

Healthcare Payments Data Program Submitter Group

October 9, 2025

This meeting will be recorded.

Thank you for joining.

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
2. Key Program Updates
3. Data Quality Plan Reports and Engagement
4. NCP Data Submission and Resources
5. NCP Testing Feedback and APCD-CDL v4.0.1 Transition Overview
6. Q&A – Open Forum
7. Program Reminders
8. Adjournment

Welcome

*Anna Dito,
Cost Transparency Section Manager, HCAI*

Key Program Updates

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

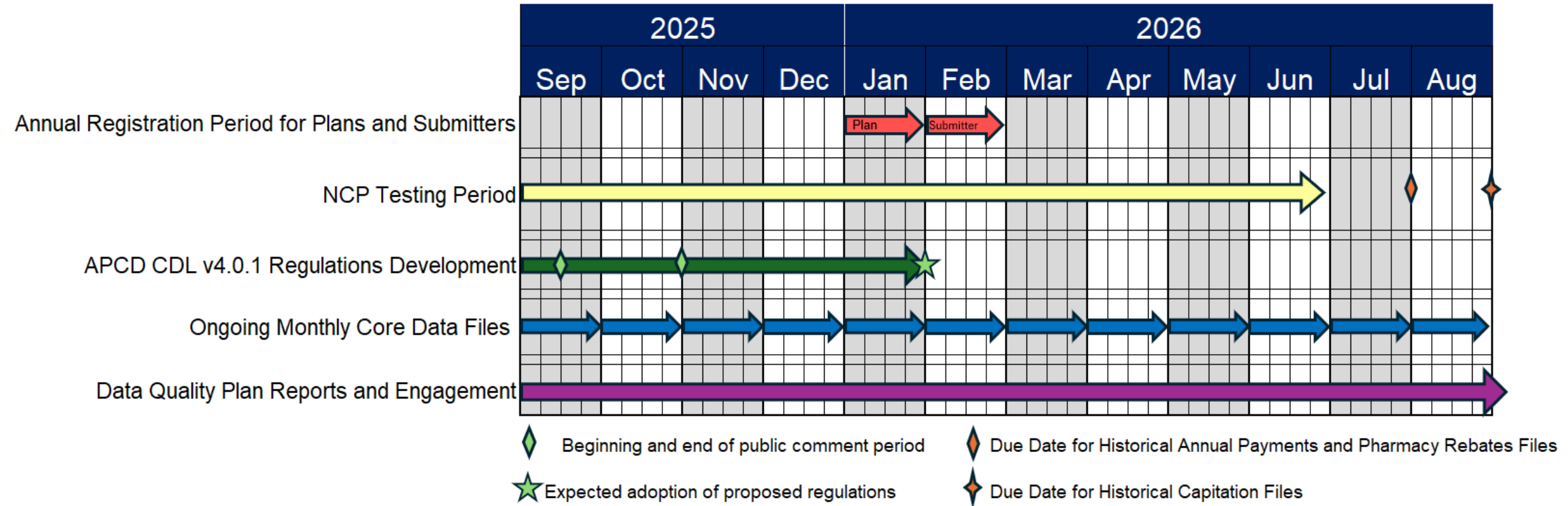
Key Program Updates

- HPD Key Deadlines
- HPD 2025 Timeline
- Data Collections Regulation Reminder
- Regulations Update – APCD CDL v4.0.1
- Updates to CA Residency Validations
- Upcoming HPD Committee Meetings

HPD Key Deadlines

Date	Event
September 1, 2025	Complete NCP registration update and submit at least one test file for each historic NCP Data File
September 12, 2025	Proposed HPD data collection regulations posted for public comment
October 1, 2025	August monthly core data files due: Eligibility, Provider, Medical, Pharmacy, and Dental
October 30, 2025	Last day to submit public comments on proposed HPD data collection regulations
January 2, 2026	Annual Plan Registration required during the month of January
February 1, 2026	Annual Submitter Registration required during the month of February
June 30, 2026	Successfully complete testing for each historical NCP Data File type your plan will submit
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 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

HPD Timeline for 2025-2026



Data Collection Regulations Reminder

- HPD data collection regulations were updated to include NCP Data Collection on March 25, 2025
 - [California Code of Regulations Sections 97300-97370](#)
- Regulations are updated with additions of new data collection requirements and/or for each biennial release of the All-Payer Claims Database-Common Data Layout (APCD-CDL)

Proposed Changes to Data Collection Regulations

- The APCD Council and the National Association of Health Data Organizations (NAHDO) released [Version 4.0.1](#) of the APCD-CDL in February 2025. NCP data layouts are incorporated into APCD-CDL v4.0.1. HCAI proposes to adopt the updated layout.
- HCAI's proposed HPD data collection regulations to adopt APCD-CDL v4.0.1 are currently posted on HCAI's [Laws and Regulations](#) webpage ([California Code of Regulations Sections 97300-97370](#)).
- The proposed HPD data collection regulations identify a transition date for submitting files in APCD-CDL v4.0.1 and include updates to the Data Submission Guide in several areas including registration and encryption requirements.

Anticipated Timeline of Data Collection Regulations Update

- 45-day public comment period opened on September 12, 2025, and will run through October 30, 2025. Please review the [Notice of Proposed Rulemaking](#) for guidance on submitting public comment.
- Review of public comments and prepare final regulation documents early in November 2025.
- Final 30-working day Office of Administrative Law review from late November through early January.
- Anticipate final regulations adopted by early January 2026.
- If second round of public comments is required, adoption would be potentially delayed until March 2026.

Updates to CA Residency Validations

- Two validations are performed to verify only CA residents are included in Claims and Eligibility submissions to align with [HPD Statute](#).
 - Validation ID 2151: percent of reported member zip codes that match the client's state
 - Validation ID 2153: percent of reported member state outside the client state
- The thresholds for these validations have been updated to align with HPD's efforts to ensure non-CA residents are excluded from submissions
- For questions on validation results please contact HPD@hcai.ca.gov and HPD-Support@onpointhealthdata.org

Upcoming HPD Committee Meeting

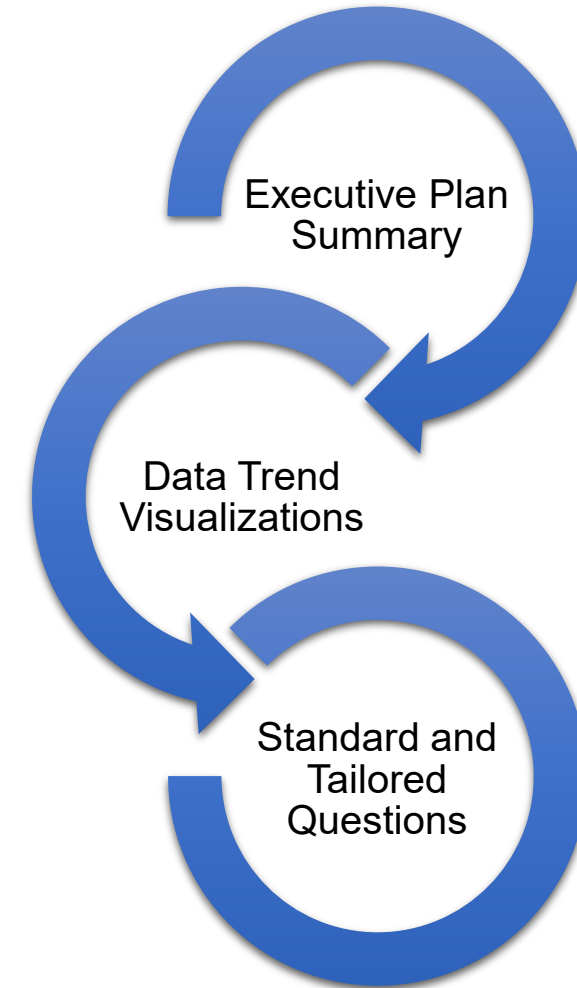
- [HPD Submitter Group](#)
 - January 8, 2026
- [HPD Data Release Committee](#)
 - TBD
- [HPD Advisory Committee](#)
 - October 23, 2025

Data Quality Reports and Engagement

*David Winston,
Cost Transparency Section, HCAI*

Data Quality Reports and Engagement

- Initiated annual reports and engagement with plans in May 2024
- Opportunity for plans to validate data in HPD, feedback loop with plans to share experiences and best practices
- Developed standard and tailored questions for each plan to gain further insight on data quality



Data Quality Reports (DQR)

- Validating covered lives counts for 2017-2022.
- Assessing historical data completeness for 2020-2022.
- Data has a time lag to assess full years. Upon completion of historical analyses, the next engagement planned for 2023-2024 years.
- Questions designed to share the plan's data in HPD and gather more information on:
 - Data Completeness
 - Methods of data collection
 - Implementation of demographic data tracking

Data Quality Reports (DQR)

- Engaging with 18 commercial health plans
 - Higher level plans represent 49 registered health plans
 - E.g., Kaiser Permanente and Kaiser Foundation rolled up to Kaiser
- Reached out to 14 plans since May 2024, received 12 responses
 - 4 small (<100K covered lives), 5 medium (100k to <1M covered lives), 3 large (1M+ covered lives)

Data Collection Method – Ethnicity, Language and Race, 2020-2022

<u>Demographic Element</u>	<u>Collection Method</u>	<u>Plan Size</u>		
		Small	Medium	Large
Ethnicity	Self-Reported	1		1
	Combination	4	3	2
Language	Self-Reported	2	1	
	Combination	3	2	2
	Derived		1	1
Race	Self-Reported	1		1
	Combination	4	3	2

- This table shows the data collection methods that plans used to collect demographic data from 2020-2022
- Self-report: information entered directly by patient
- Derived: information populated based on other sources, such as provider electronic medical records
- Reported on someone's behalf: authorized representative of the patient provided the information
- Combination: using multiple of the above methods

Race and Ethnicity Data Separation, 2020-2022

- The APCD-CDL requires that race and ethnicity fields are reported separately.
- Most plans will have separate race and ethnicity reporting by the end of this year.

Of the 12 plans responding:

- Five plans are collecting race/ethnicity separately as of 2024 and one more is on track to separate the data this year
- Two other plans have made progress towards separating data
- Two plans are not collecting race/ethnicity data

Responses from 12 Plans (multiple responses allowed)	Total	Small	Medium	Large
Collected separately	3	0	1	2
Combined for 2020-22, separate for 2024	2	1	1	0
Combined field	1	1	0	0
Combined field with separate tracking	2	2	0	0
Data partially separated	2	1	0	1
Not collecting	2	0	2	0

Reasons for Missing or Incomplete Data, 2020-2022

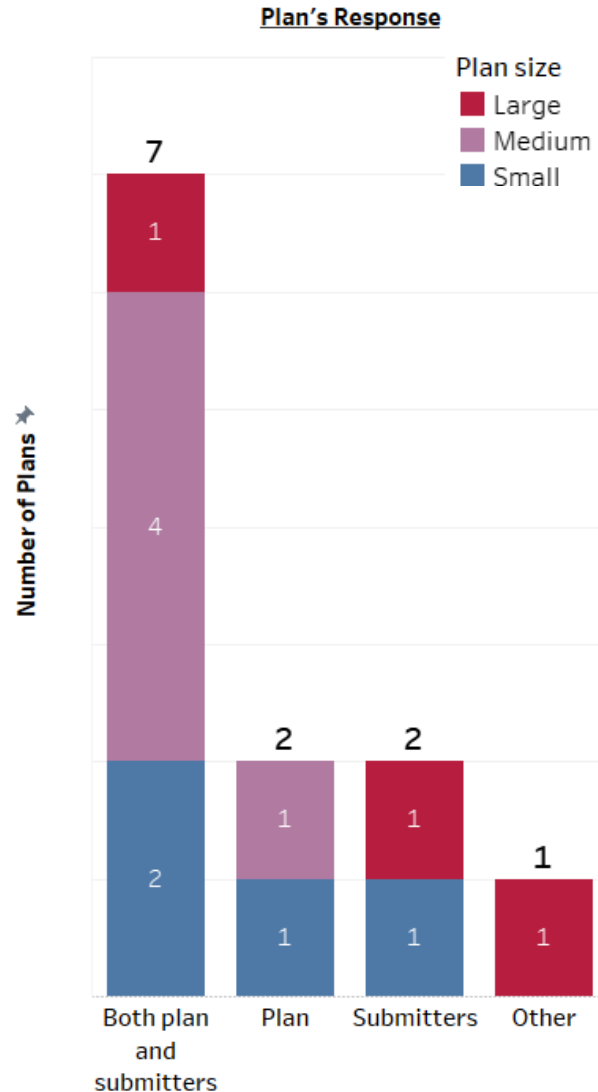
N=12 Plan Responses (multiple responses allowed)	Race	Ethnicity	Language
Not provided by enrollees	5	5	5
Data integration issue	3	3	2
Combined R/E fields	2	1	N/A
No race code for Hispanic / Latino / South American	1	N/A	N/A
Use Race data when Ethnicity data is missing	N/A	2	N/A
Ethnicity data does not include option for “Not Hispanic or Latino”	N/A	1	N/A
Did not collect	3	3	1

- Among the 12 plans that responded with reasons that race, ethnicity, and/or language data is missing or incomplete, the main explanations were:
- Data is not available: the plan does not collect the data, or the data was not provided by enrollees due to being optional fields
- Challenges with data integration: data comes from multiple systems that are complex to synchronize
- Challenges with data collection approach: race and ethnicity fields are combined, fields or relevant options are missing

Plans' Preference for Completeness Data Aggregation

- Plans were asked about their preference of data aggregation for public reporting on data completeness.
- Aggregation method options were:
 - Plan
 - Submitters
 - Plan and Submitters
 - Other

Plans' Preference for Completeness Data Aggregation



- Most plans preferred showing completeness data at both plan and submitter level, regardless of plan size.
- Plan-only level and submitter-only level received equal support
- One plan selected "other" to suggest rolling data up to higher plan level.

NCP Data Submission Status and Resources

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

NCP Data Submission Testing Update

- The number of plans represented: **51**
- The number of submitters we expect to receive NCP files from: **35**
- The number of submitters that have submitted a test file: **23**

NCP Test File Expectations

- Complete Header and Trailer record
- CDLHD008 Test File Flag = 'T'
- At least one row of data that contains valid entries for all required files
- Can contain test data or production data

Possible Testing Approach

- Submit first test file with complete header and trailer record and one row of clean test data
- Troubleshoot any issues related to header and trailer records
- After initial test file passes, begin submitting test files with production data
- Using production data during the testing process can create an easier transition to submitting production data files

NCP Testing Resources

- Section 5 of the HPD [Reporting Manual v3.0](#) has more information on submission requirements
 - Section 5.2 provides information on what data to include in each file
 - Section 5.12 provides information on submitting test files and current testing deadlines
 - Appendix D outlines the validations utilized by HCAI's data vendor to assess the initial quality and completeness of each HCAI non-claims data submission
 - Appendix E lists primary care code sets
- [NCP Data Layout Submission Scenarios](#) document provides sample data for Annual Payments, Pharmacy Rebates, and Capitation files and guidance on formatting specific fields in each file

NCP Testing Feedback

- Please email feedback or questions identified during the NCP testing process to hpdpd@hcai.ca.gov

Non-Claims Payment (NCP) FAQ & APCD-CDL v4.0.1 Transition

*Nicole Jakubowski,
Onpoint HPD Data Operations Analyst*

Agenda

- Non-Claims Payment (NCP) FAQ
 - Review common questions from submitters received during testing period
- APCD-CDL v4.0.1 transition
 - High level summary
 - Updates to CDL: expected changes in 2026

NCP FAQ

- **How should we approach cases where we cannot straightforwardly allocate specific payments to the Primary Care and Behavioral Health categories in the Annual Payments file?**
 - HPD Reporting Manual v3.0 Appendix E lists the Primary Care Code set. Primary Care and Behavioral Health expenditures should only be reported when those expenditures can be accurately mapped, they should not be imputed or inferred. The Behavioral Health code set is anticipated to be added to the Reporting Manual in spring/summer 2026.
 - [HPD Reporting Manual Version 3.0](#)

NCP FAQ

- **Should the Annual Payments file also include the capitated payments from the Capitation File?**
 - Yes, the payments from the Capitated File should be included in the Annual Payments file to provide an aggregate roll up

NCP FAQ

- **Does member responsibility in the Annual Payments file include both encounter data and claims (FFS payments)?**
 - Member responsibility should be reported for each payment category/subcategory that a member paid a copay, coinsurance, and/or deductible towards. This can include both encounter data and FFS claims, however it is important that the member responsibility dollars are not duplicated across payment categories/subcategories so it can be summed across the Annual Payments file to determine the total cost of what a plan's member paid during the year.

NCP FAQ

- **The Pharmacy Rebates data element CDLPR005 – Drug Code – NDC Product code excludes the last one or two digits (package code) of the NDC. What drug name (CDLPR007) should be used, there are multiple options?**
 - CDLPR005: NCP Data Layout v1.0 requires the 9-digit NDC product code. If you are unable to map the 9-digit code, HPD will accept the 11-digit NDC code.
 - CDLPR007: Please report the product name affiliated to either 9-digit or 11-digit code based on how CDLPR005 was reported. If reporting the 9-digit NDC code, please report one distinct drug name per NDC product code. (It is understood there may be variability with the reported Drug Name.)

NCP FAQ

- **Can you clarify reporting period start and end dates per file NCP file type?**
 - The Annual Payments file's "Reporting Period Start Date" (CDLAP003) and "Reporting Period End Date" (CDLAP004) must reflect the annual reporting period during which annual contract payments were processed.
 - The Pharmacy Rebates file's "Reporting Period Start Date" (CDLPR003) and "Reporting Period End Date" (CDLPR004) must reflect the annual period for which a payer received rebates paid by the pharmaceutical manufacturer or pharmacy benefits manager (PBM).

NCP FAQ

- **Can you clarify reporting period start and end dates per file NCP file type?**
 - The Capitation File should include all capitation payments administered or adjusted during the “Period Beginning Date” and the “Period Ending Date” outlined in each file’s header (CDLHD006, CDLHD007). The “Reporting Period Start Date” and the “Reporting Period End Date” (CDLCF003, CDLCF004) should reflect the month of coverage for which a capitation payment was administered or adjusted per member.

Reporting Period definitions are outlined in [Version 3.0 of HPD Reporting Manual](#)

NCP FAQ

- **How should adjustments on capitation payments be reported?**
 - Capitation payment adjustments should be submitted in the file covering the Period Beginning Date (CDLHD006) and Period Ending Date (CDLHD007) when processed. Following the aggregation methodology, include all adjustments with an extra row that voids the original or previous adjustment, reporting negative amounts in the Total Paid Amount field (CDLCF019).
 - For more information on reporting capitation payment adjustments, please see section 5.11 of the Reporting Manual ([Version 3.0 of HPD Reporting Manual](#))

NCP FAQ

- **Could you please clarify reporting requirements for Contract Number (CDLAP005)?**
 - Please report the unique identifier assigned to the contracted payments between a health plan and billing provider.

APCD-CDL v4.0.1 Transition

*Nicole Jakubowski,
Onpoint HPD Data Operations Analyst*

APCD-CDL v4.0.1 Summary

- NCP Data Layout v1.0 files incorporated: Annual Payments, Pharmacy Rebates, Capitation
- No Data Elements were added or removed from APCD-v3.0.1 or NCP Data Layout v1.0
- Expansion of Description/Valid Values for several Data Elements in files
- Updates to Appendix References (example: Appendix G is not Appendix J)
- Annual Payment file updates to payment categories and subcategories
- Regulations currently in 45-day public comment period
- [APCD-CDL Version™ 4.0.1](#)

APCD-CDL v4.0.1: Annual Payments

NCP Data Layout v1.0

CDLAP014	Member Count	int	12	<p>The total number of members enrolled during the reporting period.</p> <p>Report when Payment Category (CDLAP012) = 'B', 'D', or 'Z':</p> <ol style="list-style-type: none">1. Category = 'B': Total number of members associated with the incentive payments.2. Category = 'D': Total number of members associated with the capitated payments reported.3. Category = 'Z': Total number of months enrolled for members reported in Member Count (members for submitters entire book of business for the year). This record is not expected to have any dollar any associated dollar amounts reported.
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APCD-CDL v4.0.1

CDLAP014	Member Count	int	12	<p>The total number of members enrolled during the reporting period.</p> <p>Report when Payment Category (CDLAP012) = 'B', 'C', 'D', or 'Z':</p> <ol style="list-style-type: none">1. Category = 'B': Total number of members associated with the incentive payments.2. Category = 'C': Total number of members associated with shared savings or recoupments.3. Category = 'D': Total number of members associated with the capitated payments reported.4. Category = 'Z': Total number of members enrolled (members for submitters entire book of business for the year). This record is not expected to have any associated dollar amounts reported.
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APCD-CDL v4.0.1: Medical Claims

APCD-CDL v3.0.1

CDLMC062	Present on Admission Code -01	char	1	Present on Admission Indicator Principal Diagnosis For institutional claims only. Not for professional claims. If not submitted by the provider or captured by the carrier leave blank. Report the code that indicates present on admission: Y=Yes; N=No; U=Unknown; W=Not Applicable.	837/2300/HI01-09
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APCD-CDL v4.0.1

CDLMC062	Present on Admission Code -01	char	1	Present on Admission Indicator Principal Diagnosis For institutional claims only. Not for professional claims. If not submitted by the provider or captured by the carrier, leave blank. Report the code that indicates present on admission: Y=Diagnosis was present at time of inpatient admission; N=Diagnosis was not present at time of inpatient admission; U=Documentation insufficient to determine if the condition was present at the time of inpatient admission; W=Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission; 1=Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank on the UB-04; however, it was determined that blanks are undesirable when submitting this data via the 4010A.	837/2300/ABK/HI01-09
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APCD-CDL v4.0.1: Pharmacy Claims

APCD-CDL v3.0.1

CDLPC065	Record Status Code	char	1	Record status codes maintained by NCPDP is the code identifying type of claim. See Appendix H: External Code Source, NCPDP.
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Code	Description
1	Paid
2	Denied
3	Reversed
4	Adjusted

APCD-CDL v4.0.1

CDLPC065	Record Status Code	char	1	01=Processed as primary; 02=Processed as secondary; 03=Processed as tertiary; 04=Denied; 19=Processed as primary, forwarded to additional payer(s); 20=Processed as secondary, forwarded to additional payer(s); 21=Processed as tertiary, forwarded to additional payer(s); 22=Reversal of previous payment; 23=Not our claim, forwarded to additional payer(s); 25=Predetermination pricing only – No payment.	N/A
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Plan & Submitter Resources

- [HPD Program Webpage](#)
 - Includes Program Goals, Reporting Principles, Statute, Resources, and Regulations
- [HPD Submitter Webpage](#)
 - Includes submitter resources (Link to CDM, APCD-CDL™, NCP Data Layout, Reporting Manual, Data Submission Guide, past trainings, and legislative reports)
- Contact us
hpd@hcai.ca.gov: regulation or statute interpretation, to subscribe to HPD's mailing list, program implementation questions
hpd-support@onpointhealthdata.org: data submission, technical data file specifications, or mapping questions

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 - Reference

- [HPD Program Data Submission Guide v3.0](#)
- [APCD-CDL™ v3.0.1](#)
- [HPD Program Reporting Manual v3.0](#)
- [HPD Program Regulations](#)
- [NCP Data Layout™, the data layout for Non-Claims Payments, v1.0](#)
- [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: Claims Data Manager (CDM), Data Submission Guide, APCD-CDL™, NCP Data Layout, 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 8, 2026