

Healthcare Payments Review Committee Approved Recommendations

August 15, 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:
 1. Health care service plans and health insurers
 2. The California Department of Health Care Services, for Medi-Cal managed care plan and fee for service data
 3. Self-insured entities not subject to ERISA
 4. Third party administrators of plans (not otherwise preempted by ERISA)
 5. 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:

1. Commercial: individual, small group, large group, Medicare Advantage

2. Self-insured plans not subject to ERISA
 3. Dental
 4. 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:
1. Supplemental insurance (including Medicare supplemental)
 2. Stop-loss plans
 3. Student health insurance
 4. Chiropractic-only, discount, and vision-only insurance
13. Plan Size: Standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:
1. Exemption for plans below a threshold not to exceed 50,000 covered lives to be defined and overseen by OSHPD with consideration given to feasibility, cost, and value of data procurement, for:
 - a. Combined Medicare Advantage, commercial, and self-insured plans not subject to ERISA
 - b. Dental
 2. Given that DHCS will be submitting Medi-Cal data, there is no plan size threshold for Medi-Cal Fee for Service or Managed Care.
 3. With consultation between OSHPD and Covered California, all Qualified Health Plans (plans participating in Covered California) are required to submit either directly or through Covered California.

14. Frequency: Specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:
 - a. monthly for all core data (claims, encounters, eligibility, and provider files)
 - b. annually for non-claims-payments data files
15. Population: Specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:
 - a. residents of California
16. Voluntary Submitters: The Review Committee recommends that:
 - a. HPD should be statutorily authorized to receive data from voluntary submitters.
 - b. HPD shall develop an appropriate process to encourage voluntary data submission.
17. Data Quality: The HPD Program develop transparent data quality and improvement processes. In developing the program, OSHPD shall review and leverage known and effective data improvement processes and experiences.
18. Data Quality: Data quality processes should be applied to each major phase of the HPD data life-cycle, including:
 - a. Source data intake
 - b. Data conversion and processing
 - c. Data analysis, reporting, and release