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
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.
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?

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

How many members are represented in an average month?

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-G Administrators Inc</td>
<td>T0486</td>
</tr>
<tr>
<td>Aetna Health Inc</td>
<td>C0011</td>
</tr>
<tr>
<td>Aetna Life Insurance Company</td>
<td>C0010</td>
</tr>
<tr>
<td>Alicare Inc</td>
<td>T0012</td>
</tr>
<tr>
<td>Allied Benefit Systems Inc</td>
<td>T0418</td>
</tr>
<tr>
<td>American Health Care Admins</td>
<td>T0527</td>
</tr>
<tr>
<td>American Heritage Life Ins.</td>
<td>C0042</td>
</tr>
<tr>
<td>American Progressive Life Ins.</td>
<td>C0053</td>
</tr>
<tr>
<td>American Republic Ins.</td>
<td>C0055</td>
</tr>
<tr>
<td>AmeriHealth Administrators</td>
<td>T0342</td>
</tr>
<tr>
<td>Ameritas Life Insurance Co.</td>
<td>C0060</td>
</tr>
<tr>
<td>Amica Mutual Insurance Co.</td>
<td>C0709</td>
</tr>
<tr>
<td>Anthem Health Plans of MA</td>
<td>C0065</td>
</tr>
<tr>
<td>Anthem Insurance Companies</td>
<td>C0541</td>
</tr>
<tr>
<td>Arcadian Health Plans, Inc.</td>
<td>C0493</td>
</tr>
<tr>
<td>Assurant Inc</td>
<td>C0710</td>
</tr>
<tr>
<td>BCS Insurance Company</td>
<td>C0459</td>
</tr>
<tr>
<td>Blue Cross &amp; Blue Shield of Georgia</td>
<td>C0576</td>
</tr>
</tbody>
</table>

Categories of Claims
- Dental Claims
- Dental Member Eligibility
- Medical Claims
- Medical Member Eligibility
- Pharmacy Claims
- Pharmacy Member Eligibility

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

Percent Difference of Cost Between Version 1 to 2

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
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