Housekeeping

- All attendees are muted upon entry
- Send questions using the "Q&A" feature
  - We will collect questions and respond after the meeting
  - Chat feature will be disabled
  - Meeting technical assistance: contact hpd@hcai.ca.gov
- The meeting will be recorded

Welcome & Key Program Updates

Starla Ledbetter, Chief Data Officer, HCAI

Today's Agenda

- Welcome and Key Program Updates

- Status of Mandatory and Voluntary Registrations

- Claims Data Manager (CDM) and Variance Requests

- Submitter Testing

- HPD Program Goals and Public Reporting

- Adjournment

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HPD 2022-2023 Timeline and Key Deadlines
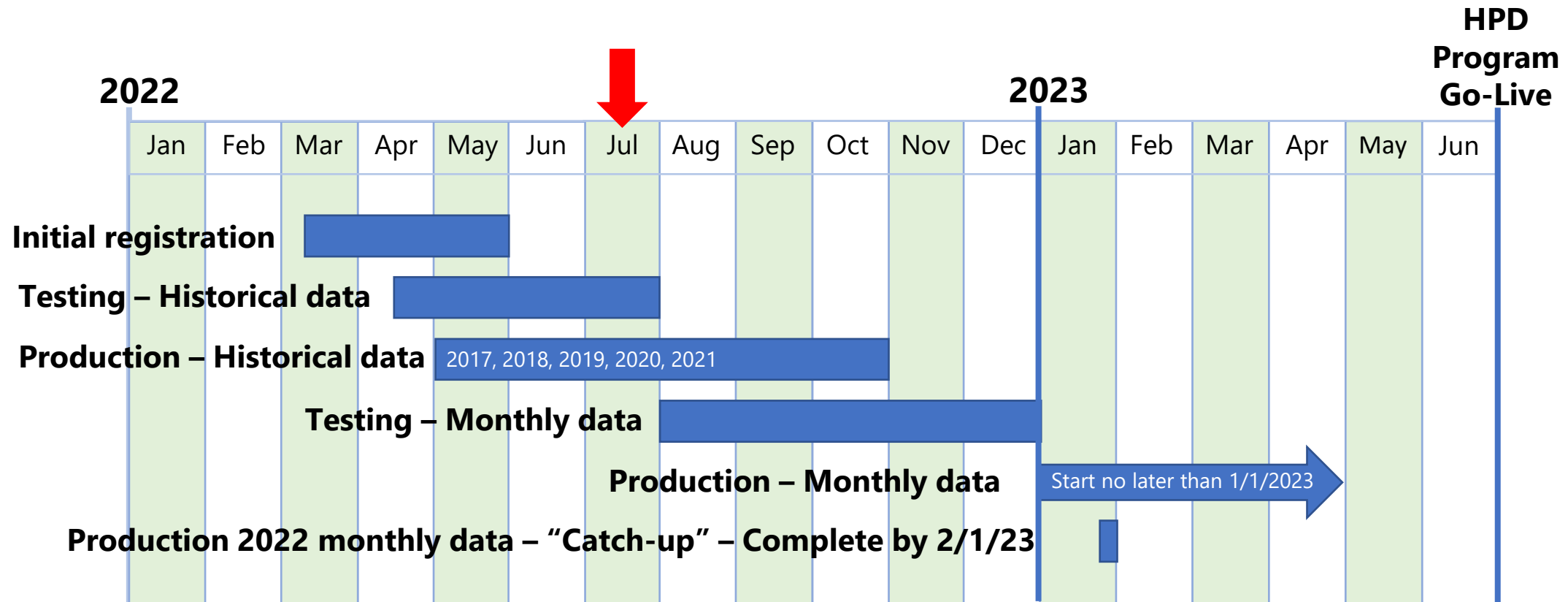
Program Updates

- Data Release Regulations Workshop- August 10
- April HPD Advisory Committee Meeting Updates

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April Submitter Group Meeting Q/A

1. Is it required to use production data for testing?

2. Are submitters required to send in 1 month or 3 months of Test Files?

3. Do data variances established in testing carry over to production?

4. Historical data submission begins June 29, 2017. What are the expectations for submitting data for June 2017?

5. Are there any differences in the DSG or the file layouts for historical data, Catch-Up data or ongoing monthly submissions?

6. Can multiple submitter codes be used in the same file?

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Status of Mandatory and Voluntary Registrations

Olga Dobrynina, Research Data Analyst II, HCAI

Mandatory, Voluntary, and Direct Data Submitters

Mandatory plans/submitters

- Licensed health plans/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 Plans offered by the California Health Benefit Exchange (Covered CA) all members (exempt from threshold).

Voluntary plans/submitters

- Plans below 40,000 covered lives.
- Private self-insured.

State & Federal

- California Department of Health Care Services (DHCS).
- Center for Medicare and Medicaid Services (CMS) - Medicare Fee for Service Plan.

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Registrations Completed

60 Payer Codes

57 Mandatory

3 Voluntary

44 Submitters

39 Commercial

5 State & Federal

Registration Status

- Registration is required per [California Code of Regulations](#)
  - Plan and submitter initial registration period ended May 27
    - All plans and submitters registered in time
  - Submitters are responsible for keeping contact information up-to-date
  - Annual review of registration information is required starting February 2023

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Who do I contact for assistance?

- hpd@hcai.ca.gov: regulation or statute interpretation, to subscribe to HPD's mailing list, or program implementation questions.

- hpd-support@onpointhealthdata.org: registration, data submission, technical data file specifications, or mapping questions.

Review of the Claims Data Manager (CDM) & Variance Requests

Gina Robertson, HPD Data Submitter Liaison,
Onpoint Health Data

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What is CDM?

- Claims Data Manager
- Released April 7 to registered submitters
- Webinar providing overview of CDM available upon [request](#)

Onpoint Health Data: Review of the Claims Data Manager (CDM) & Variance Requests
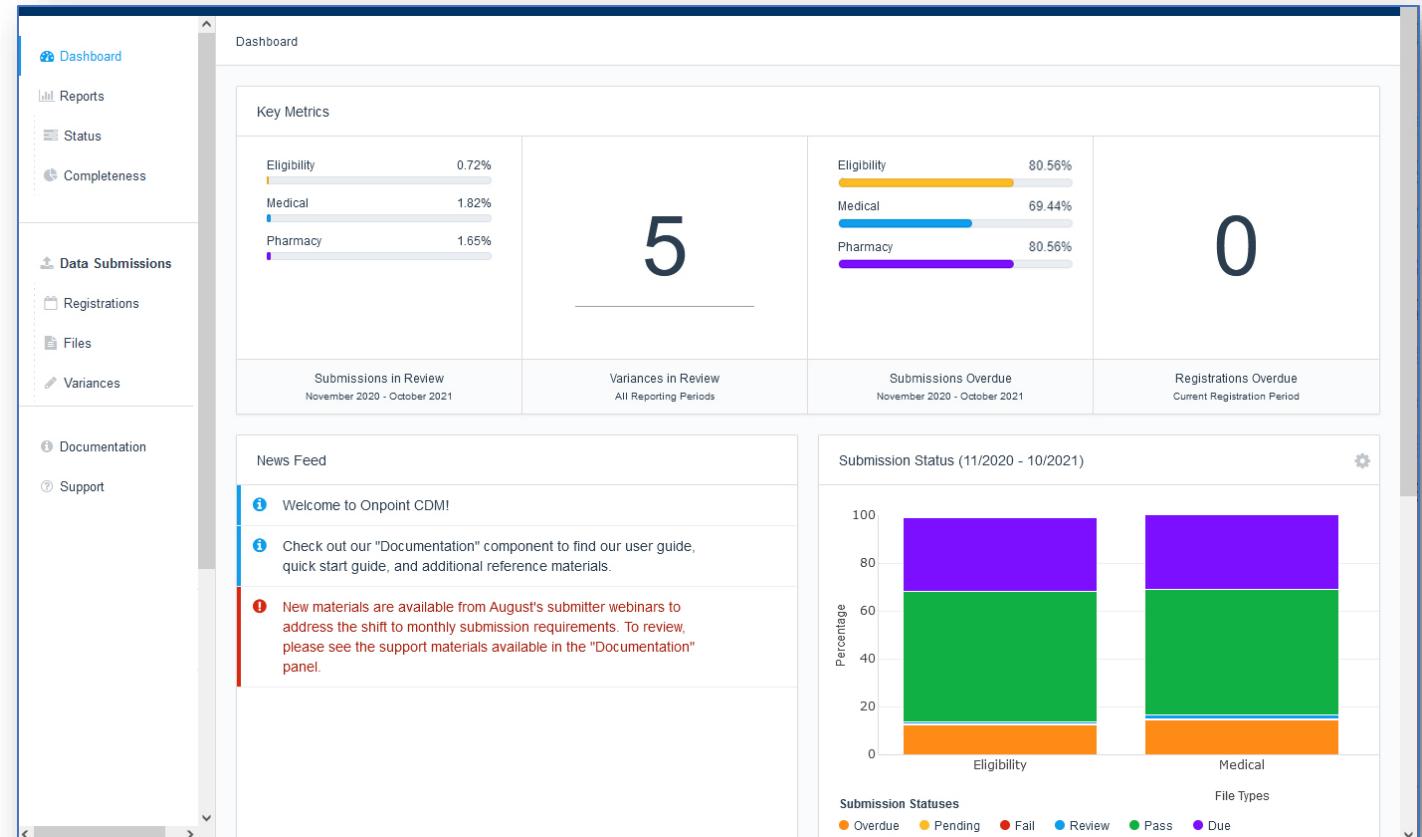
Using CDM

- Users can…
  - Submit data
  - Review quality and completeness
  - Request variances
  - Update user contacts
  - Access 24x7 support and documentation

Onpoint Health Data: Review of the Claims Data Manager (CDM) & Variance Requests
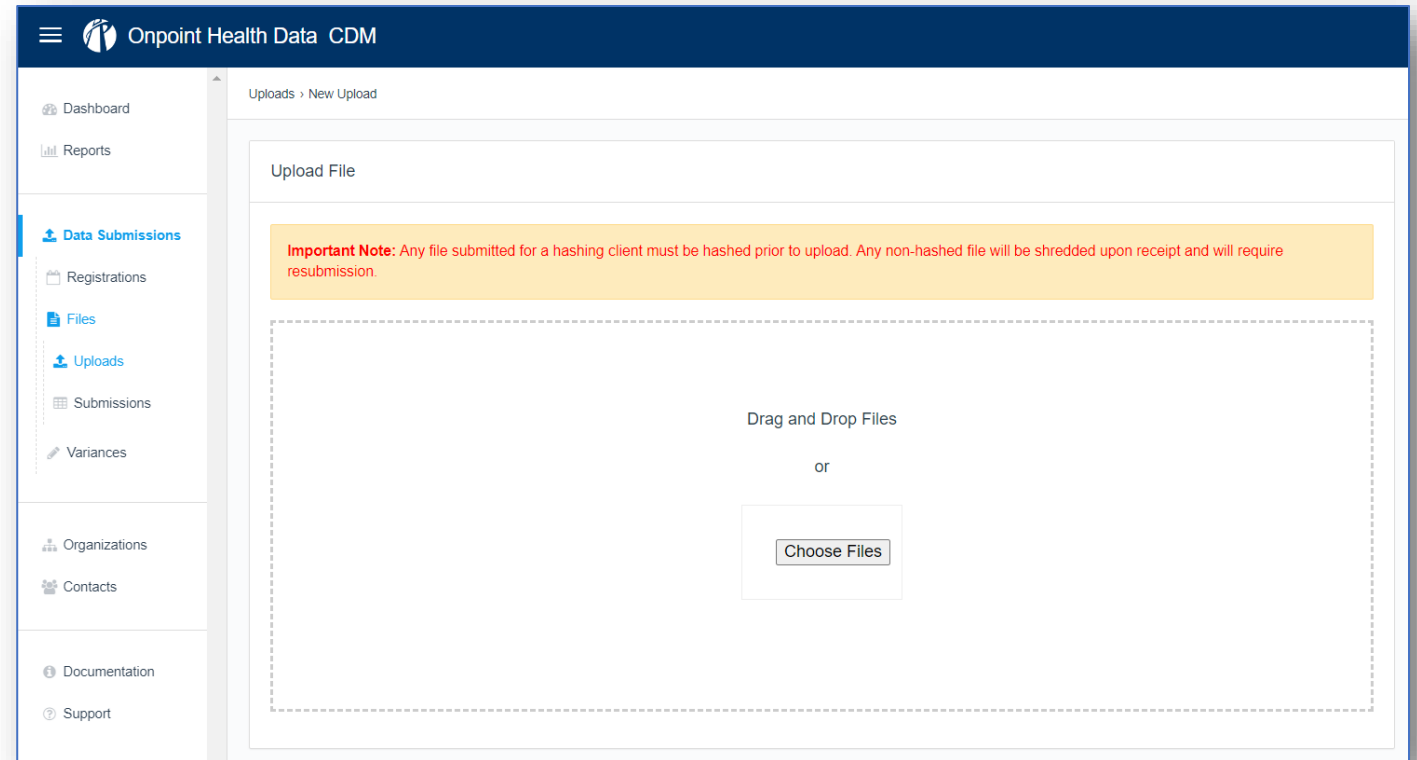
Prerequisites for Submitting Data

- Completed and approved submitter registration(s)
- Plan and submitter codes received and incorporated into submissions
- Successful sign-in to CDM
- Public PGP key sent to Onpoint for data encryption
- If a submitter will be sending data via SFTP…
  - Public SSH key sent to Onpoint for SFTP connectivity
  - Confirmation from Onpoint of SFTP account creation

Submitting a Variance Request

Onpoint Health Data: Review of the Claims Data Manager (CDM) & Variance Requests

Submitting a Variance Request (continued)

- Be specific
  - Reporting period
  - Explanation
  - Threshold adjustment requested
- If applicable, provide your plan for future remediation
- Only request variances on real and complete production data
- Variances will be reviewed first by Onpoint and then, if approved by Onpoint, reviewed by HCAI

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Submitter Testing: Best Practices & FAQs

Gina Robertson, HPD Data Submitter Liaison, Onpoint Health Data

Data Collection Timeline

HPD Program Go-Live

We are here.

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.

2022 ... **2023**

Initial registration

Testing – Historical data

Production – Historical data — 2017, 2018, 2019, 2020, 2021

Testing – Monthly data

Production – Monthly data — Start no later than 1/1/2023

Production 2022 monthly data – "Catch-up" – Complete by 2/1/23

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Submitter Testing: Status Update

Submitter Testing Status	# of Submitters	% of Submitters
Not started	18	46%
In Progress	21	54%
Completed	0	0%

Pie chart legend:
- Not Started
- In Progress
- Completed

Pie chart values: 0%, 46%, 54%

Onpoint Health Data: Submitter Testing – Best Practices & FAQs

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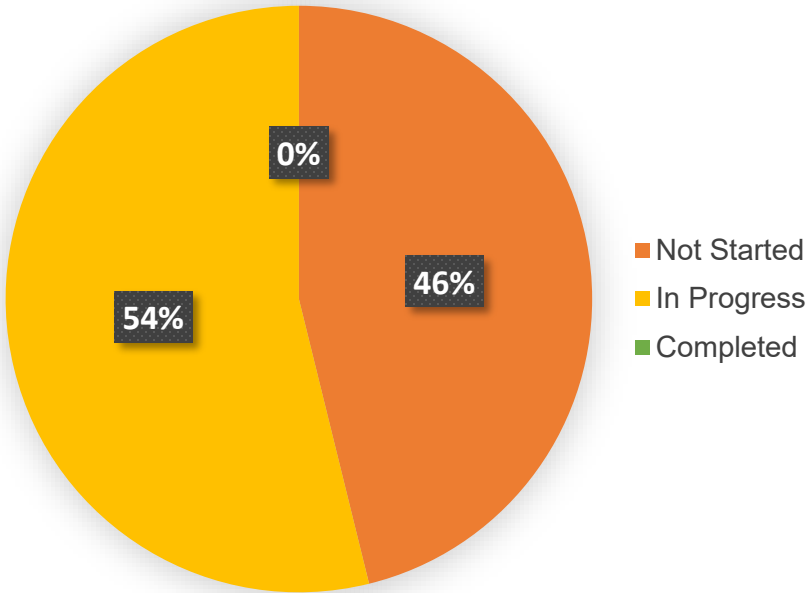
Submitter Testing: Status Update (continued)

Submitter Testing Status	Eligibility		Medical		Pharmacy		Provider	
	# of Submitters	% of Submitters	# of Submitters	% of Submitters	# of Submitters	% of Submitters	# of Submitters	% of Submitters
Not started	18	46%	20	59%	23	70%	32	82%
In progress	21	54%	14	41%	10	30%	7	18%
Complete	0	0%	0	0%	0	0%	0	0%

Onpoint Health Data: Submitter Testing – Best Practices & FAQs

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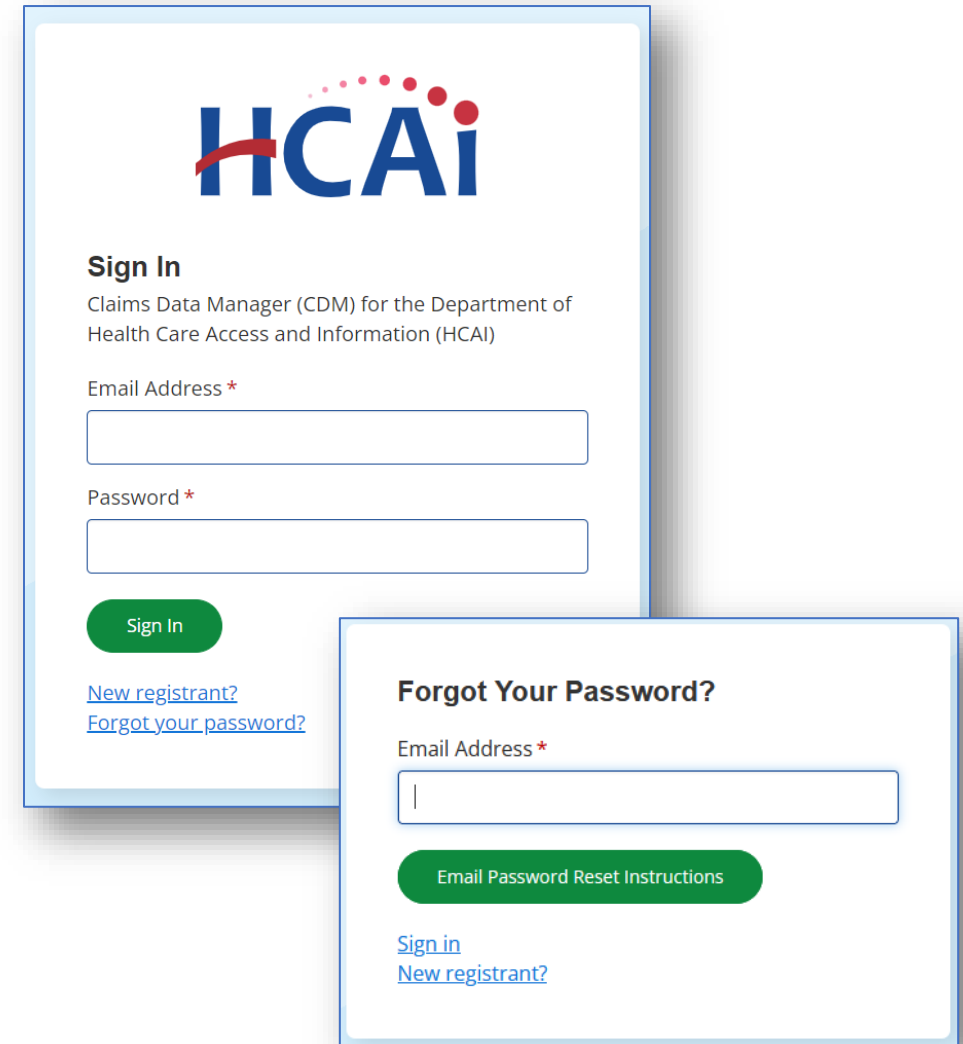
Submitter Testing: Best Practices

- Recommended testing approach
  - First confirm PGP encryption / SFTP connectivity
  - Then submit a test file with a month or quarter of real production data for each file type
- Submitters will work in CDM to track submission status and collaborate with Onpoint and HCAI to review data quality validations
- If a test file contains real and complete production data, Onpoint can transition the test file into production for the historical period

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Submitter Testing: FAQs

- More frequently asked questions (FAQs) have been added to the [HCAI website](#) for the HPD Program

- Submitters should continue to submit questions…

  - Via email for HCAI and Onpoint review

  - During individual submitter meetings with the HCAI and Onpoint teams for discussion

- Note: when sending questions that hold patient-level PHI via email, please be sure to encrypt or secure your message

Onpoint Health Data: Submitter Testing – Best Practices & FAQs

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FAQ #1: How do I log in to CDM?

- For first time log-in, click "Forgot your password?" at the bottom of the CDM [sign-in](#) page
- Enter the email address that was provided in your submitter registration and click "Email Password Reset Instructions"
- Reset your password via auto email
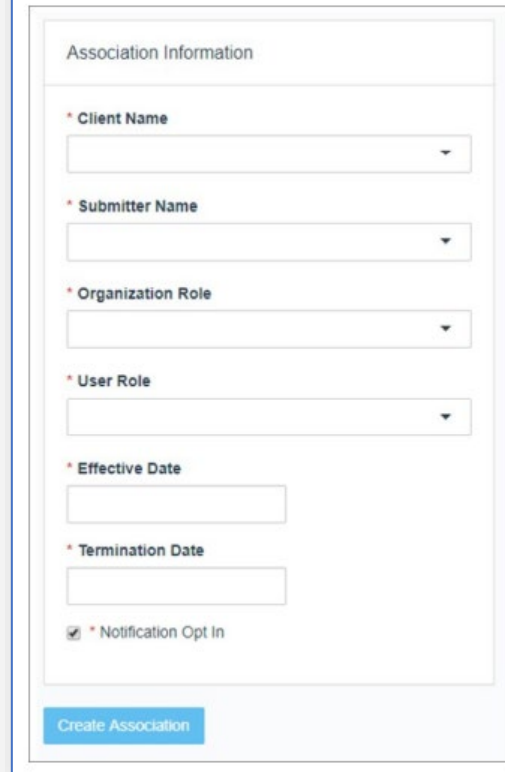- Reach out to [Onpoint](#) for support

Onpoint Health Data: Submitter Testing – Best Practices & FAQs

FAQ #2: How do I add contacts for my team in the portal?

- See the [CDM User Guide](#) (pages 69–78)
- Only "Submitter Admin" roles can add new contact associations
  - You can confirm your role type by clicking your email in the upper-righthand corner of CDM after you sign in
- Reach out to [Onpoint](#) for support

Figure 62. Creating a User's Contact Associations

Association Information

* Client Name

* Submitter Name

* Organization Role

* User Role

* Effective Date

* Termination Date

☑ * Notification Opt In

Create Association

Onpoint Health Data: Submitter Testing – Best Practices & FAQs

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FAQ #3: Do my historical and catch-up data need to be submitted in monthly increments?

- No. Historical and catch-up data can be submitted using a timespan (i.e., monthly, quarterly, or annual) that works best for the submitter
- File size often dictates timespan selection
  - Submissions of 15 million records or fewer are recommended for fastest turnaround and review
- Please note: Eligibility data in quarterly or annual files still need to include one record per member per month of enrollment

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FAQ #4: Why are APCD-CDL™ (Version 2.1) data elements "missing" from the HPD Data Submission Guide?

- The HPD Data Submission Guide ([DSG](#)) lists only fields deemed "Required" or "Situational" in the APCD-CDL™

- All fields listed in the APCD-CDL™ are expected to be reported; no data element is "optional"

> Submitters must comply with the data definitions in the APCD-CDL™ Version 2.1. The data elements in the following tables include those fields designated as "Required" and "Situational." All other data elements in the APCD-CDL™ shall be populated with available data.

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FAQ #5: In the eligibility file, should our team send only enrollees with claims reported during a given time period?

- No!
- Please send all members who were enrolled during the time period reported in your eligibility file, regardless of whether that member had claims adjudicated during that time

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FAQ #6: What is the difference between the Individual Relationship Codes reported across different file types?

- CDLME017, CDLMC017, CDLPC017
- Pay close attention to the transaction set referenced as part of each file type's layout specifications in the APCD-CDL™
  - Eligibility and medical layouts refer to the same expected values shared across the 271 and PACDR transaction sets
  - Pharmacy refers to the NCPDP code set

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FAQ #7: Which values are expected to be reported in the Medical file's Claim Status (CDLMC157) field?

- See the HPD Reporting Manual for guidance provided on CDLMC157

5.20 Medical Claims File Data Element CDLMC157 – Claim Status

Per the definition in the APCD CDL v2.1, the values provided in this field must be consistent with the X12 837 definition provided in 2320 SBR01. These are coordination of benefits values indicating the sequence of payer responsibility. The most common values to be used in this data element would be:

- "P" – Primary
- "S" – Secondary
- "T" – Tertiary

Other values can be used, see the X12 837 2320 SBR01 definition for details.

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FAQ #8: Which values are expected to be reported in the Pharmacy file's Record Status Code (CDLPC065)?

- See the HPD Reporting Manual for guidance provided on CDLPC065

> **5.21 Pharmacy Claims File Data Element CDLPC065 – Record Status Code**
>
> Per the definition in the APCD CDL v2.1, the values provided in this field must be consistent with the NCPDP definition provided in field A88 These values indicate status of the claim, valid values in this field are:
>
> - "1" – Paid
> - "2" – Denied
> - "3" – Reversed
> - "4" - Adjusted

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FAQ #9: I sent my file to CDM. What happens next?

- Track your file's progress…
  - In CDM
  - Through review of automated emails detailing submission status
- Review your file's formatting, completeness, and validation results
- Remediate mapping issues and request variances when necessary
- Reach out to Onpoint for support in reviewing your file
- Request the webinar recording of our CDM overview

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FAQ #10: How long do variance requests last?

- Variance requests are set automatically to last until the end of the calendar year
- If your variance request should apply to a shorter or longer time period, please explain the rationale in your request
- Most variance requests for historical data will apply for the duration of the historical time period (6/29/2017 – 12/31/2021)

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Reaching Onpoint for Support

- Team of experienced Data Operations analysts
- Support will always be one click, phone call, or email away
- HPD technical support: hpd-support@onpointhealthdata.org

HPD Program Goals and Public Reporting

Dionne Evans-Dean,
Cost Transparency Section Manager, HCAI

HPD Program Goals

1. Public Benefit

For Californians and the state while protecting individual privacy.

2. Increase Transparency

Health care costs, utilization, quality, and equity.

3. Inform Policy

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 development of approaches, services, and programs

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 Sustainable Health System

Equitable access, affordable, and quality care for all.

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HPD Public Reporting Principles

1. Protecting Patient Privacy

2. Informing Policy and Practice

3. Engaging Stakeholders in the Process

4. Adopting Methods to Ensure Credibility

5. Aligning with Existing Efforts

6. Providing Information to Support User Understanding

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HPD Public Reporting Principles (continued)

1. Protecting Patient Privacy

Protect patient-level data from reidentification with prohibitions on publishing direct identifiers. HPD will follow guidelines such as California Health and Human Services Agency (CalHHS) and HIPAA safe harbor.

2. Informing Policy and Practice

Information generated from HPD will be accurate, meaningful, relevant, actionable, and as comprehensive as possible. HPD will also consider diverse audience and design public information products that meet those needs, and ways to mitigate the risk of anticompetitive behavior when publicly reporting data.

HPD Public Reporting Principles (continued)

3. Engaging Stakeholders in the Process

Incorporate stakeholder perspectives into priority-setting for public reporting. When appropriate, preview the results with affected stakeholders prior to publication.

4. Adopting Methods to Ensure Credibility

Methods will support data and techniques which produce reliable and stable results over time, while acknowledging the limitations of data collected for other purposes (primarily billing). HPD will use best practices when creating comparisons, including factors such as appropriate sample sizes, meaningful variation, risk adjustments, and statistical validity.

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HPD Public Reporting Principles (continued)

5. Aligning with Existing Efforts

When available and appropriate, HPD will use industry accepted standardized measures while considering measurement efforts underway in California and nationally. Lastly, HPD will coordinate with other relevant state agencies in this process.

6. Providing Information to Support User Understanding

HPD will include information about data sources, methodology, and limitations with public information products. To the extent possible, HPD will use language that is understandable to diverse audiences.

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HPD Resources

- [HPD Program Webpage](#)
  - Includes Program Goals, Reporting Principles, Statute, and Regulations.
- [HPD Submitter Webpage](#)
  - Includes submitter resources (APCD-CDL, Reporting Manual, Data Submission Guide, Past Trainings, Legislative Report)
- Contact us
  - hpd@hcai.ca.gov: regulation or statute interpretation, to subscribe to HPD's mailing list, program implementation questions.
  - hpd-support@onpointhealthdata.org: data submission, technical data file specifications or mapping questions.

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Adjournment