Healthcare Payments Data Program Submitter Group

July 10, 2025

This meeting will be recorded.

Thank you for joining.

Housekeeping

- All attendees are muted upon entry
- Presentation materials are available at the HPD Submitters Website
- This meeting will have time for Questions & Answers

Today's Agenda

1. Welcome and Key Program Updates

2. Annual Data Quality Plan Reports and Engagement

3. Non-Claims Payment Data Submission Update and Review

4. Q&A – Open Forum

5. Program Reminders

6. Adjournment

Welcome and
Key Program Updates

Jasmine Neeley,

Healthcare Payments Data Unit Manager, HCAI

Key Program Updates

- HPD Key Deadlines

- HPD 2025 Timeline

- Data Collections Regulation Reminder

- Regulations Update – APCD CDL v4.0.1

- HPD Committee Meeting Updates

HPD Key Deadlines

Date	Event
July 1, 2025	NCP Data Submission Testing available
August 1, 2025	June monthly core data files due: Eligibility, Provider, Medical, Pharmacy, and Dental
September 1, 2025	Complete NCP registration update and submit at least one test file for each historic NCP Data File
January 2, 2026	Annual Plan Registration available during the month of January
February 1, 2026	Annual Submitter Registration available during the month of February
June 30, 2026	Successfully complete testing for each historical NCP Data File type your plan will submit
July 31, 2026	Historical Annual Payment Files and Pharmacy Rebate Files for the time period from June 29, 2017, through December 31, 2024 due
September 1, 2026	Historical Capitation Files, for the time period from June 29, 2017, through July 31, 2026 due
September 30, 2026	Initiation of ongoing Annual Payment and Pharmacy Rebate files, starting with CY 2025 due
October 1, 2026	Initiation of ongoing Monthly Capitation file, starting with August 2026 due

HPD Timeline for 2025-2026
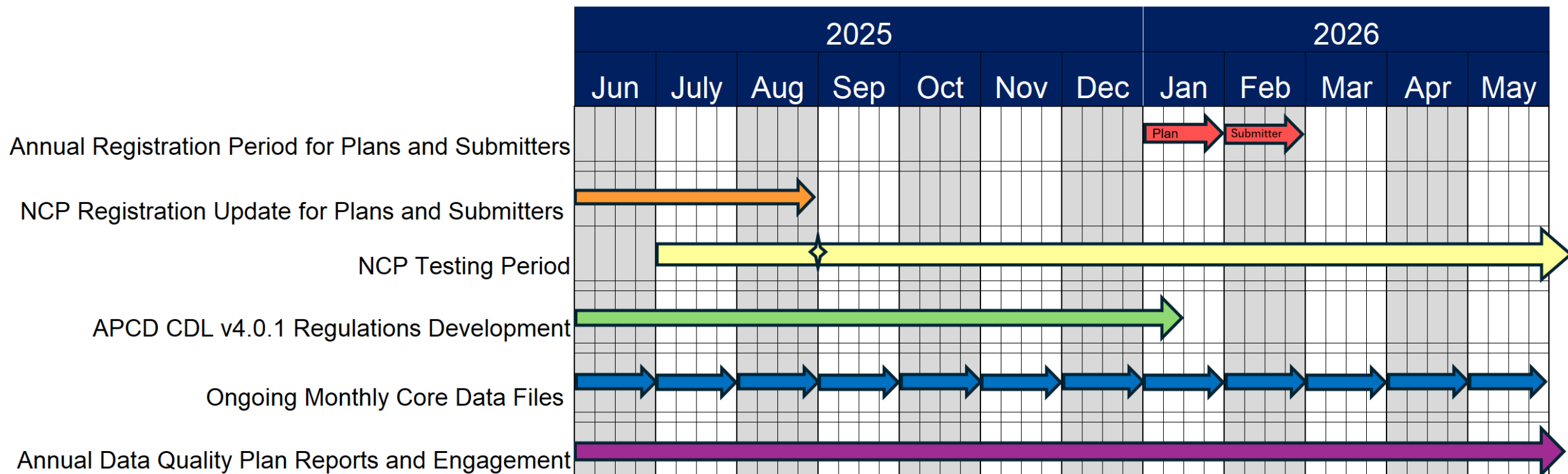
Data Collection Regulations Reminder

- HPD data collection regulations were updated to include NCP Data Collection on March 25, 2025
    - [California Code of Regulations Sections 97300-97370](#)
- Regulations will need to be updated with additions of new data collection requirements and/or for each biennial release of the All-Payer Claims Database-Common Data Layout (APCD-CDL)

Reporting Manual Version 3.0 Release

- Reporting Manual version 3.0 has been released and posted on our [HPD Program Webpage](#) and [HPD Submitter Webpage](#).

- An email notification was sent on July 09, 2025, to notify submitters of the new Reporting Manual.

- The Reporting Manual has been updated to include NCP data submission guidance.

- Appendices D and E provide file specifications for NCP data files.

- NCP Submission Scenarios have been outlined in a separate document.

Expected Changes to Data Collection Regulations

- The APCD Council and the National Association of Health Data Organizations (NAHDO) have released [Version 4.0.1](#) of the APCD-CDL. NCP data layouts are incorporated into APCD-CDL v4.0.1.

- HCAI is drafting HPD data collection regulations to adopt APCD-CDL v4.0.1 ([California Code of Regulations Sections 97300-97370](#)).

- Addition of data security agreement language related to the use of the data submission portal.

- Addition of accepted secure file transfer data submission methods language.

Anticipated Timeline of Data Collection Regulations Update

- Agency review of regulations package in early September 2025.

- Office of Administrative Law (OAL) 10-day review in late September 2025.

- 45-day public comment period anticipated to begin early October 2025 and will be posted on HCAI's [Laws and Regulations webpage](#).

- Review of public comments and prepare final regulation documents early in November 2025.

- Final 30-working day OAL review between December 2025 and January 2026.

- Anticipate final regulations adopted by early February 2026.
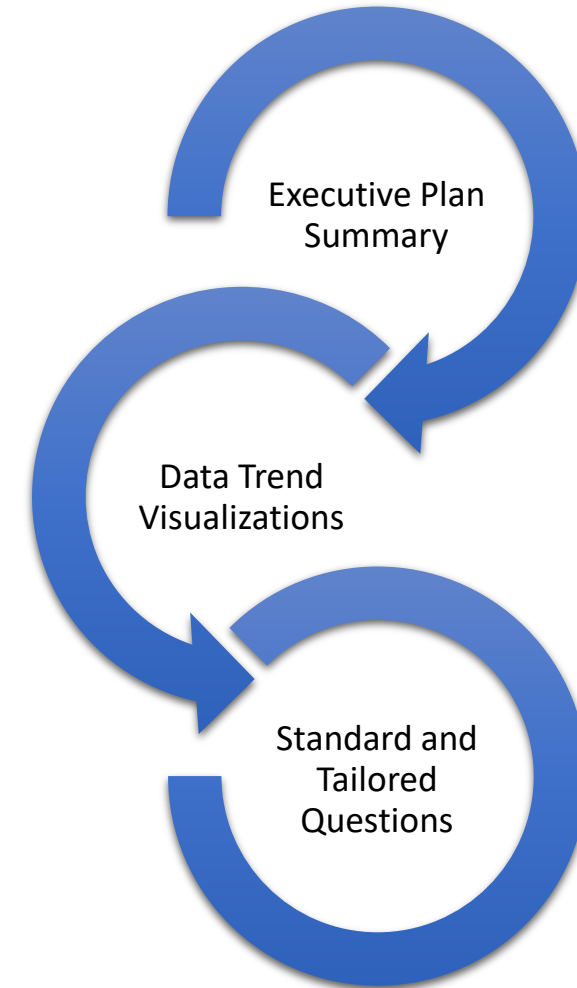
HPD Committee Meeting Updates

- [HPD Submitter Group](#)
  - April 10, 2025

- [HPD Data Release Committee](#)
  - November 20, 2024

- [HPD Advisory Committee](#)
  - April 24, 2025
  - Upcoming: July 24, 2025

Data Quality Plan
Reports and Engagement

David Winston,

Cost Transparency Section, HCAI

Data Quality Plan Reports and Engagement

- Initiated annual reports and engagement with plans in May 2024

- Opportunity for plans to validate data in HPD, Feedback loop with plans to share experiences and best practices

- Developed standard and tailored questions for each plan to gain further insight on data quality

Executive Plan Summary

Data Trend Visualizations

Standard and Tailored Questions

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Data Quality Plan Reports (DQPR)

- Validating covered lives counts for 2017-2022.

- Assessing historical data completeness for 2020-2022.

- Data has a time lag to assess full years. Upon completion of historical analyses, the next engagement planned for 2023-2024 years.

- Questions designed to share the plan's data in HPD and gather more information on:
  - Data Completeness
  - Methods of data collection
  - Implementation of demographic data tracking

- Engaging with 18 commercial health plans
  - Higher level plans represent 49 registered health plans
  - E.g., Kaiser Permanente and Kaiser Foundation rolled up to Kaiser

- Reached out to 13 plans since May 2024, received 10 responses
  - 4 small (<100K covered lives), 4 medium (100k to <1M covered lives), 2 large (1M+ covered lives)

Data Collection Method – Race, Ethnicity, and Language, 2020-2022

Demographic Element	Collection Method	Plan Size		
		Small	Medium	Large
Ethnicity	Self-Reported			1
	Combination	4	2	1
Language	Self-Reported	1		
	Combination	3	2	1
Race	Imputed			1
	Self-Reported			1
	Combination	4	2	1

- Most of the 8 plans responding, of all sizes, use a **combination of approaches** to obtain race, ethnicity, and language data
  - Self-report: information entered directly by patient
  - Imputation: information populated based on other sources, such as provider electronic medical records
  - Reported on someone's behalf: authorized representative of the patient provided the information
- Few plans rely solely on self-reported data

Race and Ethnicity Data Separation, 2020-2022

- The APCD-CDL requires that race and ethnicity fields are reported separately.
- Most plans will have separate race and ethnicity reporting by the end of this year. Of the 10 plans responding:
    - Five plans are collecting race/ethnicity separately as of 2024 and one more is on track to separate the data this year
    - Two other plans have made progress but will not have separate data by year end
    - Two plans are not collecting race/ethnicity data

Responses from 10 Plans (multiple responses allowed)	Total	Small	Medium	Large
Collected separately	3	0	1	2
Combined for 2020-22, separate for 2024	2	1	1	0
Combined field with separate tracking	2	2	0	0
Data partially separated	1	1	0	0
Not collecting	2	0	2	0

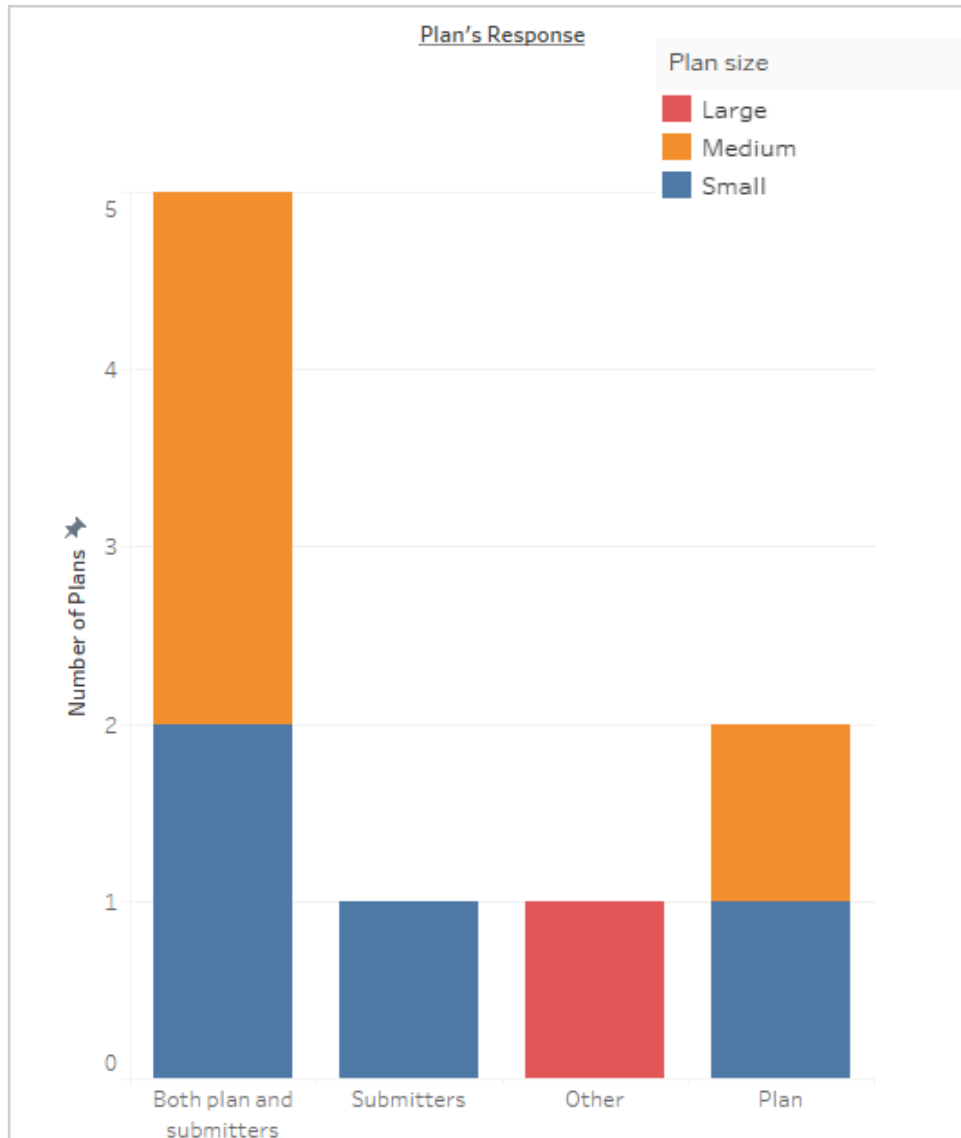# Reasons for Missing or Incomplete Data, 2020-2022

N=10 Plan Responses (multiple responses allowed)	Race	Ethnicity	Language
Not a required field	4	4	4
Data integration issue	3	3	2
Combined R/E fields	2	1	N/A
No race code for Hispanic / Latino / South American	1	N/A	N/A
Use Race data when Ethnicity data is missing	N/A	2	N/A
Ethnicity data does not include option for "Not Hispanic or Latino"	N/A	1	N/A
Did not collect	2	2	0
Average completion	46%	68%	89%

Among the 10 plans that responded with reasons that race, ethnicity, and/or language data is missing or incomplete, the main explanations were:

- Data is not available: the plan does not collect the data or the fields are optional for members
- Challenges with data integration: data comes from multiple systems that are complex to synchronize
- Challenges with data collection approach: race and ethnicity fields are combined, fields or relevant options are missing

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Plans' Preference for Completeness Data Aggregation

Plan's Response

Plan size
- Large (red)
- Medium (orange)
- Small (blue)

- Plans were asked about their preference of data aggregation for public reporting on data completeness.

- Aggregation method options were:
  - Plan
  - Submitters
  - Plan and Submitters
  - Other

- Most plans preferred showing completeness data at both plan and submitter level, regardless of plan size.
  - Second most popular choice was at plan level
  - One small plan recommended to share data at the submitter level.
  - One plan selected "other" to suggest rolling data up to higher plan level.

Non-Claims Payment (NCP) Review and Data Submission Update

Nicole Jakubowski,
Onpoint HPD Data Operations Analyst

Discussion Topics

- NCP Implementation Review
    - Submitter Registration Reminder
    - NCP File Types and Resources
    - Data Collection
    - Implementation Timeline Review

Non-Claims Payment Registration

Submitter Registration

- Once annual plan registration is complete, all submitters are required to update submitter registration for NCP file submission.

- Submitters received an email from Onpoint in early May 2025 to begin the process for updating their NCP file registration.

Accessing the NCP Registration Form

ONPOINT Health Data

Thank you for submitting your 2025 registration form for the Healthcare Payments Data (HPD) program via Onpoint CDM. We have released your registration form back to you for additional review at the request of the California Department of Health Care Access and Information (HCAI), which oversees the HPD program.

Submitter Name: Test Submitter
Submitter Code: TESTSUB

Beginning in January 2025, the HPD has expanded its data collection to include non-claims payments made to providers and facilities. In support of this work, please take a moment to review your registration information with Onpoint CDM and, if applicable, enter relevant information about non-claims payments for your organization. Once you have completed this review, please resubmit your form to Onpoint for approval. Simply click the button below to get started.

Please note: **Review is required of all plans and submitters to the HPD**, regardless of whether your organization has non-claims-based payment data. If no updates are required to your registration form, please resubmit without changes.

If you have any questions about this process, please reach out to cdm-support@onpointhealthdata.org or your dedicated Onpoint operations analyst.

Thank you.

Resume My Registration

- On May 1, 2025, Onpoint emailed a link to the HPD registration system
- When submitters log into the system, they are greeted by the registration landing page
- Clicking "Resume My Registration" triggers an automatic email that contains a secure link to the registration form for the specific plan or submitter

We have sent you a secure link to your email address. This link will allow you to pick up where you left off.

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Accessing the NCP Registration Form

Click "Continue" in the secure link to resume your registration

It looks like you've completed some of the registration form. What would you like to do?

Start Over
You will lose previous progress

Continue
Pick up where you left off

Accessing the NCP Registration Form

Click ''Resume My Registration" to launch Onpoint CDM

Review & Complete the Registration Form

- Review NCP information

- Make updates, as needed

- Complete and resubmit

Reporting NCP Data to the HPD Program

- March 25, 2025: HPD data collection regulations updated to include NCP data collection (California Code of Regulations Sections 97300-97370)
- Updated regulations outline requirements for submitting...

Annual Payments

- Annual payments made to providers, stratified by payment category and subcategory
- Submitted **annually**

Pharmacy Rebates

- Allowed amount paid and rebates received per national drug code (NDC) labeler / product
- Submitted **annually**
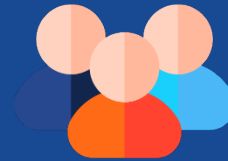
Capitation

- Monthly capitation payments administered per member, stratified by capitation model
- Submitted **monthly**

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NCP File Submission Testing

*When submitting test files, use a value of "T" in the file header, which indicates a test file

Submitter A is submitting all three NCP file types

By **September 1, 2025**, Submitter A must submit at least one test file* for each file type: Annual payments, capitation, and pharmacy rebates

By **June 30, 2026**, Submitter A must have successfully completed testing, meaning that all files have a status of Validation / Pass in Onpoint CDM

NCP Data Layout™ Version 1.0

- Includes each file's expected format
- Provides additional details on Expanded Framework model

PHARMACY REBATE FILE				
Data Element #	**Name**	**Type**	**Max Length**	**Description/Valid Values**
CDLPR001	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.
CDLPR002	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).
CDLPR003	Reporting Period Start Date	integer	6	YYYYMM. Beginning of reporting period covered for contract performance.
CDLPR004	Reporting Period End Date	integer	6	YYYYMM. End of reporting period covered for contract performance.
CDLPR005	Drug Code - NDC Product Code	varchar	9	Report the National Drug Code (NDC) product code, which includes the first 8 or 9 digits and excludes the last one or two digits (package code) of the NDC. Do not include dashes. NDC codes are maintained by the Federal Drug Administration. See Appendix H: External Code Source, United States Food and Drug Administration.
CDLPR006	Drug Manufacturer	varchar	50	Use this field to report the manufacturer of the drug.
CDLPR007	Drug Name	varchar	80	Use this field to report the text name of the drug.
CDLPR008	Brand/Generic Indicator	char	2	Indicates whether the drug itself is generic, not how the payer pays it. Valid codes are: 01=Branded drug 02=Generic drug

HPD Data Submission Guide 3.0

- Provides registration and testing requirements for historical NCP files
- Provides field-level reporting requirements (required vs. situational)

Health Care Payments Data Program
Data Submission Guide

5.8 Annual Payment File

NCP Data Layout™ Data Element #	Name	HPD Requirements	Notes
CDLAP001	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLAP002	Payer Code	Required	Assigned by HCAI during registration.
CDLAP003	Reporting Period Start Date	Required	YYYYMM
CDLAP004	Reporting Period End Date	Required	YYYYMM
CDLAP005	Contract Number	Required	
CDLAP006	Contract Type	Required	See NCP Data Layout™ for specific valid values.
CDLAP007	Billing Provider ID	Required	
CDLAP008	Billing Provider	Required	Must be a valid NPI

NCP Data Layout™ – Submission Scenarios

- Included in Appendix D within the Reporting Manual
- Provides further technical guidance per file type
- Provides sample data per file type

Annual Payments – Specification Overview

- Data requested per annual reporting period start / end date
- Follows the Expanded Framework model for NCP categories and subcategories

* Image includes a subset of fields collected in the Annual Payments layout; please refer to the NCP Data Layout™ to view all fields

ANNUAL PAYMENTS FILE

Data Element #	Name	Type	Max Length	Description/Valid Values
CDLAP007	Billing Provider ID	varchar	35	Unique code assigned to the provider by the reporting entity. Payer assigned provider ID for the provider that is the billing provider. This should be the identifer used by the payer for internal identification purposes and does not routinely change.
CDLAP008	Billing Provider NPI	char	10	National Provider Identifier (NPI) for the billing provider as enumerated in the Center for Medicaid and Medicare Services National Plan & Provider Enumeration System (NPPES).
CDLAP009	Billing Provider Tax ID	char	9	Tax ID of the billing provider. Do not code punctuation.
CDLAP010	Billing Provider Last Name or Organization Name	varchar	60	Full name of provider billing organization or last name of individual billing provider.
CDLAP011	Billing Provider First Name	varchar	35	Individual first name. If provider is a facility or organization, leave blank.
CDLAP012	Payment Category	char	1	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 X = Fee for service Z = Member count Select a corresponding Payment Subcategory based on the initial character in the Payment Category.

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Annual Payments – Expanded Framework Model

- For more information on categorizing payment subcategories, visit this link: Expanded Non-Claims Payments Framework

ANNUAL PAYMENTS FILE				
Data Element #	**Name**	**Type**	**Max Length**	**Description/Valid Values**
CDLAP013	Payment Subcategory	char	2	A1 = Care management/care coordination/population health/medication reconciliation A2 = Primary care and behavioral health integration A3 = Social care integration A4 = Practice transformation payments A5 = EHR/HIT infrastructure payments B1 = Retrospective/prospective incentive payments: pay-for-reporting B2 = Retrospective/prospective incentive payments: pay-for-performance C1 = Procedure-related, episode-based payments with shared savings C2 = Procedure-related, episode-based payments with risk of recoupments C3 = Condition-related, episode-based payments with shared savings C4 = Condition-related, episode-based payments with risk of recoupments C5 = Risk for total cost of care (e.g., ACO) with shared savings C6 = Risk for total cost of care (e.g., ACO) with risk of recoupments D1 = Primary care capitation D2 = Professional capitation D3 = Facility capitation D4 = Behavioral health capitation D5 = Global capitation D6 = Payment to integrated, comprehensive payment and delivery systems X9 = Fee for service Z9 = Member count

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Pharmacy Rebates – Specifications Overview

- Data requested per annual reporting period start / end date
- Format includes collection of all payments made **and** all rebates received during the reporting period

PHARMACY REBATE FILE				
Data Element #	**Name**	**Type**	**Max Length**	**Description/Valid Values**
CDLPR001	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.
CDLPR002	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).
CDLPR003	Reporting Period Start Date	integer	6	YYYYMM. Beginning of reporting period covered for contract performance.
CDLPR004	Reporting Period End Date	integer	6	YYYYMM. End of reporting period covered for contract performance.
CDLPR005	Drug Code - NDC Product Code	varchar	9	Report the National Drug Code (NDC) product code, which includes the first 8 or 9 digits and excludes the last one or two digits (package code) of the NDC. Do not include dashes. NDC codes are maintained by the Federal Drug Administration. See Appendix H: External Code Source, United States Food and Drug Administration.
CDLPR006	Drug Manufacturer	varchar	50	Use this field to report the manufacturer of the drug.
CDLPR007	Drug Name	varchar	80	Use this field to report the text name of the drug.
CDLPR008	Brand/Generic Indicator	char	2	Indicates whether the drug itself is generic, not how the payer pays it. Valid codes are: 01=Branded drug 02=Generic drug

* Image includes subset of fields collected in the Pharmacy Rebates layout; please refer to the NCP Data Layout™ to view all fields

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Capitation File – Specifications Overview

- Data requested per member per month per capitated arrangement
- Collection of member demographic data enables linkage to the HPD

CAPITATION FILE				
Data Element #	Name	Type	Max Length	Description/Valid Values
CDLCF001	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.
CDLCF002	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).
CDLCF003	Reporting Period Start Date	integer	6	YYYYMM. Beginning of reporting period covered for contract performance.
CDLCF004	Reporting Period End Date	integer	6	YYYYMM. End of reporting period covered for contract performance.
CDLCF005	Carrier Specific Unique Member ID	varchar	50	Report the identifier the carrier/submitter uses internally to uniquely identify the member. Used to create Unique Member ID and link across carrier's/submitter's files for reporting and aggregation.
CDLCF006	Member Last Name	varchar	60	The member's last name. If the member is the subscriber, report the subscriber's last name.
CDLCF007	Member First Name	varchar	35	The member's first name. If the member is the subscriber, report the subscriber's first name.

* Image includes subset of fields collected in the Pharmacy Rebates layout; please refer to the NCP Data Layout™ to view all fields

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Capitation File – Payment Subcategories

CAPITATION FILE

Data Element #	Name	Type	Max Length	Description/Valid Values
CDLCF015	Billing Provider Last Name or Organization	varchar	60	Full name of provider billing organization or last name of individual billing provider.
CDLCF016	Billing Provider First Name	varchar	35	Individual first name. If provider is a facility or organization, leave blank.
CDLCF017	Insurance/Product Category Code	char	2	See Appendix G-1: Insurance Type/Product Category for codes. Use the most granular choice available.
CDLCF018	Payment Subcategory	char	2	D1 = Primary care capitation D2 = Professional capitation D3 = Facility Capitation D4 = Behavioral health capitation D5 = Global capitation D6 = Payment to integrated, comprehensive payment and delivery systems
CDLCF019	Total Paid Amount	integer	12	Total of all payments made to a contractor during the Reporting/Performance Period. Round to the nearest dollar (e.g., $1,000.25 converted to 1000). This field may contain a negative value.

Frequently Asked Questions

"Can I submit NCP files to the HPD under my existing submitter code?"

Yes. HPD submitters can utilize their existing submitter codes to send NCP data.

- If an HPD submitter requires a new submitter code to send their NCP files, they will need to complete a new submitter registration form
- Please reach out to Onpoint with any questions related to submitter code assignment: hpd-support@onpointhealthdata.org

"In the Capitation File, how do I report adjustments to capitation payments?"

The table below is an example of a file reported with a header record Period Beginning/Ending Date (CDLHD006/CDLHD007) of '202101' that includes all capitation payments administered or adjusted in January 2021:

CDLCF003	CDLCF004	CDLCF006	CDLCF007	CDLCF018	CDLCF019
Reporting Period Start Date	Reporting Period End Date	Member Last Name	Member First Name	Payment Subcategory	Total Paid Amount
202101	202101	Sideways	Eilleen	D1	160
202010	202010	Sideways	Eilleen	D1	-155
202010	202010	Sideways	Eilleen	D1	135

*This table contains fictitious data

"In the Capitation File, how do I report adjustments to capitation payments?" (cont.)

- Adjustments to capitation payments may be submitted according to the following guidelines:
    - Adjustments must be reported within the Capitation File whose header record's Reporting Period (CDLHD006, CDLHD007) reflects the month during which the adjustment was processed
    - Adjustments must be submitted using the Aggregation method (see NCP Submission Scenarios document for more information)
    - Adjustments must report the month of enrollment for which the adjustment should apply to using the Capitation File's Reporting Period Start Date (CDLCF003) and Reporting Period End Date (CDLCF004)

NCP Implementation Timeline

Date		Description
April 1, 2025	✓	Plan registration opens for NCP file types
April 10, 2025	✓	Submitter Group Meeting – NCP Registration and Data Collection Overview
April 30, 2025	✓	Webinar: Overview of NCP Data Collection
May 1, 2025	✓	Submitter registration opens for NCP file types
May 14, 2025	✓	Webinar: Introduction to SFTP & PGP File Encryption
May 29, 2025	✓	Webinar: Overview of NCP File Formats & Validation
June 11, 2025	✓	Webinar: Overview of Onpoint CDM & Submission Best Practices
July 1, 2025	✓	Onpoint CDM configured to accept NCP test files
September 1, 2025	!	Deadline for submitting at least one test file for each historical NCP data file type
June 30, 2026		Deadline for successfully completing testing for each historical NCP data file type
July 31, 2026		Historical data (June 29, 2017 – December 31, 2024) due for annual payments and pharmacy rebates
September 1, 2026		Historical data (June 29, 2017 – July 31, 2026) due for capitation file
September 30, 2026		Initiation of ongoing annual payments and pharmacy rebates, starting with CY2025 reporting
October 1, 2026		Initiation of ongoing monthly capitation file, starting with August 2026 reporting

Thank you.

Questions & Answers

HCAI Team

Q & A Session Operations

- Questions posed in Chat will be addressed first

- If you raise your hand, a number will appear next to your hand, and it is the order in which we will get to your raised hand

- Please ask us anything that pertains to Healthcare Payments Data and how we can help you provide that information

- All questions will be collected and sent out after the meeting by email.

Program Reminders

Suzanne Hermreck,

Cost Transparency Section, HCAI

HPD Resource Sites

- [HPD Program Data Submission Guide v3.0](#)

- [APCD-CDL™ v3.0.1](#)

- [HPD Program Reporting Manual v2.1](#)

- [HPD Program Regulations](#)

- [NCP Data Layout™, the data layout for Non-Claims Payments, v1.0](#)

HPD Resource Sites

- HPD Program Webpage
  - Includes program goals, reporting principles, statute, resources and regulations.
- HPD Submitter Webpage
  - Submitter resources: Claims Data Manager (CDM), Data Submission Guide, APCD-CDL™, NCP Data Layout, HPD Reporting Manual, past meeting information and trainings, 2020 Legislative Report, etc.
- Mailing List
  - Join HPD's mailing list and stay up to date on other HPD News.
- Contact Us
  - hpd@hcai.ca.gov: regulation or statute interpretation, or program implementation questions.
  - hpd-support@onpointhealthdata.org: data submission, technical data file specifications, or mapping questions.
  - Be sure to add noreply@hcai.ca.gov to safe sender list

Adjournment

Thank you for attending!

The next meeting will be October 09, 2025