

Agenda Item V: HPD Collection of Non-Claims Payment Data

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For Today

- Key takeaways from discussions with health plans about non-claims payment data
- Anticipated timeline for non-claims payment data collection
- Goal: a national standard for non-claims payment data that works for HPD, OHCA, and other states: Expanded Non-Claims Framework
- Data collection next steps
- Regulations concepts – settled and open questions
- Discussion questions/request for input

Relevant Language from Enabling Statute

(a) The office shall develop guidance to require data submission from the entities specified in this chapter. The guidance shall include a methodology for the collection, validation, refinement, analysis, comparison, review, and improvement of health care data to be submitted by entities specified in this chapter, including, but not limited to, data from fee-for-service, capitated, integrated delivery system, and other **alternative, value-based, payment sources**, and any other form of payment to health care providers and suppliers by health plans, health insurers, or other entities described in this chapter.

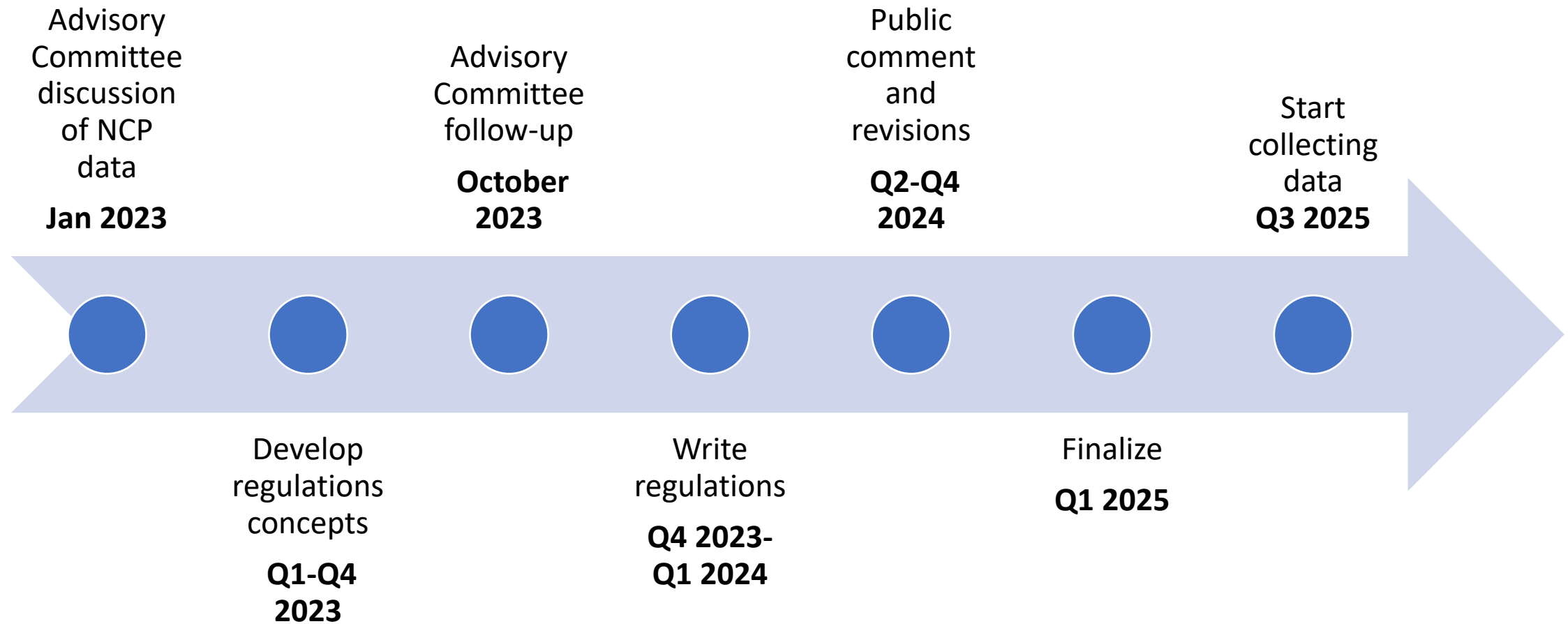
(b) Notwithstanding any other state law, for the purpose of providing information for inclusion in the system, **mandatory submitters shall**, and voluntary submitters may, provide health care data, including claim and encounter, member enrollment, provider and supplier information, **nonclaims-based payments**, premiums, and **pharmacy rebate data**

Key Takeaways from Health Plan Discussions

- Capitation Data: payments are retroactively adjusted every month to account for changes in membership – common in Q1
- Contract terms may not line up with calendar year
 - Performance incentive payments – period may be 18 months or 2 years
 - Value-based programs may have varying starting dates and durations
- The non-claims data will not tie back to the claims data; different payment streams, populations, data sources
- Request that HPD and OHCA coordinate on data collection to ensure consistency, avoid duplication
- Request for clear guidance and plenty of advance notice

Bottom line: NCP data collection will be challenging but feasible; many plans have experience submitting.

High-Level Timeline For NCP Data Collection



Measuring Non-Claims Spending across HCAI

OHCA: Total
Health Care
Expenditures

OHCA: Primary
Care/Behavioral
Health Spend

Health Care
Payments
Database

OHCA:
Alternative
Payment Model
Adoption

- Non-claims payments are an important component of spending across multiple HCAI efforts.
- A consistent approach across all HCAI measurement efforts will reduce burden and increase comparability.
- Measuring the purpose of the spending is important, as well as the amount.

Milbank Memorial Fund

Year: 2021

Developer: Bailit Health, with support from Milbank

Purpose: Support states in categorizing non-claims payments. Initially, aimed to measure non-claims primary care spend. States have refined it to categorize all non-claims spending to support tracking total health care spending. It works well for identifying the purpose and structure of payments.

Table 1: Categories of Non-Claims-Based Primary Care Spending





Category	Subcategory
1. Prospective capitated case rate, or episode-based payments	<ul style="list-style-type: none">• Capitation payments• Global budget payments• Prospective case rate payments• Prospective episode-based payments
2. Primary care performance incentive payments	<ul style="list-style-type: none">• Risk-based payments (shared savings distributions, shared risk recoupments)• Retrospective/prospective incentive payments (pay-for-performance, pay-for-reporting)
3. Payments for primary care provider salaries	<ul style="list-style-type: none">• Provider salary payments (physician and nonphysician)
4. Payments to support population health and practice infrastructure	<ul style="list-style-type: none">• Care management/care coordination/population health• Electronic health records/health information technology infrastructure and other data analytics payments• Medication reconciliation• Patient-centered medical home recognition payments• Primary care and behavioral health integration
5. Recovery	<ul style="list-style-type: none">• Recoveries, or payment received that are later recouped by the payer
6. Other payments	<ul style="list-style-type: none">• Other, such as governmental payer shortfall payments, grants, or other surplus payments.

Health Care Payment Learning and Action Network

Year: 2016, updated in 2017

Developer: HCP-LAN, a collaboration of Centers for Medicare and Medicaid Services (CMS) and large national payers

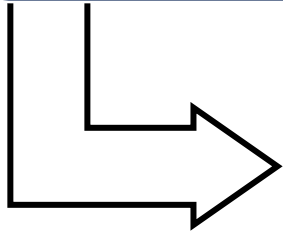
Purpose: Support payers and states in categorizing alternative payment models to support clarity and accountability in contracting terms and measurement of APM adoption.

 Category 1	 Category 2	 Category 3	 Category 4
FEE FOR SERVICE- NO LINK TO VALUE	FEE FOR SERVICE- LINK TO QUALITY & VALUE	APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	POPULATION-BASED PAYMENT
	A	A	A
	Foundational Payments for Infrastructure & Operations	APMs with Shared Savings	Condition-Specific Population-Based Payment
	B	B	B
	Pay for Reporting	APMs with Shared Savings and Downside Risk	Comprehensive Population-Based Payment
	C		C
	Pay-for-Performance		Integrated Finance & Delivery System
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality

Developing a California Option for HCAI

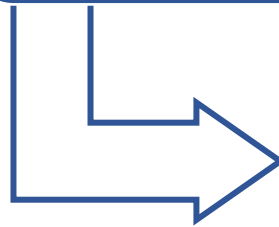
Created
Crosswalk

Developed a crosswalk to show how the Milbank and HCP-LAN frameworks could be overlaid



Updated
Payment
Categories

Updated the payment categories to reflect common payment types in California; informed by Integrated Healthcare Association (IHA) Atlas



Revised
Subcategories

Revised structure to show risk progression and payment purpose

Draft Expanded Non-Claims Framework

Crosswalks Milbank and HCP-LAN

	Expanded Non-Claims Payments Framework Categories
A	Population Health and Practice Infrastructure Payments
B	Performance Payments
C	Payments with Shared Savings and Recoupments
D	Capitation and Full Risk Payments
E	Other Non-Claims Payments
F	Pharmacy Rebates

Purpose of Expanded Framework

- Update Milbank categories and subcategories to reflect care delivery in California
- Allow single framework to support multiple use cases
 - Define payment purpose
 - Measure provider risk
- Crosswalk Milbank categories with HCP-LAN categories
- Data collection tool designed to capture non-claims payments and portion of total spend by level of provider risk

Draft Expanded Non-Claims Framework Categories A, B, C

	Expanded Non-Claims Payments Framework	Corresponding HCP-LAN Category
A	Population Health and Practice Infrastructure Payments	
A1	Care management/care coordination/population health/medication reconciliation	2A
A2	Primary care and behavioral health integration	2A
A3	Social care integration	2A
A4	Practice transformation payments	2A
A5	EHR/HIT infrastructure and other data analytics payments	2A
B	Performance Payments	
B1	Retrospective/prospective incentive payments: pay-for-reporting	2B
B2	Retrospective/prospective incentive payments: pay-for-performance	2C
C	Payments with Shared Savings and Recoupments	
C1	Procedure-related, episode-based payments with shared savings	3A
C2	Procedure-related, episode-based payments with risk of recoupments	3B
C3	Condition-related, episode-based payments with shared savings	3A
C4	Condition-related, episode-based payments with risk of recoupments	3B
C5	Risk for total cost of care (e.g., ACO) with shared savings	3A
C6	Risk for total cost of care (e.g., ACO) with risk of recoupments	3B

Draft Expanded Non-Claims Framework Categories D, E, F

	Expanded Non-Claims Payments Framework	Corresponding HCP-LAN Category
D	Capitation and Full Risk Payments	
D1	Primary Care capitation	4A
D2	Professional capitation	4A
D3	Facility capitation	4A
D4	Behavioral Health capitation	4A
D5	Global capitation	4B
D6	Payments to Integrated, Comprehensive Payment and Delivery Systems	4C
E	Other Non-Claims Payments	
F	Pharmacy Rebates	

Goal: A National Standard for Non-Claims

- Only a handful of states currently collect non-claims payment data, and there is no national standard
- HCAI presented the Expanded Framework to the National Association of Health Data Organizations (NAHDO) in August, and other state APCDs were receptive
- HCAI is working closely with NAHDO to develop a data layout, that includes the Expanded Framework, to hopefully be incorporated into a future version of the APCD-CDL
- The HPD and OHCA teams are collaborating on definitions, data submission, and key aspects of implementation

Non-Claims Payment Data: Next Steps

- Adding non-claims payment data collection layouts to APCD-CDL v4
- Developing non-claims payment data collection regulations
 - Concepts and workshopping
 - Regs text development
 - Public comment
 - Chaptering the regulations into rule
- Preparing the HPD System to receive and test those files

Regulations Concepts – Settled Items

- Who submits?
 - Same as current HPD submitter list
- What do they submit?
 - The annual NCP file
 - The annual Rx file
 - The monthly member-level cap file
- When do they submit?
 - For the monthly file, same time as other HPD submissions (60 days following date of processing)
 - For the annual files, September of the year following

Regulations Concepts – Open Questions

1. Should we require a supplemental file that describes what each contract covers?
 - Helps the State understand the purpose and intent of the payments
 - But requires additional work from the submitters and the State team
2. Should we require submitters to send in a test file before each annual submission?
 - Helps make sure the correct and complete information is being collected
 - Short timeframe for turning around actionable feedback for file improvement
3. Should HCAI, before accepting the annual submission, present calculations back to the submitter based on that file, and require them to confirm that the data is accurate?
 - Helps make sure HCAI is reporting accurate non-claims payment analysis
 - Extra mandatory step may make the compliance deadline harder to hit

What input do you have on the open questions?

Public Comment