



Cost Proposal Supplement

All Payer Claims Database Administrator (RFP# 22-70302)

Issued by the Indiana Department of Administration on Behalf of the Indiana Department of Insurance

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Onpoint is pleased to offer the following Cost Proposal Supplement in support of our proposal to provide APCD administration, data management, analytic enhancement, and reporting services in support of the Indiana All Payer Claims Database (IN APCD) (RFP #22-70302).

For ease of review and reference, our responses to each of the four Technical Proposal questions requesting details regarding additional fees or expenses related to optional/supplemental services have been consolidated into the following narrative. If Onpoint can provide additional detail or answer any questions, please contact our team.

Technical Proposal Section #4. Design, Development, and Implementation

4.23 What mechanism would you propose to provide a flexible methodology and tool to allow the IDOI quickly and easily to identify the physical locations in Indiana where a health care provider currently practices and similarly find specialized providers near a given physical location in Indiana?

- a. This provider locator tool must contemplate and incorporate solutions for providers that practice at multiple work locations (hospitals, clinics, offices, etc.).
- b. Describe the functionality of the provider locator methodology, including a description of how business rules are incorporated and can be adjusted as needed.
- c. Provide a supplement to the Cost Proposal Template (as a separate attachment; not as part of this Technical Proposal response) to reflect any added expense/income associated with this enhancement.

As part of our base solution and pricing, Onpoint will include a master provider index to identify unique healthcare providers and facilities across payers and time using best practices in identity resolution. Onpoint's provider clustering process involves a complex series of algorithms, internal and external reference files, and automated provider linkage steps. Our provider clustering solution assigns persistent unique IDs to providers no matter their role (e.g., PCP, rendering, prescribing, billing, attending) and no matter their type (e.g., individuals, facilities, pharmacies) to enhance linkage results.

Our clustering process incorporates national reference files, including a monthly subscription file from the U.S. Centers for Medicare & Medicaid Services' National Plan and Provider Enumeration System (NPPES). This information is integrated into our Provider Master table, enabling us to regularly update provider information. This data is utilized to enhance our provider linkage process and serve as an independent "source of truth" for provider identity resolution, improving the assignment of unique provider IDs. Similar to NPPES, Onpoint creates only one master record per unique National Provider Identifier (NPI) through our mastering process.

A variety of enhancements can be reviewed and evaluated with IDOI. For example, street address information indicating where services were rendered can be included in the claims submission from payers. If this information is included in the data submission layouts from the beginning, there would be no incremental charge to IDOI for this subsequent change. Alternatively, the street address where services were rendered could be included in the provider file from payers. Again, if this information is included in the data submission layout from the beginning, there would be no incremental charge to IDOI.

Another option, depending on the reliability of the information reported by submitters, would be the collection of supplemental provider files such as provider-to-practice rosters and provider registries, which could be integrated into the APCD. For some of our clients, Onpoint has received provider registry data from external sources, integrating and clustering the external provider data with the APCD. The format of this data exchange can be tailored to the needs of IDOI. Onpoint CDM's data intake and extraction process can be leveraged to exchange provider information on a regular basis via secure file transfer protocol (SFTP), allowing for clustered data to be sent to IDOI and third-party vendors as needed. An application programming interface (API) also

can be provided to allow for requests of the provider data as needed. In such a case, Onpoint would work with IDOI to define the access needs and format requirements of the API. There are numerous variables that can significantly impact the final cost of this last option (e.g., complexity of the non-standard file, frequency of data exchange) so this cost is presented as a range and would be determined based on discussions with the State to identify the specific requirements.

Option	Implementation Cost	Ongoing Annual Cost
Master provider index	Included in base pricing	Included in base pricing
Submission layout of claims files expanded to collect providers' street address	Included in base pricing if included from the start	Included in base pricing if included from the start
Submission layout of the provider file expanded to collect provider location data	Included in base pricing if included from the start	Included in base pricing if included from the start
Integration of external provider roster and/or registry data	\$40,000 – \$80,000	\$30,000 – \$60,000

Technical Proposal Section #6. Data Services

6.6 How would you integrate new file feeds if requested by the State? Explicitly define any related fees within a supplement to the Cost Proposal Template (as a separate attachment; not as part of this Technical Proposal response).

Onpoint regularly onboards new submitters for our APCD clients. This typically happens when a client expands their data collection efforts to include a new file type (e.g., dental claims, non-claims payments) or when a new high-volume payer enters the market. Regardless of the circumstance, Onpoint's approach remains consistent: We provide all new submitters with webinars, walkthroughs, one-on-one meetings, and documentation to facilitate their understanding of the collection requirements and onboarding process.

According to guidance from IDOI (Attachment G, State of Indiana Response to Questions (Round 1), Question #14, "Att G_70302_SOI Response.xlsx"), the State anticipates a starting minimum of 10 insurance carriers, approximately 40 pharmacy benefit managers, along with data feeds from the state Medicaid program and Medicare. In addition to these data feeds, Onpoint's proposal provides for growth and includes the collection of data feeds (submitted in the State's standard format and timeline) from an additional 5 insurance carriers under our base pricing. Beyond that, we present pricing for additional insurance carrier feeds below:

Option	Implementation Cost	Ongoing Annual Cost
Each additional each insurance carrier data feed beyond the first 15	\$14,800	\$9,800

6.54 Health payers (insurance carriers, specifically), expend a great deal of time and money trying to analyze, design, negotiate, and maintain health care provider networks. Even with these efforts, provider networks commonly contain inaccuracies and outdated information.

- What mechanisms would you propose to help carriers and providers streamline and simplify the process of maintaining network participation data in real time?
- What additional functionality would you add to help providers find established networks, and to join or leave a network?
- What tools would you recommend be added to help carriers and the State analyze provider networks for network adequacy?
- Would you recommend charging carriers, providers, or researchers for these tools, services, or data, and if so, what would the fee structure be?
- Provide a supplement to the Cost Proposal Template (as a separate attachment; not as part of this Technical Proposal response) to reflect the added expense/income associated with this enhancement.

Functionality that would be required for providers to find networks and to evaluate whether they should participate would begin with a centralized repository that contains a directory of networks and participating providers that can be updated regularly and easily. Two options available from Onpoint that could meet this need, at least in part, would include:

1. Use an application that offers provider roster maintenance functionality. Onpoint would propose that the State evaluate its specific needs in collaboration with key stakeholders and invest in the most appropriate process and technology. If it is unable to pursue a full-blown provider directory solution, as a starting point, Onpoint has a roster management module within our Performance Reporting Portal (PRP) that would be a relatively low-cost starting point. The PRP would be an appropriate solution if tied into IDOI's public-reporting initiative, which could include a review and reconsideration process as well (a typical requirement associated with provider-identified reporting). The low end of the cost range (below) would be for only the roster management module, and the higher end of the range would include a public-reporting initiative and the PRP's review and reconsideration module.
2. Ensure that APCD submissions include an "In-/Out-of-Network" indicator, details about the rendering and billing providers (e.g., National Provider Identifier (NPI), specialty code, provider address, including street address) – all of which is included in the APCD-CDL™. This information would be required in the claims information to allow for the attribution of members and providers to networks. Collected enrollment data also would be used to evaluate member populations in relation to provider locations to assess network adequacy. The advantage of this method is that it minimizes the effort for data submitters; its disadvantage is that the data is updated only quarterly and requires further processing to display and inform a directory.

Pricing for these two options is provided below:

Option	Implementation Cost	Ongoing Annual Cost
Onpoint's Performance Reporting Portal (PRP)	\$60,000 – \$200,000	\$50,000 – \$160,000
Provide support for network adequacy analysis by enhancing the standard provider tables in data sets to include network indicators and associated information	\$10,000 – \$20,000	\$5,000 – \$15,000

Technical Proposal Section #9. Maintenance, Support and Enhancements

9.21 Respondents are encouraged to suggest other enhancements or services that the IDOI may be interested in. All proposed enhancements or services must also have an associated supplement to the Cost Proposal Template (as a separate attachment; not as part of this Technical Proposal response) to reflect any added expense/income associated with the change.

As noted in our response to this question in the Technical Proposal, Onpoint has proposed a robust, feature-rich solution that includes many industry-leading analytic enhancements to support the Indiana APCD. During the contract, should the State identify additional data enhancements or services of interest, Onpoint will work with IDOI to develop a detailed and cost-effective scope of work and budget.