

Healthcare Payments Review Committee Approved Recommendations

July 18, 2019

1. The HPD System should establish collection methods and processes specific to three sources of claims and enrollment data : 1) DHCS (for Medi-Cal), 2) CMS (for Medicare FFS), and 3) All other.
2. The HPD System should pursue the collection of Medi-Cal data directly from DHCS.
3. The HPD should pursue the collection of Medicare FFS data, in the formats specified by CMS.
4. The HPD should use the APCD-CDL™ for all other submitters.
5. The HPD should initially pursue three years' worth of historical Tier I "core" data (enrollment, claims and encounters, and provider) from submitters.
6. The HPD should collect non-claims-based payments, in order to capture the total cost of care. Since these payments are not included in the APCD-CDL™, OSHPD will work with stakeholders to specify the format(s) and source(s) of the supplemental file(s).
7. Ensure broad authority for OSHPD to securely collect available personally identifiable Information.
8. The HPD Program should use robust methodologies to match patients, providers, and payers across datasets.
9. The Review Committee recommends that definitions for the types of organizations required to submit data as previously defined to the HPD ("mandatory submitters") should be based on federal and existing California laws and definitions, and initially include:
 - Health care service plans and health insurers
 - The California Department of Health Care Services, for Medi-Cal managed care plan and fee for service data
 - Self-insured entities not subject to ERISA
 - Third party administrators of plans (not otherwise preempted by ERISA)
 - Dental plans and insurers
10. The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:

Required lines of business:

- Commercial: individual, small group, large group, Medicare Advantage

- Self-insured plans not subject to ERISA
- Dental
- Medi-Cal

11. The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:

Coordination of submission: The mandatory submitters are responsible for submitting complete and accurate data directly and facilitating data submissions from appropriate data owners, including data feeds from pharmacy benefit management companies, behavioral health organizations, subsidiaries, and other services carved out to a subcontracting organization.

12. The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:

Excluded lines of business: all those listed in Insurance Code section 106b as excluded from the definition of health insurance, plus the following:

- Supplemental insurance (including Medicare supplemental)
- Stop-loss plans
- Student health insurance
- Chiropractic-only, discount, and vision-only insurance