Office of Statewide Health Planning and Development

**Healthcare Payments Data Program
Technical Workgroup Meeting**

January 16, 2020

Meeting Summary

Attending: Bernie Inskeep, United HealthCare; Denise Love, NAHDO; Dolores Yanagihara, IHA; Jill Yegian, OSHPD Consultant; Jonathan Mathieu, Freedman HealthCare; Linda Green, Freedman HealthCare; Michael Valle, OSHPD; Norm Thurston, NAHDO; Phil Smith, OSHPD Consultant; Starla Ledbetter, OSHPD; Steven Sottana, OSHPD; Tara Zimonjic, OSHPD; Ted Calvert, OSHPD Consultant; Theresa Myles, OSHPD; Wade Iuele, OSHPD Consultant; Walter Suarez, Kaiser Permanente.

Attending by Phone: Amol Parab, Blue Shield; April Blaazik, Aetna; Charles Hawley, NAHDO; Dave Falla, Kaiser; Eric Lee, SCAN Health Plan; Jesse Pannell, Aetna; Sanjay Jin, Health Net; Steve Vo, SCAN Health Plan.

Welcome & Roll Call

> Tara Zimonjic facilitated a welcome and introductions and provided an overview of the agenda.

Recap of December Review Committee Meeting

> Michael Valle noted that the Review Committee discussed two items today. The first was follow up from the December Governance meeting regarding the development of a Data Release Committee and the second was Sustainability. The committee agreed to a recommendation on the establishment of a Data Release Committee, and for that committee to be established in statute and subject to the Open Meeting Laws of the state of California. Michael Valle reminded the group that the initial legislation appropriated $60 million to this project, which the team estimates will cover the build of the HPD System and two years of operation into 2025. The Review Committee was tasked with developing an ongoing plan for sustainability past the $60 million. The committee successfully moved 4 recommendations around the development of a special fund for the HPD Program, maximization of Medicaid matching funds, development of a fee schedule for data users, and the recognition that those two sources are not sufficient to cover ongoing costs of the HPD System, and that other revenue sources will be identified with stakeholder. He expressed his thanks to the workgroup for all of their work over the last year and noted that he looks forward to continued collaboration with data submitters on this effort.

Timeline Discussion

Wade Iuele presented the draft five-year draft HPD Roadmap which covered Planning, Legislation, Regulations, Implementation, and the APCD-CDL™ changes. He noted the following milestones:

- Submit legislative report: July 1, 2020
- Effective data of enabling legislation: January 2022
- Draft Regulations Posted: April 2022
- Submitter Registration Start: July 2022
- Draft Data Submission Guide: November 2022
- Final Regulations Posted: March 2023
- Final Submission Guide: April 2023
- Final Regulations Effective: June 2023
- HPD System Substantially Complete: July 1, 2023 (OSHPD is defining substantially complete as the system being able to accept file)

The plans confirmed if there is any expectation of legislative activity in this current year. Wade Iuele confirmed that once the legislative report is submitted the legislature will follow their normal legislative process to develop and pass the needed enabling legislation. If the effective data for the enabling legislation changes, then the roadmap will shift in accordance.

The length of time between the publishing of the final Data Submission Guideline and when the first set of production files is due is currently set for 3 months. The plans noted that 3 months is a tight timeline. However, the OSHPD team noted that the draft Data Submission Guide will be released in November 2022, which will be based off of the most updated APCD-CDL™ layout, therefore OSHPD anticipates that there will not be significant changes between the release of the Draft Data Submission Guide and the Final Data Submission Guide, which the plans were comfortable with. OSHPD also noted that the submitter workgroup will be starting up in the fall of 2020 and will have input on the development of the Data Submission Guide, therefore the requirements will be very familiar and the plans will have a long lead time to get their systems ready to submit the required data in the required format. OSHPD understands that some plans will have not be able to meet this quick turnaround, but in order to meet the July 1, 2023 deadline, OSHPD hopes to be able to have as much information available so that the plans that can get started earlier in sending files are able to do so.

It was noted that if submitter registration starts in July 2022, but the regulations are not final until March 2023, the enabling legislation will need to have the full scope of who will need to register, including thresholds, otherwise plans will not be able to start registering until the regulations are final.

There was a question if smaller payers may need a longer ramp up time to get ready to submit files in the required format, than some of the larger national payers would need. It was noted that there are going to be plans that will never have used the APCD-CDL™. However, since the CDL is currently getting implement in Virginia there may be some lessons learned that can help speed up the California process.

There was another conversation about how the thresholds and exceptions for specific data elements in the APCD-CDL™ will be set and when those will be finalized. The OSHPD team noted that the health plans will be engaged through the finalization of the CDL and the drafting of the Data Submission Guide. Between the publishing of the draft Data Submission Guide and submission of files, OSHPD and the plans will have additional conversations regarding specific data elements and how to set realistic thresholds for those. There is a lot of pre-work that can be done in terms of determining what the thresholds will be, but ultimately once the data comes in there will be an opportunity for data -driven decision making about what the actual thresholds should be. It was noted that some states assess the data as it is coming in and require plans to make changes in real time, while other states collect all of the data first and then go back and set expectations based on how the data came in. OSHPD noted that based on feedback received from this workgroup, collaboration is key. OSHPD also reminded the plans that there is an expectation of 3 years of historical data to be submitted at the onset, which will help to guide these conversations and set expectations. It was noted that over the next two years the group will need to determine if the production file that will be submitted July 2023 will be the monthly feed or the 3 years of historical data.

Regarding test data, the plans commented that they prefer to do testing with real data that has protected health information rather than dummy data. Therefore, in order for plans to send test data, there needs to be appropriate protections in place to ensure plans, as HIPAA covered entities, are allowed to submit the data.

Regarding the Design Develop & Implement (DD&I) timeline, currently scheduled to start in March 2022, it was noted that there might not be enough time between the start of the DD&I in March 2022 and received the first test files in September 2022. That timeline may need to be adjusted so that 90% of the system is already developed by the time the plans send test files. It was noted that the DD&I phase has in some ways already started, and the timeline will be adjusted to reflect that.

There was a question about if the new version of the APCD-CDL™ would get implemented into the system right away. Currently, version 3 of the CDL is scheduled to be released in January 2023, but that version does not have to immediately get incorporated by the state. California may choose to skip a

version or implement it down the road. The assumption currently is that the Data Submission Guide will be modeled after version 2 of the APCD-CDL™. NAHDO noted that there is an adoption date that is 6 months after the publishing of the new version of the CDL, which will be added to the timeline.

Plans suggested that in addition to a large submitter workgroup, it may be helpful to have one on one meetings with plans to help onboard. The plans noted that "office hours" have not been particularly helpful, but having a liaison or account manager role, who works with payers and keeps everyone on track has been extremely helpful in other states.

The group also discussed the length of the regulatory process, and there was an understanding the current timeline is conservative, and the regulatory process may be done faster. OSHPD commented that there are many components to the regulatory process including statement of reasons, stakeholder workshops, a public comment period and an economic analysis, which can draw out the regulatory process.

Data Use Agreements

There was a question at the last meeting if there would need to be Data Use Agreements or Business Associate Agreements with the plans, in order for them to be allowed to share the data with the HPD. Ted Calvert noted that state APCD Administrators do not need to enter into Data Use Agreements, as the "required by law" HIPAA exception allows HIPAA covered entities to submit the data to the APCD. He also noted that elements that are usually required by Business Associate Agreements or Data Use Agreements, are covered in the enabling APCD astute and regulations.

One concern that was brought up was regarding the timing of when the test files will be submitted, since based on the timeline discussed earlier test files would need to be submitted prior to regulations being finalized. A workaround could be to have language in the statute or the development of some other mechanism that allows plans to submit the data. The plans noted that using dummy data as test data is not helpful as it is not representative of what the real data would look like, and they do not recommend testing with dummy data.

Open Forum

There was a question about the development of a unique patient identifier and what the HPD System is planning to use to create on. OSHPD noted that one of the recommendations that the Review Committee approved was about collecting direct patient identifiers including Social Security number (SSN). These direct patient identifiers are going to help develop a Master Patient Index that would be

perpetuated into the analytic database. There is the recognition that not all plans are getting SSN very regularly, therefore that data element alone will not be responsible to develop the unique patient identifier. It was noted that many states take in the direct patient identifiers, then create the unique identifier, and then re-hash the patient identifiers and store them elsewhere, so those direct identifiers are not getting shared out. In Colorado it was also decided to not share payer identities and similar hashing methodology was used.

There was a question about Medicare Advantage data, and if there is a need for approval from CMS to share that data with a state APCD. The OSHPD team noted that Medicare Advantage is part of the commercial licenses and are not regulated by CMS. Other states receive Medicare Advantage data from the commercial plans, and CMS has had no issues with the data coming from the plans. The plans noted it would be helpful to have some document that confirms that plans should be submitting this data to the APCD. This was raised because the Federally Employee Health Benefits Program (FEHBP) sent a very strongly worded letter to plans that they needed to stop sharing data with the APCDs, so having a confirmation from CMS would ease some concern. It was noted that with the change in the Administration changed the FEHBP stance on data submission to the APCD changed, so this may be something that will again change in the future.

There was a question on the APCD-CDL^{TM} feedback from IHA, where they noted that there a few identifiers that IHA is currently collecting that are not int the eligibility file of the APCD-CDL^{TM}, such as the provider organization ID, ACO ID, risk type contract the member falls under, which are three elements that IHA is regularly using that are not included in the current version of the APCD-CDL^{TM}. OSHPD noted that if there are any other elements that should be considered to be added to the request that they can be shared and either OSHPD will submit to the APCD Council, or IHA can submit their own suggested changes. It was noted that all of the fields should be use-driven so that each field in the CDL has a justification as to why it is included. It was noted that a challenge is that there are some fields that will be used by some states but not by others. NAHDO noted that the cross-state conversations have been helpful in sharing the information about uses across states.

Next Steps & Closing

The January meeting closed out the meetings of the Technical Workgroup. The workgroup will be reconvened as the data submitters workgroup in the Fall of 2020.