

Healthcare Payments Review Committee Approved Recommendations

(in chronological order by date of approval)

January 16, 2020 Proposed Edits, February 2020 (“Redlined Version”)

- Three Sources of Data:** ~~The Review Committee recommends that~~ the HPD System Program should establish collection methods and processes specific to three sources of ~~claims and enrollment~~ data: 1) Department of Health Care Services DHCS (DHCS, for Medi-Cal), 2) Centers for Medicare & Medicaid Services CMS (CMS, for Medicare FFS), and 3) All other commercial health plans and insurers for those with employer-based, individual, Medicare Advantage, or dental coverage.
- Collect Medi-Cal Data:** ~~The Review Committee recommends that~~ the HPD System Program should pursue the collection of Medi-Cal data directly from DHCS.
- Incorporate Medicare Data:** ~~The Review Committee recommends that~~ the HPD Program should pursue the collection of Medicare FFS data, in the formats specified by CMS.
- APCD-CDL™:** ~~The Review Committee recommends that~~ the HPD System should use the APCD-CDL™ for all ~~other~~ submitters except CMS.
- Three Years of Historical Data:** ~~The Review Committee recommends that~~ the HPD Program should initially pursue three years’ ~~worth~~ of historical Tier I “core” data (enrollment, claims and encounters, and provider) from submitters.
- Non-Claims Based Payments:** ~~The Review Committee recommends that~~ the HPD System 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™, the Office of Statewide Health Planning and Development (OSHPD) will work with stakeholders to specify the format(s) and source(s) of the supplemental file(s).
- Ensure broad authority for OSHPD to securely collect available personally identifiable Information.** Legislation should ensure authority for OSHPD to collect detailed patient identifiers such as first and last name, date of birth, sex, street address, and Social Security number~~N~~. These identifiers are necessary in order to use methodologies, such as a master patient index, to support analyses of the same individuals over time and the impacts from social determinants of health. The Legislative Report will include detailed descriptions of methods and processes to manage and protect such information. OSHPD will ensure data collected is in compliance with California and federal law.
- The HPD Program should use robust methodologies to match patients, providers, and payers across datasets.** OSHPD should build and maintain a master person index, master provider index, and master payer index as part of the HPD System implementation. These indexes should be supplemented with data from other sources (e.g., vital statistics, state-wide provider directory

information when available, and OSHPD facility data) to improve matching success and the analytic value of the HPD [System](#).

9. **Mandatory Data Submitters:** ~~The Review Committee recommends that~~ definitions for the types of organizations required to submit data as previously defined to the HPD [System](#) (“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. ~~DHCS The California Department of Health Care Services,~~ for Medi-Cal managed care plan and fee for service data
 3. Self-insured entities as permitted under federal regulation (currently, public payer plans such as state, county, and local governments that are not subject to ERISA) ~~not subject to ERISA~~
 4. Third party administrators of plans (not otherwise preempted by ERISA)
 5. Dental plans and insurers

Standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows (applies to recommendations 10-15):

10. Required Lines of Business:

~~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 as permitted under federal regulation (currently, public payer plans such as state, county, and local governments that are not subject to ERISA) ~~not subject to ERISA~~
 3. Dental
 4. Medi-Cal
11. **Coordination of Submission:** ~~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. **Excluded Lines of Business:** ~~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:** ~~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:~~

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:** ~~The Review Committee recommends that specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:~~

- a. monthly submission for all core data (claims, encounters, eligibility, and provider files)
- b. submission at least annually for non-claims-payments data files

15. **Population:** ~~The Review Committee recommends that specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:~~

- a. The population for data submission is defined as residents of California

16. **Voluntary Submitters:** ~~The Review Committee recommends that:~~

- a. [The HPD Program](#) should be statutorily authorized to receive data from voluntary submitters.
- b. [The HPD Program](#) shall develop an appropriate process to encourage voluntary data submission.

17. **Transparent Data Quality Processes:** ~~The Review Committee recommends that~~ the HPD Program [should](#) 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 at Each Part of the Life Cycle:** ~~The Review Committee recommends that~~ data quality processes should be applied to each major phase of the HPD [System](#) data life-cycle, including:

- a. Source data intake
- b. Data conversion and processing
- c. Data analysis, reporting, and release

19. **Stakeholder Access to Data Quality:** ~~The Review Committee recommends that~~ the HPD Program [should](#) provide stakeholders with accessible information on data quality, including:

- a. Descriptions of processes and methodologies
- b. Periodic updates on known issues and their implications.

20. **Privacy Principles:** ~~The Review Committee recommends~~ the HPD Program [should](#) adopt the following patient privacy principles:

- a. The HPD [Program](#) shall protect individual patient privacy in compliance with applicable federal and state laws.
- b. The HPD [Program](#) is established to learn about the health care system and populations, not about individual patients.

21. **Authority to Submit and Collect Personal Information:** ~~The Review Committee recommends that~~ legislation [should](#) clearly authorize data submitters to send, and OSHPD to receive, personal information to meet the legislative intent of the HPD [Program](#). To support the submission of data by voluntary submitters, legislation should clearly specify public health as one of the intended uses of the HPD [System](#).

22. **Access to Non-Public Data:** ~~The Review Committee recommends that~~ only aggregate de-identified information will be publicly accessible. OSHPD should develop a program governing access to non-public HPD [System](#) data, including a data request process overseen by a data access committee.

23. **Information Security Program:** ~~The Review Committee recommends~~ the HPD Program should program develop an information security program that uses existing state standards and complies with applicable federal and state laws.
24. **Leverage Resources and Expertise:** ~~The Review Committee recommends that~~ OSHPD should leverage existing resources and expertise to facilitate a faster time to implement, maximize the early capabilities of the system, and learn from subject matter experts in the all-payer and multi-payer database industry.
25. **Modular Approach:** ~~The Review Committee recommends~~ the HPD Ssystem should be implemented with a modular approach, with each module performing a discrete system function.
26. **Data Collection Vendor:** ~~The Review Committee recommends that~~ commercial healthcare data should be initially collected by a vendor with established submitter management and data quality processes, and that is experienced in aggregating/synthesizing/standardizing commercial claims data files from multiple payer sources. It is preferred that the vendor have experience with state APCD programs.
27. **Entity to Operate the Healthcare Payments Data (HPD) Programbase:** ~~The Review Committee recommends that~~ OSHPD should operate the HPD Program Healthcare Payments Database.
28. **Healthcare Data Policy Advisory Committee:** ~~The Review Committee recommends that~~ OSHPD should be authorized to convene a Healthcare Data Policy Advisory Committee of stakeholders with expertise to provide guidance on the HPD ealthcare Payments Data Program. Over time, OSHPD may expand the scope of the Advisory Committee to obtain guidance on other data assets in the OSHPD portfolio.
29. **Committees to Support Effective Governance:** ~~The Review Committee recommends that~~ OSHPD should create other committees or workgroups to support effective governance as needed, at the discretion of the Director, either as standing bodies or as time-limited ad hoc workgroups.
30. **Leverage Regulatory Structures for Enforcement:** ~~The Review Committee recommends that~~ OSHPD should establish processes for the enforcement of data submission, leveraging existing regulatory structures. Statutory authority should be provided to establish specific processes.

31. **Comprehensive Program for Data Use, Access, and Release:** ~~The Review Committee recommends that~~ OSHPD should have statutory authority to implement a comprehensive program for data use, access, and release for the HPD Program. This program will emphasize both the creation of publicly available information and ensuring only appropriate, secure access to confidential information. The healthcare payments database should be exempt from the disclosure requirements of the Public Records Act.
32. **Data Release Committee:** ~~The Review Committee recommends that~~ OSHPD should be required to establish a Data Release Committee to advise OSHPD on requests for access to non-public data. The Data Release Committee members should be appointed by the OSHPD Director and include a diverse range of stakeholder representatives with expertise in issues that need to be considered in the release of non-public data. OSHPD will maintain information about requests and disposition of requests. OSHPD and the Data Release Committee should develop processes for the timely consideration and release of data.
33. **Special Restricted Revenue Fund for the HPD Program:** ~~The Review Committee recommends~~ a special restricted revenue fund ~~or account should~~ be created for the HPD Program, and revenue to support the HPD Program should be directed to that fund. Any funds not used during a given year will be available in future years, upon appropriation by the Legislature.
34. **Pursue CMS Medicaid Matching Funds:** ~~The Review Committee recommends pursuing m~~Maximum possible CMS Medicaid matching funds, or other federal funds, should be pursued to support the HPD Program.
35. **Charge Data User Fees to Support the HPD Program:** ~~The Review Committee recommends~~ developing a fee schedule and charging data user fees for data products to support the HPD Program and stakeholder access to data.
36. **Explore Other Revenue Sources:** ~~The Review Committee recommends that~~ for the remainder of HPD Program operational expenditures, other revenue sources should be considered in collaboration with stakeholders.