

Proposed 45-day changes are shown in single underline and single strikeout.  
Proposed 15-day changes are shown in double underline and double strikeout.

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
HEALTH CARE PAYMENTS DATA PROGRAM  
DATA COLLECTION REGULATIONS

CALIFORNIA CODE OF REGULATIONS TITLE 22  
Division 7. Health Planning and Facility Construction

11/3/2025

Chapter 11. Health Care Payments Data Program  
Article 1. Chapter Definitions

§ 97300. Definitions.

The following definitions shall apply to the regulations contained in this Chapter:

(a) "APCD-CDL™" means one of the following:

(1) For data files submitted or resubmitted pursuant to this Chapter on or before ~~February 16~~ March 30, 2026, the Common Data Layout for All-Payer Claims Databases, Version 3.0.1, released April 1, 2023, as developed by the University of New Hampshire and the National Association of Health Data Organizations (NAHDO), and hereby incorporated by reference. This document is available through the APCD Council website; or

(2) For data files submitted or resubmitted pursuant to this Chapter on or after ~~February 17~~ March 31, 2026, the Common Data Layout for All-Payer Claims Databases, Version 4.0.1, released February 2025, as developed by the University of New Hampshire and NAHDO, and hereby incorporated by reference. This document is available through the APCD Council website.

(b) "Data portal" means the secure ~~data submission mechanism~~ website through which plans register to submit data and data files ~~are~~ can be submitted to the system. The data portal is available via the Department's website.

(c) "Data Submission Guide" means one of the following:

(1) For registrations and data files submitted or resubmitted pursuant to this Chapter on or before ~~February 16~~ March 30, 2026, the Health Care Payments Data Program: Data Submission Guide, Version 3.0, revised on October 28, 2024, and hereby incorporated by reference. The Data Submission Guide is available on, and may be downloaded from, the Department's website; or

(2) For registrations and data files submitted or resubmitted pursuant to this Chapter on or after ~~February 17~~ March 31, 2026, the Health Care Payments Data

Program: Data Submission Guide, Version 4.0, revised on ~~August 14~~ October 31, 2025, and hereby incorporated by reference. The Data Submission Guide is available on, and may be downloaded from, the Department's website.

(d) "Delegated submitter" means an entity identified pursuant to Section 97318 as responsible for submitting data to the system on behalf of a plan.

(e) "Dental Data" means dental claims files as described in Section 97342, data for members who are exclusively enrolled for dental services, and data for providers who exclusively provided dental services.

(f) "Dental Plan" means a specialized health care service plan covering dental services only, a dental-only insurance plan, or a public self-insured plan covering dental services only.

(g) "Department" means the Department of Health Care Access and Information.

(h) "Designated submitter representative" means an individual or individuals designated by a registered submitter to submit data on behalf of the registered submitter and receive all communications from the System and the Department regarding data submissions.

(i) "Director" means the Director of the Department of Health Care Access and Information.

(j) "Health insurer" means an insurer licensed to provide health insurance, as defined in Section 106 of the Insurance Code, and an insurer offering specialized health insurance offering pharmacy, behavioral health (psychological), or dental services. Insurers providing only other specialized health insurance, or stop-loss insurance, student health insurance, supplemental insurance (including Medicare supplemental insurance), or discount-only insurance, are not considered health insurers.

(k) "Health plan" means a health care service plan as defined in the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) or a specialized health care service plan offering pharmacy, behavioral health (psychological), or dental services. "Health plan" does not include a health care service plan that holds a restricted or limited license only under the Knox-Keene Health Service Plan Act of 1975. Student health plans and supplemental plans (including Medicare supplemental coverage) are not considered health plans.

(l) "Member" means a person who is enrolled in or covered by a health plan, health insurer, or public self-insured plan.

(m) "NCP Data Layout™" means the Data Layout for Non-Claims Payments, Version 1.0, released April 2024 as developed by the APCD Council, NAHDO, and University of

New Hampshire, and hereby incorporated by reference. The NCP Data Layout™ applies to data files submitted or resubmitted pursuant to this Chapter on or before February 16 March 30, 2026. This document is available through the NAHDO website.

(n) “Plan” means a non-exempt health plan, health insurer, or public self-insured plan; and any voluntarily participating entity.

(o) “Program” means the Health Care Payments Data Program established pursuant to Health and Safety Code Section 127671.1.

(p) “Public self-insured plan” means:

(1) A self-insured plan subject to Health and Safety Code Section 1349.2, or

(2) A state entity, city, county, or other political subdivision of the state, or a public joint labor management trust, that offers self-insured or multiemployer-insured plans that pay for or reimburse any part of the cost of health care services.

(q) “Qualified Health Plan” means a Qualified Health Plan offered by the California Health Benefit Exchange.

(r) “Registered submitter” means a plan that has registered to submit data to the system. An entity that is a delegated submitter under Section 97318 and has registered to submit data will be considered a registered submitter.

(s) “System” means the Health Care Payments Data System.

(t) “Voluntarily participating entity” means an entity that chooses to voluntarily submit data to the Program, has been approved by the Department to submit data, and is one of the following business types:

(1) A self-insured employer that is not subject to Health and Safety Code Section 1349.2.

(2) A multiemployer self-insured plan that is responsible for paying for health care services provided to beneficiaries.

(3) The trust administrator for a multiemployer self-insured plan.

(4) A provider, as defined in Health and Safety Code Section 1367.50(b)(2), that is a hospital or clinic.

(5) A supplier, as defined in Health and Safety Code Section 1367.50(b)(3), that has an independent scope of practice and submits claims electronically.

(6) A health plan or health insurer exempt from the requirements of this Chapter.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671, 127671.1, 127673, 127673.1 and 127673.2, Health and Safety Code.

### **Article 3. General Provisions**

#### **§ 97314. Qualified Health Plans.**

A Qualified Health Plan that has been granted an exemption from reporting information to the Program by the California Health Benefit Exchange is not required to register with or submit data files to the ~~data portal~~ Program.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

### **Article 4. Data Portal Registration**

#### **§ 97331. Submitter Registration Requirement.**

(a) If a plan is submitting data directly to the system, the plan shall also register ~~to submit data through the data portal~~ as a data submitter after it has registered with the Program pursuant to Section 97330.

(b) After a plan registers with the Program pursuant to Section 97330, each of its delegated submitters, if any, shall register separately from the plan as a data submitter ~~to submit data through the data portal~~.

(c) Plans and delegated submitters shall register under this Section each year by the last calendar day of February.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

#### **§ 97332. Registration Process.**

(a) For registrations under Sections 97330 and 97331, plans and any delegated submitters must do all the following:

(1) register through the data portal and comply with the data portal requirements in the Data Submission Guide;

(2) follow the Data Submission Guide's registration instructions; and

(3) provide all required information as specified in the Data Submission Guide.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

## **Article 5. Data File Submission**

### **§ 97340. Data Submission Methods.**

- (a) Plans shall electronically submit data files through the data portal to the Program.
- (b) Plans and delegated submitters shall comply with the data submission requirements in the Data Submission Guide, and if submitting data files through the data portal, the Data Submission Guide's data portal requirements.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

### **§ 97341. Data Submission Due Dates.**

- (a) Plans shall submit the monthly data files identified in Section 97342 by the first business day of the second month after the report month, except the monthly data file submissions for the January 2026 and February 2026 reporting periods shall be submitted no earlier than February 17, 2026, and by March 2, 2026.
- (b) Plans shall submit the annual data files identified in Section 97342 by the last day of September of the year following the report year. A report year is a calendar year.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

### **§ 97342. Data File Contents.**

- (a) The following monthly data files, as specified in the Data Submission Guide in conjunction with the APCD-CDL™ and, for data files submitted or resubmitted on or before February 16, 2026, the NCP Data Layout™, shall be submitted.

- (1) Member Eligibility File (ME) -- contains demographic information for each individual member residing in California, regardless of whether the member utilized services during the reporting period.
- (2) Medical Claims File (MC) -- contains service-level medical claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.
- (3) Pharmacy Claims File (PC) -- contains detailed pharmacy claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(4) Dental Claims File (DC) -- contains service-level dental claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(5) Provider File (PV) -- contains demographic-type data on every provider included on the ME, MC, PC, or DC files during the reporting period.

(6) Capitation File (CF) -- contains data on payments for member-attributable services under a capitation arrangement.

(b) The following annual data files, as specified in the Data Submission Guide in conjunction with the APCD-CDL™ and, for data files submitted or resubmitted on or before ~~February 16~~ March 30, 2026, the NCP Data Layout™, shall be submitted.

(1) Annual Payment File (AP) -- contains data on contractually based non-claims payments.

(2) Pharmacy Rebate File (PR) -- contains data on prescription drug rebate payments.

(c) Files shall exclude data for any members who are exclusively enrolled in Medi-Cal or one of the following types of coverage:

(1) Supplemental (including Medicare supplemental).

(2) Student health.

(3) Chiropractic-only.

(4) Acupuncture-only.

(5) Vision-only.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

#### **§ 97344. Data File Technical Requirements.**

Data files shall comply with file format, technical specifications, and other standards specified in the Data Submission Guide, the APCD-CDL™, and, for data files submitted or resubmitted on or before ~~February 16~~ March 30, 2026, the NCP Data Layout™.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

## **§ 97346. Submission Completion.**

If a registered plan has identified one or more delegated submitters to submit information directly to the Program data portal on behalf of the plan, the plan's data submission shall not be considered complete until all required files have been received.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1 Health and Safety Code.

## **Article 5.5 Special Rules for Program Opening and Historical Data Submission**

### **§ 97350. Preparation for Historical Data Submission.**

(a) Each registered submitter shall use the test function to prepare for historical data file submission.

(b) Dental plans shall successfully complete the testing process by July 31, 2024.

(c) Before plans submit historical data files under Section 97351~~(b)~~(a)(2) or ~~(c)~~(a)(3), plans and delegated submitters shall comply with the registration and testing requirements in Section 4 of the Data Submission Guide.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, and 127673, Health and Safety Code.

### **§ 97351. Historical Data Files.**

~~(a) All plans shall submit dental data in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 31, 2024.~~

~~(b) All plans shall submit Capitation Files in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through July 31, 2026 by September 1, 2026.~~

~~(c) All plans shall submit Annual Payment Files and Pharmacy Rebate Files in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 31, 2024 by July 31, 2026.~~

(a) To the extent plans have the following data, plans shall submit the following:

(1) Dental data in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 31, 2024.

(2) Capitation Files in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through July 31, 2026 by September 1, 2026.

(3) Annual Payment Files and Pharmacy Rebate Files in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 31, 2024 by July 31, 2026.

(b) A plan that does not have data described in subsection (a) to submit shall report this to the Department by email at HPD@hcai.ca.gov at least thirty (30) days before the due date for that data. The plan shall describe the data it does not have, the time period for which it does not have the data, and why it does not have the data in its report.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

## **Article 6. Data Acceptance and Correction**

### **§ 97360. Data Acceptance.**

(a) Data files that are submitted to the Program data portal but do not meet the requirements file intake specifications detailed in the Data Submission Guide will not be accepted.

(b) Registered submitters will be notified within 3 business days of submission whether a data file has been accepted or rejected.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code. Reference: Sections 127671.1, 127673.1, and 127673.4, Health and Safety Code.

## **Article 7. Variances**

### **§ 97370. Requesting a Variance.**

(a) A plan that is unable to submit data files meeting the requirements file intake specifications detailed in the Data Submission Guide may request a temporary variance to those requirements.

(b) Variance requests shall be submitted through the data portal, and shall clearly identify the current issues, the plan for correction, and the anticipated date of correction.

(c) The Department shall either approve or disapprove variance requests within 30 calendar days of the date the request was submitted.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code. Reference: Sections 127671.1, 127673.1, and 127673.4, Health and Safety Code.