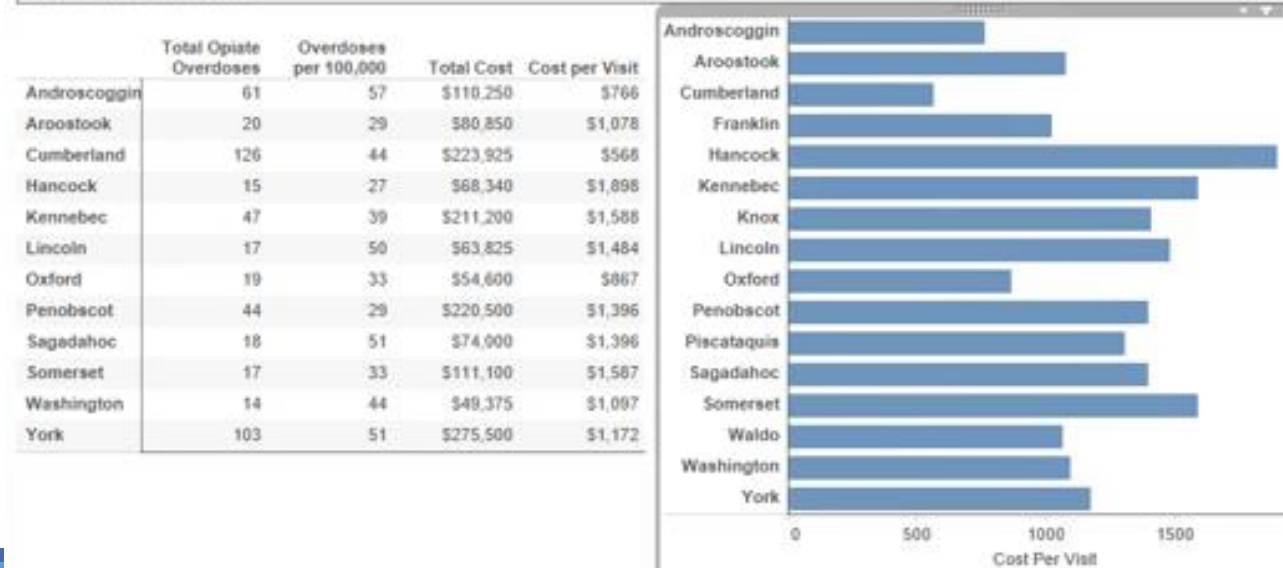
- (All)
- Integrative Medicine
- Laboratory Services
- Mental and Behavioral Health Services
- Obstetric/Gynecological Procedures
- Office Visits
- Physical and Occupational Therapy
- Radiology and Imaging
- Surgical Procedures

ED Opiate Overdoses per 100,000 People, 2014



**Custom Report:
Emergency
Department Opiate
Overdoses**

**Mock-up example, for
illustrative purposes
only.**



Subscription Model

DEFINITION

GOALS

Definition of a Subscription Model

A subscription-based pricing model is a payment structure that allows a customer or organization to purchase or subscribe to a service or product for a specific period of time for a set price. Subscribers typically commit to the services on a monthly or annual basis.

Goals of a Subscription Model

1. Increase the value of our products and services for existing customers
2. Acquire new customers
3. Improve the accuracy of revenue forecasting through sustainable recurring revenue growth

Next Steps

Feedback from Users

- Solicit feedback from key stakeholders, focus on “ongoing” data requesters

Report back to Board in September