



# Cost Assumptions, Conditions, & Constraints

---

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

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

Submitted: April 4, 2022

## Cost Assumptions, Conditions, & Constraints

Onpoint Health Data has employed the following cost assumptions, conditions, and constraints while preparing our Cost 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).

Please note that fixed-price estimates have been provided wherever sufficient information was available; if assumptions change based on further information or scope alteration, pricing may need to be revisited. Start and end dates contained within Onpoint's technical and cost proposals are estimates only and are dependent upon the State's contract being awarded and officially enacted by August 1, 2022.

Onpoint's cost assumptions, conditions, and constraints follow:

- **Submission specifications.** All eligibility, medical claims, pharmacy claims, non-fee-for-service information, and provider data files will be submitted monthly in a single, standard format. Medicare data will be submitted as the standard Research Identifiable Files from Medicare's Chronic Condition Data Warehouse. Medicaid data will be mapped by the submitters to the finalized Indiana APCD data layout. Content and format of incoming data will be reviewed on an annual basis. Any significant changes may require additional funding.
- **Data quality.** Onpoint's data integration solution, Onpoint CDM (Claims Data Manager), employs an end-to-end quality assurance process, employing a multi-stage validation process in which files are validated using a library of more than 2,000 data quality validations at the submitter, file, and element levels. Onpoint is committed to ensuring that all of our checks are carefully followed, that any calculated fields are generated with precision, and that all data sets are reliable for analytic reporting as a whole. However, even with a rigorous quality assurance process in place, across dozens of submitters and billions of claim lines, erroneous data that may not be reasonably predicted or detected is sometimes included in data products. To address these situations, Onpoint is committed to continuous process improvement, open communication, and transparency in our data quality procedures. Onpoint works closely with clients to ensure that our overall data quality assurance processes meet their analytic needs.
- **Historical data.** Onpoint's pricing assumes the collection of 3 years of historical data from submitters.
- **Number of submitters/feeds.** Onpoint's pricing assumes no more than 15 data feeds/submitters. New feeds can be added as detailed in our Cost Proposal Supplement ("Onpoint - IN RFP 22-70302 - 2.5.4 - Cost Proposal Supplement (2022-04-04).pdf").
- **Grouper licensing fees.** Budget reflects the license-free use of Onpoint's Service-Focused Episodes (SFE) grouper and CMS's open-source Ambulatory Payment Classifications (APCs). The budget also reflects the extension of a no-cost license for the usage of 3M groupers including All-Patient Refined Diagnosis Related Groups (APR-DRGs) and Clinical Risk Groups (CRGs) as has been done with other state APCDs.
- **Measures generation.** Budget reflects the annual generation of 7 HEDIS measures. If the National Committee for Quality Assurance (NCQA) significantly revises its certification process or licensing fee structure, additional funding may be required. The fees charged by NCQA for the use of HEDIS measures on covered lives in the state of Indiana is reflected in the "Other Costs" tab of the Cost Proposal.
- **Provider attribution.** Budget reflects the use of Onpoint's standard claims-based patient-to-provider attribution.
- **Extract requirements.** Budget reflects the delivery of 3 extract types: (1) Comprehensive quarterly extracts that include all data elements collected and the application of groupers and analytic enhancements for all data submitters; (2) 2 standard quarterly extracts to support the State's most

common research data requests; and (3) a maximum of 5 custom extracts per year that are comprised of fields from the State's standard layouts.

- **Analytic Environment.** Onpoint will build a separate Virtual Private Cloud (VPC) for IDOI. Pricing includes 10 users, each of whom will have access to an AWS WorkSpace (a virtual Windows desktop) accessed with multi-factor authentication (MFA). There will be a Redshift database (of at least 4TB) that will allow users to query the 2 most recent extracts. Older extracts will be archived and can be retrieved as needed. Users will have access to their choice of the following tools: Tableau Creator, Data Grip (SQL editor), RStudio (R editor), Anaconda (Python editor), and Microsoft Office. There will be a shared drive (of at least 5TB) for storing and sharing files across users as well as a method for importing and exporting data from the Analytic Environment at IDOI's direction.
- **Consumer-facing healthcare cost and quality website.** The website will be comprised of 4 key dashboards as outlined in our technical proposal, and Tableau will be used to generate the dynamic reporting. Instead of a stand-alone app, the website will reach mobile users with a mobile-optimized website.
- **Contract pricing.** Contract must be signed within 180 days of proposal date, after which the offer of services and pricing are subject to change. Overall pricing is dependent on the scope of work proposed. Significant revisions to the scope of work may require adjustments to the budget.