# Healthcare Payments Data (HPD) Dental Plan - Data Collection Informational Meeting

July 20, 2023

*The webinar will begin shortly. Thank you for joining.*

# Housekeeping

- This meeting is being recorded

- All attendees are muted upon entry

- Send questions using the "Chat" feature
  - The chat feature is enabled for all guests
  - We will collect questions during the meeting
    - During the Q&A session at the end, we will address any questions received
    - All Q&As will be sent after the meeting via email

- Meeting technical assistance: contact hpd@hcai.ca.gov

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# Agenda Review

- Welcome and Introductions

- Healthcare Payments Data (HPD) Program Overview

- Dental Onboarding and Data Submission Timeline

- Data Collection Process & the All-Payer Claims Database Common Data Layout (APCD-CDL™) v3.0.1

- Questions & Answer Session

- Adjournment

# Welcome and Introductions

*Dionne Evans-Dean*

*Assistant Branch Chief, Enterprise Data Operations Branch, HCAI*

# HCAI Healthcare Payments Data Staff

- Jenny Chi, Staff Services Manager I
- Ana Andryukova, Research Data Analyst II
- Olga Dobrynina, Research Data Specialist I
- Ertug Misirli, Research Data Specialist II

- Suzanne Hermreck, Health Program Specialist II
- Sherry Mung, Health Program Specialist II
- David Mihai, Associate Government Program Analyst

- Greg Dawson, HCAI Consultant

# Onpoint Health Data Staff

- Carolyne Conrad, Senior Project Manager

- Gina Robertson, Data Operations Manager

- Nicole Jakubowski, Data Operations Analyst

- Autumn Johnson, Project Manager

# HPD Program Overview

*Suzanne Hermreck*

*Health Program Specialist II, HCAI*

# HPD Program Overview

- The HPD Program is known as California's All-Payer Claims Database (APCD).

- Established by statute in 2020
  - California Health and Safety Code §127671-127674.1 (Statutes of 2020)

- Regulations developed in December 2021
  - California Code of Regulations
  - Title 22. Social Security
  - Division 7. Health Planning and Facility Construction
  - Chapter 11. Health Care Payments Data Program

# HPD Program Goals

1. Provide public benefit for Californians and the state while protecting individual privacy.

2. Increase transparency about health care costs, utilization, quality, and equity.

3. Inform policy decisions on topics including the provision of quality health care, improving public health, reducing disparities, advancing health coverage, reducing health care costs, and oversight of the health care system and health care companies.

4. Support the development of approaches, services, and programs that deliver health care that is cost effective, responsive to the needs of Californians, and recognizes the diversity of California and the impacts of social determinants of health.

5. Support a sustainable health care system and more equitable access to affordable and quality health care for all.

# HPD System Overview

- HPD's system is a large research database of healthcare administrative data
- HPD uses the APCD-CDL™ for data file formats
- The HPD System collects five core file types:
    1. Member eligibility
    2. Provider
    3. Medical claims and encounters
    4. Pharmacy claims
    5. Dental claims
- The HPD System collects from mandatory, voluntary, state and federal entities

# Mandatory, Voluntary, State and Federal Data Submitters

**Mandatory plans/submitters**

- Licensed health and dental plan/insurers with the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) $\geq$ 40,000 covered lives.
- Public self-insured entities $\geq$ 40,000 covered lives.
- Qualified Health and Dental Plans offered by the California Health Benefit Exchange (Covered CA) for all members (exempt from threshold).

**Voluntary plans/submitters**

- Plans with < 40,000 covered lives.
- Private, self-insured (ERISA) plans.

**State & Federal**

- California Department of Health Care Services (DHCS).
- Centers for Medicare & Medicaid Services (CMS) - Medicare Fee-for-Service.

# Dental Onboarding and Data Submission Timeline
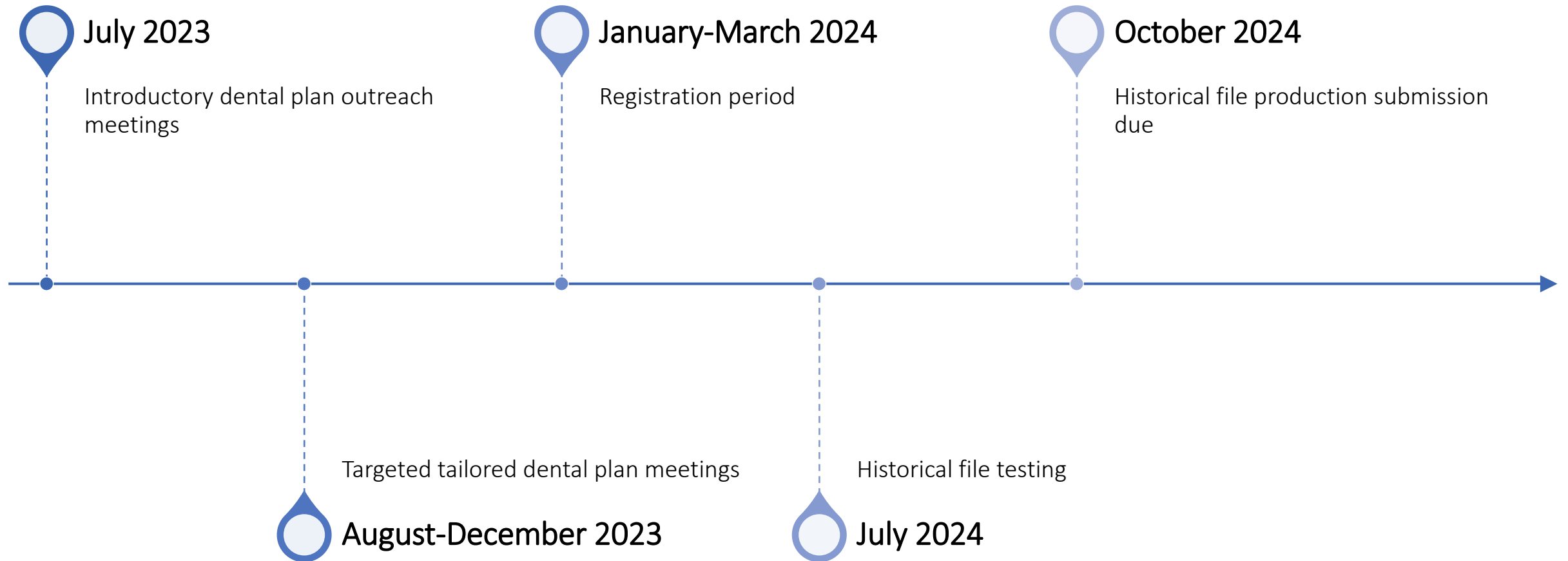
*Gina Robertson*

*Data Submitter Liaison, Onpoint*

# About Onpoint

- Data collection vendor for the HPD program

- Independent nonprofit based in Portland, ME

- Frontrunner and innovator in APCD development, support, and analytics

- CA market expertise (with support of IHA and existing HPD program)

- Looking forward to onboarding the new dental submitters!

# Dental Outreach and Onboarding Timeline

**July 2023**

Introductory dental plan outreach meetings

**January-March 2024**

Registration period

**October 2024**

Historical file production submission due

Targeted tailored dental plan meetings

**August-December 2023**

Historical file testing

**July 2024**

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# Key Implementation Steps

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Registering to submit data to the HPD Platform | Setting up for file transfer and encryption | Using the Claims Data Manager (CDM) | Getting started with the APCD-CDL and DSG | Joining one-on-one onboarding meetings | Reaching out to Onpoint for support |

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# Dental Data Collection – Required Files

- Eligibility: includes enrollees with dental coverage from 6/1/2017 onward

- Dental claims: includes dental claims paid from 6/29/2017 onward

- Provider: includes providers reported within the eligibility or dental claims files from 6/1/2017 onward

# If You're an Existing HPD Program Submitter…

- Historical eligibility and provider files from June 2017 have already been submitted and may not have included dental data

- To submit the historical eligibility and provider data required for the dental data collection effort, you have a few options…

# If You're an Existing HPD Program Submitter... (continued)

- If your team has submitted historical eligibility and provider files without incorporating dental enrollees and dental providers...

  - For provider data: submit a one-time historical data pull of your organization's dental providers appended to your next regular production provider submission

  - For eligibility data: resubmit all historical eligibility to include dental enrollees (resubmissions must include pharmacy and medical enrollees already reported) OR submit all dental data (eligibility, dental, provider) under a dental-specific submitter code

# Review HPD Program Documentation

- [APCD-CDL™ v3.0.1](#)

- [HPD Program Reporting Manual](#)

- [HPD Program Data Submission Guide](#)

- [HPD Program Regulations](#)

# Reach out for Support

- For questions surrounding dental implementation requirements outlined in regulation: hpd@hcai.ca.gov

- For questions surrounding dental implementation technical specifications: hpd-support@onpointhealthdata.org

# Data Collection & All-Payer Claims Database Common Data Layout (APCD-CDL™) v3.0.1

*Greg Dawson*

*Consultant, HCAI*

# APCD-CDL™

- Developed in collaboration with state APCDs and the National Association of Health Data Organizations (NAHDO), coordinated through the University of New Hampshire

- Governed by the APCD Council – made up of states, payers and vendors

- To request a copy, go to:
    - https://www.apcdcouncil.org/common-data-layout

- The layout is free, but registration is required

- The APCD-CDL™ is updated every other year

- APCD-CDL™ files are variable length, pipe-delimited with an embedded header record, and a trailer record

# Data to be Submitted

- Submit data for California residents regardless of where the service took place

- Must use Common Data Layout for State APCDs (APCD-CDL™) Version 3.0.1 (April 2023)

- Member Eligibility File (ME) – contains demographic information for each individual member residing in California, regardless of whether the member utilized services during the report month

- Medical Claims File (MC) – contains service-level remittance information for all non-denied medical services delivered to eligible members during the reporting period, including encounters delivered under capitation arrangements or outside of traditional fee-for-service (FFS) payment

- Pharmacy Claims File (PC) – contains detailed prescription data for all non-denied prescriptions dispensed and paid for eligible members during the report month

- Dental Claims File – contains service-level remittance information for all non-denied dental services delivered to eligible members during the reporting period, including encounters delivered under capitation arrangements or outside of traditional fee-for-service (FFS) payment

- Provider File (PV) – contains demographic-type data on every provider included on the MC, PC or DC files during the report month

# HPD Platform Expectations

- HCAI has contracted with Onpoint Health Data as the vendor to operate the HPD platform

- The HPD Platform will be the submission portal for all submitted data from plans and insurers

- Submitted files will be validated against the Data Submission Guide and the APCD-CDL™ v3.0.1 and will either be accepted or rejected

- Data from Medicare FFS and Medi-Cal will be submitted directly to HCAI and shared with the HPD Platform. Commercial submitters should not include Medicare FFS and Medi-Cal data in their submissions

# Intake Editing Focus

- Quality data is a cornerstone of the HPD program

- Two documents will apply to data submission:
  - Data Submission Guide (DSG) is included in the HPD Regulations
  - HPD Reporting Manual will answer common submission questions

- Submitted data files that do not meet Intake Specifications in the DSG will not be accepted

- The DSG uses the APCD-CDL™ as a foundation and further defines specific data elements that are either:
  - Required – must always be provided
  - Situational – required under certain clearly defined circumstances

# Intake Editing - Application

- Intake Edits are multi-layered:
  - Does data conform to the APCD-CDL™ specifications for format and length?
  - Does the data comply with national coding standards? (if applicable)
  - Does the data contain valid standard values for codes and indicators?
  - Are there any accepted data variances for the submitter?
  - Are all required fields populated?
  - Depending on the circumstance, are situational fields populated?
  - Does data apply to the reporting period requirements?

# Data Challenges and Data Variances

- Health Plans will not always have all data that HCAI is required to collect

- Please review the APCD-CDL™ and let us know of any challenges you foresee

- For capitated encounters, FFS equivalents are requested

- HCAI included a provision in the regulations to allow a data variance to be documented for specific fields and/or conditions

- Data variances must be approved by HCAI before applicable data can be submitted, and would include:
  - Data element name
  - Expected threshold percentage
  - Description of the variance cause

- The expectation is that health plans with accepted variances will show incremental improvement in their compliance over agreed upon timeframes

# APCD-CDL™ File Submission

- Historical data back to June 2017 is required

- For dental-only submitters:
  - Minimum files to be submitted are:
    - Eligibility File
    - Dental Claims File
    - Provider File

- For existing submitters who are adding dental claims to their existing suite of submitted files
  - Consider how dental data will be incorporated in your eligibility and provider file submission
  - Consider if you want to create a new dental-only submitter code

# APCD-CDL™ File Structure – Example 1

**A1 - HEADER**

| Data Element # | Data Element Name | Type | Max Length | Description/ Valid Values |
|---|---|---|---|---|
| CDLHD001 | Record Type | char | 2 | HD. |
| CDLHD002 | Data Submitter Code | varchar | 8 | APCD-assigned identifier of payer submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code as the payer. |
| CDLHD003 | Payer Code | varchar | 8 | APCD-assigned identifier of insurer in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). |
| CDLHD004 | Data Submitter Name | varchar | 75 | Name of data submitter. |
| CDLHD005 | File Type | char | 2 | ME=Member Eligibility; MC=Medical Claims; PC=Pharmacy Claims; DC=Dental Claims; PV=Provider File. |
| CDLHD006 | Period Beginning Date | date | 6 | YYYYMM. Beginning of period covered for Eligibility. Beginning of paid/adjudicated period for Claims. Beginning of period for Provider file updates. |

- Submitter Code and Payer Code are present on every file, values provided by HCAI
- Omit trailing spaces
- If a field is not present send no data, use "||"
- Field name always starts with "CDL", includes the record or file type "HD" or "ME" for example, and a sequential number
- Be aware that the trailer does contain a claims total for each of the claims files, and a record total for each file
- Field format specified in APCD-CDL, DSG, or the Reporting Manual

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# APCD-CDL™ File Structure – Example 2

| B - ELIGIBILITY | | | | | |
|---|---|---|---|---|---|
| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/ Codes/ Sources** | **ASC X12N 271 and 834 References** |
| CDLME001 | Data Submitter Code | varchar | 8 | APCD-assigned identifier of payer submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code used in the Payer Code field. | N/A |
| CDLME002 | Payer Code | varchar | 8 | APCD-assigned identifier of insurer in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). | N/A |
| CDLME003 | Plan ID | varchar | 30 | CMS National Plan ID. The National Plan ID is a code assigned by CMS. (PLACEHOLDER) | 271/2100A/NM109 where NM108 = XV |
| CDLME004 | Member Insurance/ Product Category code | char | 2 | See Appendix G-1: Insurance/Product Category for codes. Use the most granular choice available. | Subscriber: 271/2110CA/EB04 <br><br> Member: 271/2110DA/EB04 |
| CDLME005 | Eligibility Year | int | 4 | The year for which eligibility is reported in this submission file. YYYY. | N/A |
| CDLME006 | Eligibility Month | char | 2 | The month for which eligibility is reported in this submission file expressed numerical from 01 to 12. | N/A |

- Eligibility file example
- Field name always starts with "CDL", includes the record or file type "HD" or "ME", or "DC" in this example, and a sequential number.  Procedure code is the 27th data element on the Dental Claims file layout.
- APCD-CDL specifies valid code sets and values

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# APCD-CDL™ File Structure – Example 3

| E - DENTAL | | | | | |
|---|---|---|---|---|---|
| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/ Codes/ Sources** | **ASC X12N PACDR and 835 References** |
| CDLDC027 | Procedure Code | varchar | 5 | Common Dental Terminology (CDT) or Current Procedure Terminology (CPT) code for the dental procedure on the claim. CDT codes are maintained by American Dental Association. See Appendix H: External Code Source, American Dental Association. CPT codes are maintained by the American Medical Association. See Appendix H: External Code Source, American Medical Association. | 837/2400/SV301-02 where SV301-01=AD |
| CDLDC028 | Oral Cavity 1 | char | 2 | Always report the area of the oral cavity when the procedure reported in field CDLDC027 (Procedure Code) refers to a quadrant or arch and the area of the oral cavity is not uniquely defined by the procedure's nomenclature.<br>Area of the oral cavity is designated by a two-digit code, selected from the following code list:<br>00=entire oral cavity;<br>01=maxillary arch;<br>02=mandibular arch;<br>10=upper right quadrant;<br>20=upper left quadrant;<br>30=lower left quadrant;<br>40=lower right quadrant. | 837/2400/SV304-01 |

- Dental Claims File example
- Field name always starts with "CDL", includes the record or file type "HD" or "ME", or "DC" in this example, and a sequential number. Procedure code is the 27th data element on the Dental Claims file layout.
- APCD-CDL specifies valid code sets and values

# APCD CDL File and Data Submission Questions

- Please reach out to the HPD team to schedule an individual review session:
  - HPD@hcai.ca.gov
- Send the team a question:
  - HPD@hcai.ca.gov – regulations or program related
  - hpd-support@onpointhealthdata.org – implementation
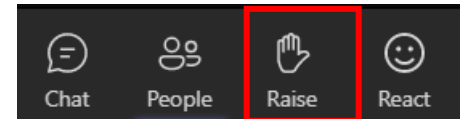  - Feel free to copy both team emails on your question

# Questions & Answers

*Dionne Evans-Dean*

*Assistant Branch Chief, Enterprise Data Operations Branch, HCAI*

# Q&A Guidelines



- Please 'raise your hand' using Teams
  - Host will call your name and you will unmute your phone
- Ask your question and let us know if you have already submitted it to the 'chat' feature
- When the question is concluded
  - You will need to 'lower your hand'
  - You will be muted again

# Adjournment