

## Healthcare Payments Review Committee Approved Recommendations

(in chronological order by date of approval)

### Proposed Edits, February 2020 (“Redlined Version”)

1. **Three Sources of Data:** the HPD Program should establish collection methods and processes specific to three sources of data: 1) Department of Health Care Services (DHCS, for Medi-Cal), 2) Centers for Medicare & Medicaid Services (CMS, for Medicare FFS), and 3) commercial health plans and insurers for those with employer-based, individual, Medicare Advantage, or dental coverage.
2. **Collect Medi-Cal Data:** the HPD Program should pursue the collection of Medi-Cal data directly from DHCS.
3. **Incorporate Medicare Data:** the HPD Program should pursue the collection of Medicare FFS data, in the formats specified by CMS.
4. **APCD-CDL™:** the HPD System should use the APCD-CDL™ for all submitters except CMS
5. **Three Years of Historical Data:** the HPD Program should initially pursue three years of historical data (enrollment, claims and encounters, and provider) from submitters.
6. **Non-Claims Based Payments:** 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).
7. **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. 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.
8. **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:** 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 ,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)
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:**

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)
3. Dental
4. Medi-Cal

**11. 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:**

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:**

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:**

- 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:**

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

**16. Voluntary Submitters:**

- 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 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:** 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 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 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:** 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:** 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 HPD Program should develop an information security program that uses existing state standards and complies with applicable federal and state laws.
24. **Leverage Resources and Expertise:** 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 HPD System should be implemented with a modular approach, with each module performing a discrete system function.
26. **Data Collection Vendor:** 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) Program:** OSHPD should operate the HPD Program .

28. **Healthcare Data Policy Advisory Committee:** OSHPD should be authorized to convene a Healthcare Data Policy Advisory Committee of stakeholders with expertise to provide guidance on the HPD 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:** 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:** 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:** 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:** 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 Fund for the HPD Program:** a special fund 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:** 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:** 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:** for the remainder of HPD Program operational expenditures, other revenue sources should be considered in collaboration with stakeholders.