

Healthcare Payments Data Program Submitter Group

October 8, 2026

*Thank you for joining.
We will start the meeting at 10:05
This meeting will be recorded.*

Housekeeping

- This meeting is being recorded.
- All attendees are muted upon entry
- Presentation materials are available at the HPD Submitters Website
- This meeting will have time for Questions & Answers

Today's Agenda

1. Welcome and Key Program Updates
2. Data Harbor Enhancement: Extension Requests
3. Pharmacy Benefits Manager (PBM) Data Collection
4. Data Quality Report (DQR) Timeline Update
5. Questions & Answers – Open Forum
6. Program Reminders
7. Adjournment

Welcome and Key Program Updates

*Jasmine Neeley,
Healthcare Payments Data Unit Manager, HCAI*

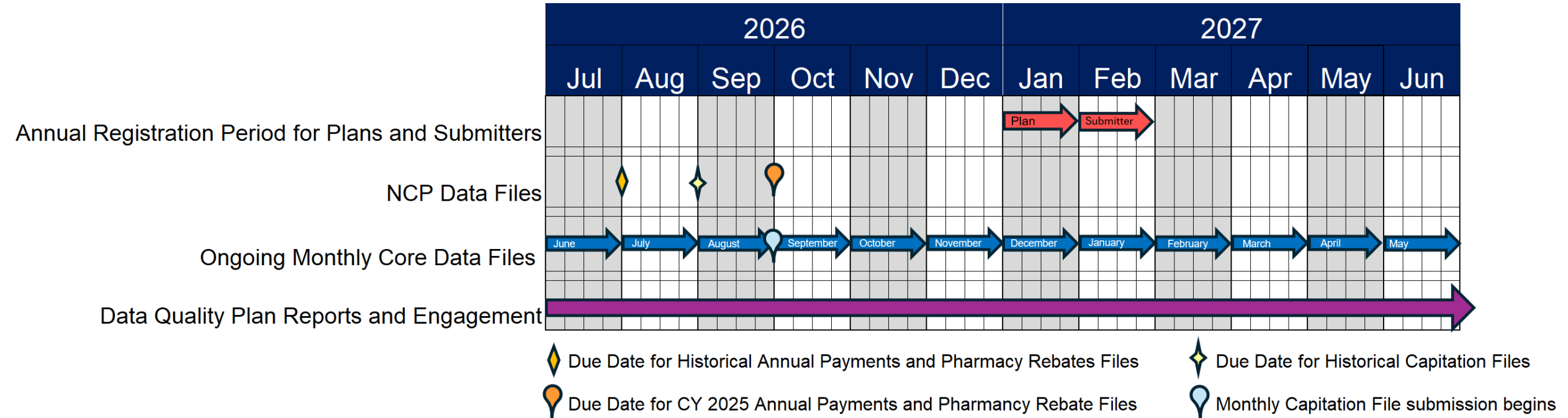
Updates 2026-2027

- HPD Key Dates
- HPD 2026 Timeline
- Upcoming HPD Committee Meetings

HPD Key Dates

Date	Event
July 31, 2026	Historical Annual Payment Files and Pharmacy Rebate Files for the time period from June 29, 2017, through December 31, 2024 due
September 1, 2026	Historical Capitation Files, for the time period from June 29, 2017, through July 31, 2026 due
September 1, 2026	July Core Files Due
September 30, 2026	Initiation of ongoing Annual Payment and Pharmacy Rebate files, starting with CY 2025 due
October 1, 2026	Initiation of ongoing Monthly Capitation file, starting with August 2026 due
October 1, 2026	August Core Files Due
November 1, 2026	September Core Files and Capitation File Due
December 1, 2026	October Core Files and Capitation File Due
January 2, 2027	Required Annual Plan Registration Opens
January 31, 2027	Complete Annual Plan Registration
February 1, 2027	Submitter Registration Opens
February 28, 2027	Complete Annual Submitter Registration

HPD Timeline for 2026 -2027



Upcoming HPD Committee Meetings

- [HPD Advisory Committee](#)
 - October 22, 2026
- [HPD Submitter Group](#)
 - January 7, 2027
- [HPD Data Release Committee](#)
 - December 16, 2026

Data Harbor Enhancement: Extension Requests & Demo

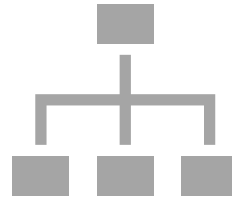
*Nicole Jakubowski,
Onpoint Health Data Operations Analyst*

Extension Request Overview



Purpose

- Allows submitters to request additional time for file submissions



- Provides structured tracking, review, and communication

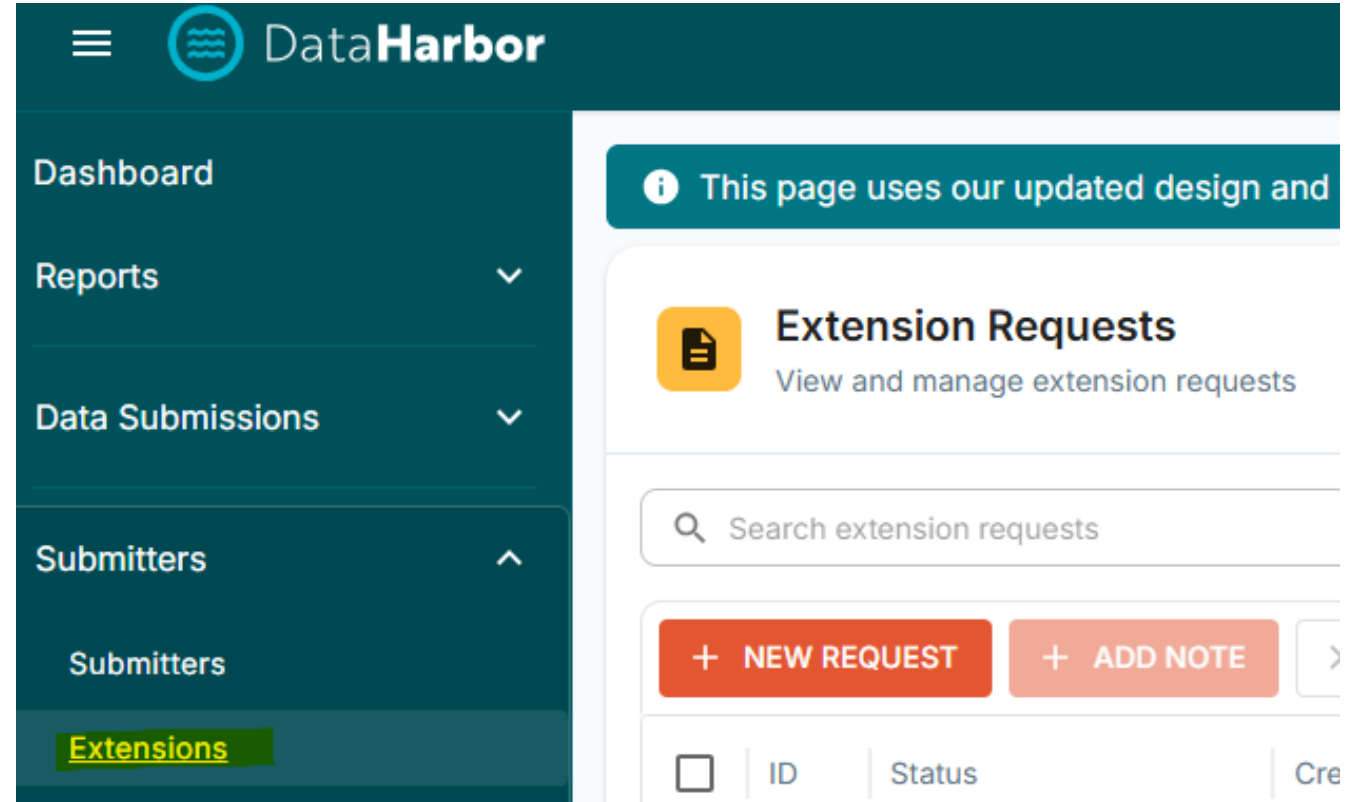


- Supports collaboration between Submitters, Clients, and Onpoint

Creating a New Extension Request

Create a new request in Data Harbor

- Submitters > Extensions > + New Request



Adding a New Extension - Request Details

Complete the request details:

- File Type
- Period begin and end date
- Requested Extension Date
- Reason
- All fields with a red asterisk are required
- Each file type can only be added once
- If adding multiple file types, the dates and reason will carry forward
- Review and Submit

Create New Extension Request

Step 2 of 3: Request Details

Submitter Info

Request Details

Review and Submit

Request Details

Please add the details for each file type and submission period you would like to request an extension for using the form below.

Note: Each file type may only be added once. To request extensions for multiple submission periods for the same file type, please submit your request on the next page, then reopen this form to submit a new request for each additional period. If a file type is missing from the dropdown below, or if you encounter any issues while completing this form, please contact support for assistance.

Fields marked with an asterisk (*) are required.

File Type *

Period Begin Date *

mm/dd/yyyy

Period End Date *

mm/dd/yyyy

Requested Extension Date *

mm/dd/yyyy

Reason *

0 / 10000 characters

Add Another File Type

Adding a New Extension - Display

Requests will display as New

☰

DataHarbor

Dashboard

Reports

Data Submissions

Submitters

Submitters

Extensions

Contacts

Documentation

Nicole Jakubowski

njakubowski@onpointhealthdata.org

This page uses our updated design and features.

Extension Requests

View and manage extension requests

16 Total Records

Last updated: 9/29/2026, 10:08:17 AM

REFRESH

Search extension requests

16 records found

ADD FILTER

+ NEW REQUEST

+ ADD NOTE

X CLEAR SELECTION

DOWNLOAD RESULTS

☐	ID	Status	Created At	Submitter Code	File Type	Period Begin Date	Period End Date	Requested Extension Date	Actions
☐	110	New	9/29/26, 2:07:44 PM	OHD01XX	Pharmacy Rebates	2026-10	2026-12	01/01/2027	View Edit
☐	109	New	9/29/26, 2:07:44 PM	OHD01XX	Capitation	2026-10	2026-12	01/01/2027	View Edit

Extension Request Details – Adding notes

This page uses our updated design and features.

Extension Requests

View and manage extension requests

16 Total Records Last updated: 9/29/2026, 10:13:31 AM

Search extension requests 16 records found

+ NEW REQUEST

+ ADD NOTE

X CLEAR SELECTION

DOWNLOAD RESULTS

☐	ID	Status	Created At	Submitter Code	File Type	Period Begin Date	Period End Date	Requested Extension Date	Action
☐	110	New	9/29/26, 2:07:44 PM	OHD01XX	Pharmacy Rebates	2026-10	2026-12	01/01/2027	View
☐	109	New	9/29/26, 2:07:44 PM	OHD01XX	Capitation	2026-10	2026-12	01/01/2027	View

To add a new note:

- Click view
- Navigate to the notes page

This page uses our updated design and features.

Extension Requests > Request Details - ID 110

About

Status History

Notes

Request Information

Edit

Request ID 110	Status New	Client Onpoint Demonstration Client	Submitter OHD01XX - Demo Data Supplier 3	File Type Pharmacy Rebates	Period Begin Date 10/01/2026
Period End Date 12/31/2026	Requested Extension Date 01/01/2027	Reason Our systems are going through an upgrade			

Extension Request Details – Adding notes (cont.)

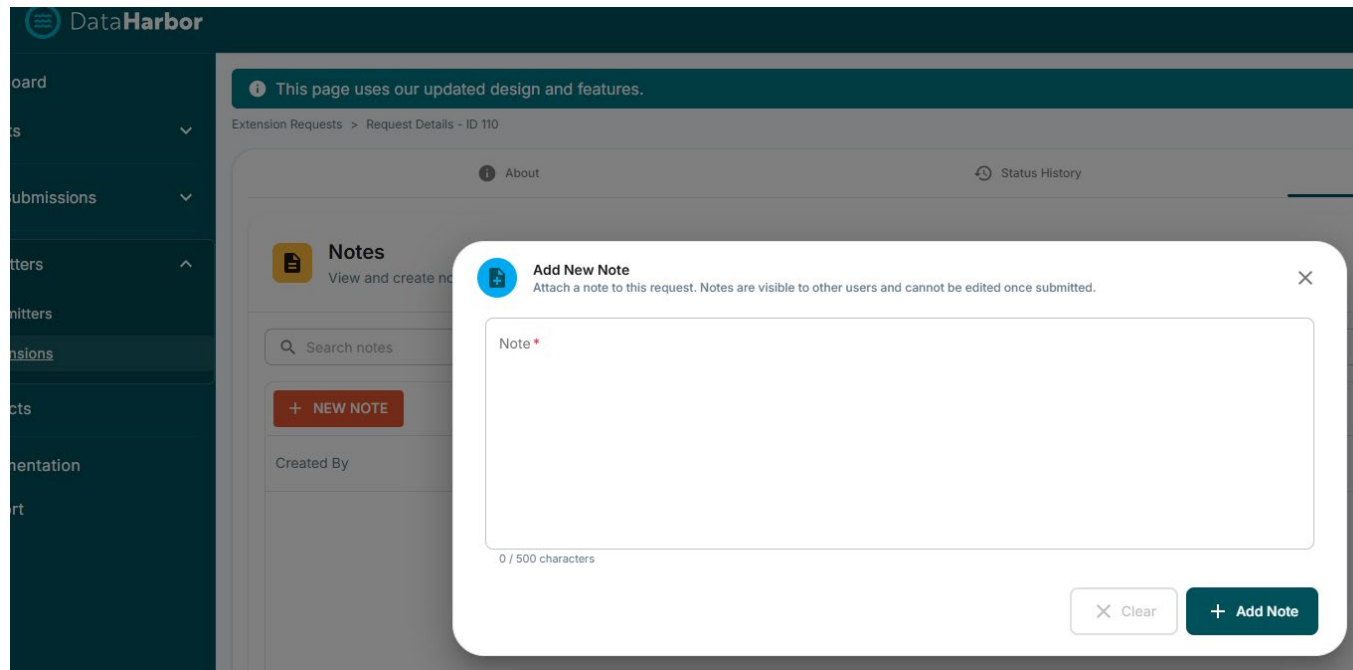
To add a new note:

- Add a note
- Navigate to the notes page

The screenshot displays the 'Extension Request Details' page for request ID 110. At the top, a teal banner states 'This page uses our updated design and features.' Below this, the breadcrumb 'Extension Requests > Request Details - ID 110' is visible. The page has three tabs: 'About', 'Status History', and 'Notes', with 'Notes' being the active tab. The 'Notes' section header includes a document icon, the title 'Notes', and the subtitle 'View and create notes for this request'. To the right of the header, it shows '0 Results', the last update time '9/29/2026, 10:20:10 AM', and a 'REFRESH' button. Below the header is a search bar with the placeholder 'Search notes' and a '0 records found' status, along with an 'ADD FILTER' button. A prominent orange '+ NEW NOTE' button is located on the left. On the right, there is a 'DOWNLOAD RESULTS' button and a list icon. At the bottom, a table header is partially visible with columns for 'Created By', 'Created At' (with a dropdown arrow), and 'Content'.

Extension Request Details – Adding notes (cont.)

Add your note



- Submitters can add notes to their own requests
- Onpoint users can add notes to requests
- Notes are not editable after they are created

Submitters may cancel a request at any time

Onpoint Data Harbor Extension Demonstration

Pharmacy Benefits Manager (PBM) Data Collection

Dalvir Kaur,

Cost Transparency: Prescription Drug (CTR_x) Program, HCAI

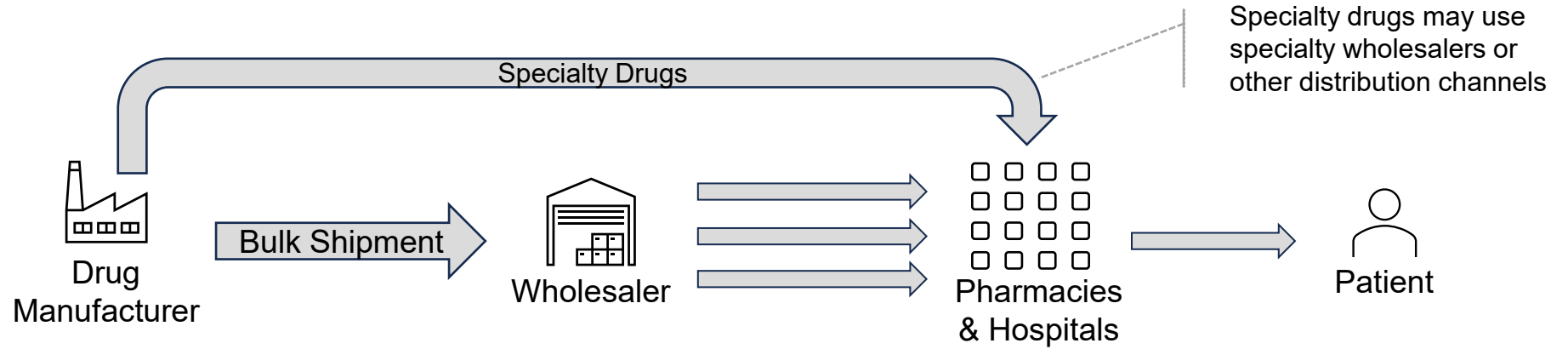
Overview

- The 2025 State Budget Health Omnibus Bill (AB 116) requires HCAI to collect cost data from Pharmacy Benefit Managers (PBMs) to improve transparency.
- Section [127673.05](#) gives HCAI the authority to promulgate regulations and collect required PBM data.
- PBMs act as intermediaries between health plans, pharmacies, and drug manufacturers.
- This new data collection expands on HCAI's existing Prescription Drug Cost Transparency Program (SB 17) and the Healthcare Payments Data (HPD) Program.
- By January 1, 2027, PBMs are expected to be required to be licensed by the Department of Managed Health Care (DMHC). This date is subject to change based on the establishment of the licensure process.

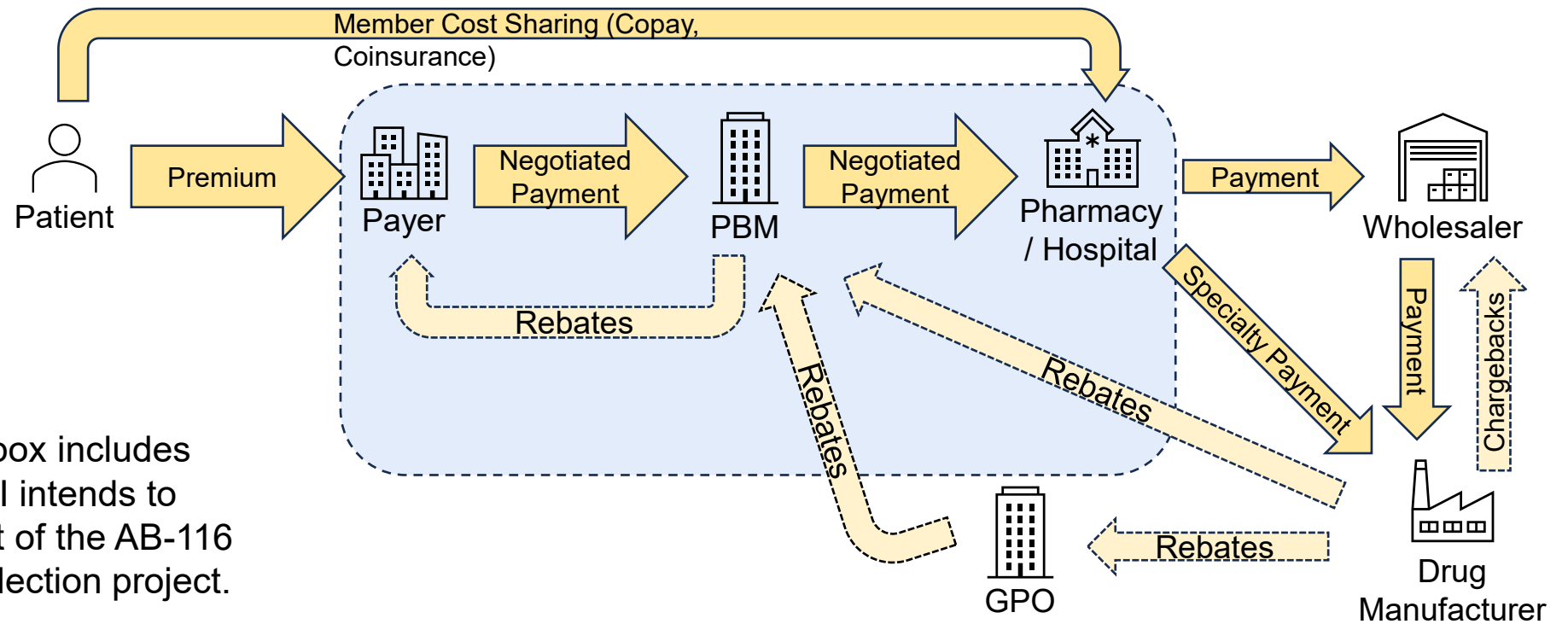
Data Collected by HCAI under AB-116

- As a condition of licensure, PBMs will be required to submit data to HCAI through the HPD Program. Submitted data will focus on drug pricing, fees paid for PBM services, and pharmacy rebates.
- This data may include:
 - Drug codes, names, and therapeutic categories
 - Pricing benchmarks: WAC, AWP, NADAC
 - Prescription and patient counts
 - Discounts, rebates, and fee amounts
 - Information needed to analyze payments to PBM-owned pharmacies and calculate total net spending by drug

Flow of Drugs



Flow of Money



This shaded box includes the data HCAI intends to collect as part of the AB-116 PBM data collection project.

Changes at the Federal Level

The Consolidated Appropriations Act of 2026, [Section 6224](#), included changes for PBMs doing business with Medicare Part D Prescription Drug Plans (PDPs):

- Delinks PBM compensation from drug prices and rebates, allowing only flat, fair-market fees for real, itemized services*.
 - Any manufacturer rebates negotiated by the PBM must be 100% passed through to the PDPs.
- Requires comprehensive reporting to the PDP and the federal government of data like what DMHC and HCAI intend to collect from PBMs in California.
 - By June 1, 2027, the federal government will specify standard, machine-readable formats for PBMs to submit these annual reports

* Section 6702 of the CAA also requires 100% passthrough of rebates and other remuneration to ERISA health plans.

Changes at the Federal Level (cont.)

The Consolidated Appropriations Act of 2026, [Section 6224](#), included changes for PBMs doing business with Medicare Part D Prescription Drug Plans (PDPs):

- PBMs will provide written explanations of their contracts with manufacturers, describing any rebates, discounts, payments, or other financial incentives that are contingent upon coverage, formulary placement, or utilization management conditions.
- Also includes restrictions on how the PBM-supplied information can be used by the federal government; they will not report or disclose information to the public in a manner that would identify:
 - A specific PBM, affiliate, pharmacy, manufacturer, wholesaler, PDP sponsor, or plan
 - Contract prices, rebates, discounts, or other remuneration for specific drugs in a manner that may allow the identification of specific contracting parties or of specific drugs.

Learnings from Other States

HCAI is studying other states' regulations and PBM data collection programs to learn from their models, and leverage what will work for California. So far, the state scan includes:

- Arkansas
- Colorado
- Massachusetts
- New York
- Tennessee

A common theme is that states also request information about the *contracts* PBMs hold with payers and manufacturers, to better understand PBM financial data in the context of the business value PBMs provide.

Key Milestones and Deliverables

- **Phase 1 - Planning and Initiation (in progress)**
 - Develop project documents and establish the project team.
 - In partnership with SMEs and stakeholders, gather information about what data to collect from PBMs and how best to collect it.
- **Phase 2 – Regulations Development (in progress)**
 - In partnership with SMEs and stakeholders, design a PBM data collection format.
 - Draft and promulgate regulations defining the rules for PBM data submission.
- **Phase 3 – Data Collection**
 - Register PBM submitters and facilitate the testing of their data submissions.
 - Collect historical pricing and payment data from PBM submitters.
 - Begin collecting ongoing annual data from PBM submitters.
- **Phase 4 – Data Use**
 - Provide DMHC with data, as needed, collected by HPD from PBMs.
 - Build an HPD analytic dataset that includes data collected from PBMs.
 - Publish an HPD public data product built from PBM data.

Stakeholder Engagement

- HCAI engaged with PBMs and other stakeholders to learn from them during regulations development on data collection.
- HCAI reached out to 14 PBMs to request informational interviews; 7 meetings were completed July/August.
- HCAI reached out to 6 additional stakeholders, with five meetings completed through September.

PBM Stakeholders

- Archimedes (plus Navitus)
- CarelonRx, Inc.
- CaremarkPCS Health, L.L.C.
- DST Pharmacy Solutions, Inc.
- MedImpact Healthcare Systems, Inc.
- PerformRx, LLC / Amerihealthcaritas
- Burgess Information Systems, Inc. (ProCare Rx)
- Centene Pharmacy Services, Inc.
- Express Scripts, Inc.
- Navitus Health Solutions, LLC
- OptumRX
- Oscar Management Corporation (Oscar Health Administrators)
- Prime Therapeutics LLC
- Stellarus, LLC

Additional Stakeholders

- CalPERS
- Covered California
- California Pharmacists Association: represents California pharmacists, pharmacy technicians, and student pharmacists across practice settings (independent pharmacies, chains, hospitals/health systems, etc.)
- California Pan-Ethnic Health Network
- National Community Pharmacy Association: represents independent pharmacies (includes but not limited to California)
- Pharmaceutical Care Management Association: represents PBMs

Discussion Questions for PBMs

1. Guidance for HCAI on Data Collection

HCAI is in the process of developing a data collection strategy as mandated by AB 116, including creating regulations and a standardized data format.

- What recommendations do you have for HCAI regarding practical, low-impact methods to collect data from PBMs on these subjects?
- Are there any existing data reports that could be adapted to fulfill these requirements?
- What would be the most straightforward way for PBMs to confirm the accuracy and completeness of their data submissions?

2. Overview of PBM Business Model

Could you provide a concise, high-level summary of your organization's business model?

- We are particularly interested in PBM services as well as offerings from any affiliated pharmacies (owned by or controlled by the PBM), rebate aggregators, and related entities connected to your California fully insured commercial market operations.

Discussion Questions for PBMs (cont.)

3.PBM Data Reporting Capabilities and Practices

To better understand current PBM data reporting abilities and practices, it would be useful to know whether your organization currently reports or could report on:

- Manufacturer rebate details, either at the claim or NDC level
- Acquisition cost per dosage unit at affiliated pharmacies (owned or controlled by the PBM)
- Administrative fees charged to:
 - fully insured commercial health plans
 - manufacturers
 - rebate aggregators
 - pharmacies

Discussion Questions for PBMs (cont.)

4. Timeline for Data Collection

- What should we know about the timing related to pharmacy claims, manufacturer rebates, and administrative fees, particularly regarding the delay between service provision and final adjudication or reconciliation?
- What is your perspective on balancing the need for timely data collection with the necessity of having complete data?

5. Concerns

- What concerns do you have about this data collection initiative, its analysis, and the subsequent public reporting?

PBM Milestone Timeline

	2026				2027				2028			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Ongoing collaboration with DMHC												
Develop and workshop emergency regulations												
Promulgate emergency regulations												
Register PBMs and test data file(s)												
Collect PBM historical data												
Begin collecting ongoing PBM data												

Resources

- PBM Data Collection Website:
<https://hcai.ca.gov/data/cost-transparency/pbm/>
- Contact Us
PBMDataCollection@hcai.ca.gov

Data Quality Report (DQR) Timeline Update

*David Winston;
Cost Transparency Section, HCAI*

HPD DATA COLLECTION PROCESS

```
graph LR;
    subgraph TopRow [ ]
        direction LR
        S1[SOURCE DATA INTAKE] --> S2[DATA VALIDATION]
        S2 --> S3[DATA PROCESSING]
        S3 --> S4[DATA ANALYSIS]
        S4 --> S5[DATA RELEASE]
    end

    S1 --> B1[FILE SUBMISSION]
    B1 --> S1

    S2 --> B2["Format (Fail/Pass)  
Content (Data variance process)"]
    B2 --> S2

    S3 --> B3["Normalization  
Deduplication  
Mastering  
Consolidation"]
    B3 --> S3

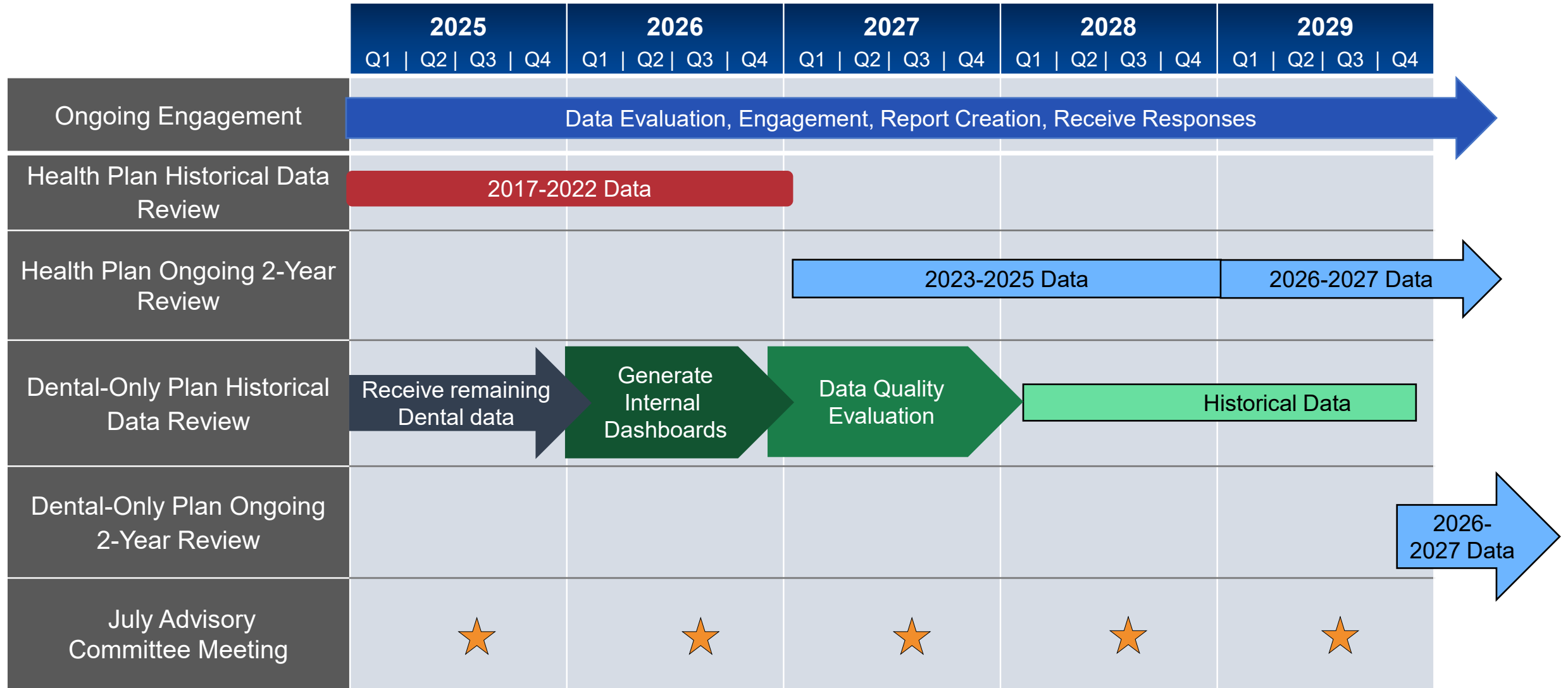
    S4 --> B4[Trends Verification]
    B4 --> S4

    S5 --> B5["Public Reports  
Standard  
Limited Datasets"]
    B5 --> S5

    B2 -.-> DAI["Data aberrations investigated"]
    B3 -.-> DAI
    B4 -.-> DAI
    DAI <--> CS["Collaborating with submitters  
to assess, correct, and resubmit"]
    CS --> B1
    CS --> B2
    CS --> B3
    CS --> B4
    CS --> B5
```

The flowchart illustrates the HPD Data Collection Process, which is an iterative cycle. The main process flow consists of five sequential steps: SOURCE DATA INTAKE, DATA VALIDATION, DATA PROCESSING, DATA ANALYSIS, and DATA RELEASE. Each step is supported by a corresponding activity box below it. SOURCE DATA INTAKE involves FILE SUBMISSION. DATA VALIDATION involves checking Format (Fail/Pass) and Content (Data variance process). DATA PROCESSING involves Normalization, Deduplication, Mastering, and Consolidation. DATA ANALYSIS involves Trends Verification. DATA RELEASE involves Public Reports, Standard, and Limited Datasets. A feedback loop is shown where data aberrations are investigated and collaborators work with submitters to assess, correct, and resubmit data, leading back to the start of the process. The process iterates until all requirements are met.

Data Quality Report Roadmap



Healthcare Payments Database (HPD) Data Completeness Fact Sheet 2018-2024

Eligibility Data

Field	Commercial Range	Commercial	Medicaid	Medicare FFS	Medicare Advantage
Total Records Available	N/A	2,426,978,673	2,491,305,380	525,691,250	621,857,133
Coverage Type Code	99.9-100%	100%	100%	100%	100%
Product Code	100%	100%	100%	100%	100%
First and Last Names *	99-100%	99.9%	100%	100%	100%
Physical Address *	97-100%	98.7	97.1%	0%**	98.8%
Zip Code (5)	99.9-100%	99.9%	99.1%	100%	100%
Member Sex	100%	100%	100%	100%	100%
Member SSN *	0%-100%	93.6%	97.7%	99.9%	41.1%
Age in Years	99.8%-100%	99.9%	99.9%	100%	100%
Race (Actionable)	0%-97.3%	38.3%	89.2%	96.5%	50.7%
Ethnicity (Actionable)	0%-95.8%	46.1%	89.2%	0% **	35.2%
Language (Actionable)	0%-100%	65.7%	98.8%	0% **	83.3%

* Fields only available through an identifiable request

** Physical Address, Ethnicity and Language are not provided by Medicare FFS

[HPD Data Completeness Fact Sheet](#)

Medical Claims/Encounters Data

Field	Commercial Range	Commercial	Medi-Cal FFS	Medi-Cal Managed Care	Medicare FFS	Medicare Advantage
Total Records Available	N/A	2,296,807,622	1,037,591,424	2,399,020,982	2,162,380,495	972,923,440
Billing Provider NPI	76.2%-100%	97.2%	86%	100%	97.3%	97.2%
Procedure Code (Prof)	99.7%-100%	100%	100%	100%	100%	99.9%
Rendering Provider NPI	71.1%-100%	97.1%	72.3%	100%	100%	97.3%
Payment Arrangement	100%	100%	100%	100%	100%	100%
Charge Amount (FFS)	87.6%-100%	99.9%	98.4%	N/A*	100%	99.8%
Paid Amount (FFS)	94.1%-100%	99.9%	98.5%	N/A*	100%	99.8%
Place of Service (Prof)	100%	100%	100%	100%	100%	100%
Type of Bill (Inpatient)	98.3%-100%	99.8%	100%	100%	100%	100%
Revenue Code (Inpatient)	99.8%-100%	100%	84%	100%	100%	100%
Principal Diagnosis	99.3%-100%	99.8%	87%	94.6%	100%	99.6%

Pharmacy Claims/ Encounters Data

Field	Commercial Range	Commercial Average	Medi-Cal FFS	Medi-Cal Managed Care	Medicare FFS	Medicare Advantage
Total Records Available	N/A	781,815,285	503,475,162	394,048,152	629,003,477	501,686,904
FFS Records Available	N/A	781,643,637	503,475,162	N/A	629,003,477	501,639,180
National Drug Code	99.9%-100%	100%	99.8%	99.9%	100%	99.9%
Date Prescription Filled	100%	100%	100%	100%	100%	100%
Days Supply	99.5%-100%	99.9%	99.8%	100%	99.9%	99.9%
Payment Arrangement	100%	100%	100%	100%	100%	100%
Charge Amount (FFS)	92.5%-100%	99.6%	100%	N/A	99.7%	99%
Plan Paid Amount (FFS)	99.4%-100%	99.8%	100%	N/A	99.7%	99.1%
Pharmacy Provider NPI	94%-100%	99.9%	100%	100%	76%	100%
Prescribing Provider NPI	99.3%-100%	100%	99.2%	98.9%	100%	99.9%

[HPD Data Completeness Fact Sheet](#)

Provider Data

Field	Completion Rates Range	Completion Rates	Linked to NPPES (Provider Index Table)
Total Records Available	N/A	141,364,221	N/A
Payer Assigned Provider ID	100%	100%	100.0%
Entity Type Qualifier	0%-64.3%	14.9%	97.5%
Provider NPI	62.1%-100%	97%	97.3%
Provider State License Number	0%-100%	38.8%	76.5%
Provider First Name	9.1%-100%	60.3%	72.7%
Provider Last Name or Organization Name	49.5%-100%	88.1%	96.6%
Organization Name	0%-32.6%	2.2%	27.6%
Provider Office Street Address	0%-100%	77.6%	98.5%
Provider City	50.2%-98.8%	78.8%	98.7%
Provider Office State	54.5%-100%	83.8%	98.7%
Provider Office ZIP Code	54.6%-99.9%	83.7%	98.87%
Provider Specialty	0% - 100%	65.6%	97.6%

[HPD Data Completeness Fact Sheet](#)

Questions & Answers

HCAI Team

Q & A Session Operations

- Questions posed in Chat will be addressed first.
- If you raise your hand, a number will appear next to your hand, and it is the order in which we will get to your raised hand.
- Please ask us anything that pertains to Healthcare Payments Data and how we can help you provide that information.
- All questions will be collected and sent out after the meeting by email.

Program Reminders

*Suzanne Hermreck,
Cost Transparency Section, HCAI*

HPD Resources - References

- [HPD Program Data Submission Guide v4.0](#)
- [APCD-CDL™ v4.0.1](#)
- [HPD Program Reporting Manual v4.0](#)
- [HPD Program Regulations](#)
- [NCP Data Layout Submission Scenarios](#)

HPD Resources - Webpages

- [HPD Program Webpage](#)
 - Includes program goals, reporting principles, statute, resources and regulations.
- [HPD Submitter Group Webpage](#)
 - Submitter resources: Data Harbor (formerly Claims Data Manager), Data Submission Guide, APCD-CDL™, HPD Reporting Manual, past meeting information and trainings, 2020 Legislative Report, etc.

HPD Resources – Fact Sheets

- [Healthcare Payments Data \(HPD\) Fact Sheet](#)
- [Non-Claims Payment \(NCP\) Fact Sheet](#)

HPD Resources - Mail

- [Mailing List](#)
 - Join HPD's mailing list and stay up to date on other HPD News.
- Contact Us
 - hpd@hcai.ca.gov: regulation or statute interpretation, or program implementation questions.
 - hpd-support@onpointhealthdata.org: data submission, technical data file specifications, or mapping questions.
 - Be sure to add noreply@hcai.ca.gov to safe sender list.

Adjournment

Thank you for attending!

The next meeting will be January 7, 2027