Office of Statewide Health Planning and Development

Healthcare Payments Data Program
Technical Workgroup Meeting

October 17, 2019

Meeting Summary

Attending: Amy Costello, APCD Council; Bernie Inskeep, United HealthCare; Chris Krawczyk, OSHPD; Dolores Yanagihara, Integrated Healthcare Association; Jill Yegian, OSHPD Consultant; Jonathan Mathieu, Freedman HealthCare; Linda Green, Freedman HealthCare; Mike McKinney, Covered CA; Michael Valle, OSHPD; Phil Smith, OSHPD Consultant; Scott Christman, OSHPD; Tara Zimonjic, OSHPD; Ted Calvert, OSHPD Consultant**;** Wade Iuele, OSHPD Consultant.

Attending by Phone: Amol Parab, Blue Shield; April Blaazik, Aetna; Clair DeCastro, CalPERS; Dave Falla, Kaiser; Eleanor Shinsky, Cigna; Eric Lee, SCAN Health Plan; Jesse Pannell, Aetna; Katie Heidorn, Health Net; Matthew Nakao, CalPERS; Michelle Santiago, Aetna; Patrick Hurley, HealthNet; Sheryl Turney, Anthem; Steven Vo; SCAN Health Plan; Tina Fitzgerald, CalPERS; Viraj Desilva; Walter Suarez, Kaiser. *(Please note that we had some technical difficulties with the audio during the meeting, so the list of meeting participants may not be complete. Please let me know of any errors or omissions and I will update the notes.)*

Agenda Item	Meeting Summary
Welcome & Roll Call	Tara Zimonjic facilitated a welcome and introductions and provided an overview of the agenda.
Recap of October Review Committee Meeting	At the October 17 Review Committee meeting the Committee members reviewed and voted on recommendations regarding system implementation, data collection processes, and data management. Selected slides from the Review Committee were shared and discussed with the Technical Workgroup. The Committee also discussed topics for the November "overflow" meeting. Of the three recommendations reviewed and voted on, the Committee approved all three and modified only one, adding clarity to the third recommendation, to specify prior state APCD experience for a commercial data collection vendor. The Committee also discussed which topics should be covered during the November "overflow" meeting. Below is a bulleted summary of the topics suggested by Review Committee members: • Limitations of claims data/unit of analysis • Small business community use of APCD and transparency • Health Net encounter data improvement project • Public facing data decisions • Race/ethnicity data and disparities – how to improve source data; • Link to census data and assigning race/ethnicity • Health systems mapping • Lessons learned with APCDs and end user experience • Potential end user perspective • Review recommendations in full • Supplemental data – how to prioritize • Disparities data

The OSHPD team built out the November agenda based on these recommendations.

The Committee moved forward and approved all of the privacy and security recommendations presented at the October meeting, with a few amendments outlined below.

Technology Alternatives Recommendations:

1. Leverage Existing Resources and Expertise: The Review Committee recommends that OSHPD 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.

2. Modular Approach: The Review Committee recommends the HPD system be implemented with a modular approach, with each module performing a discrete system function.

3. Data Collection Vendor: The Review Committee recommends that commercial healthcare data 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.

Discussion of APCD-CDL™ Provider File

In preparation for this meeting the Technical Workgroup was asked to review specific elements of the Provider File in the APCD-CDL™.

The Workgroup discussed each of the file elements listed below. Wade Iuele led this conversation. Questions and comments raised during the Workgroup are captured in the "Questions? Comments?" column below.

CDL Element #	Data Element Name	Questions? Comments?
CDLPV004	Payer Assigned Provider ID	There was a question about how to input provider data. It was confirmed that it is one row per provider, and the expectation is that every provider ID that appears in the claim file should appear in the provider file. One record per unique provider identifier is sufficient. For example, if Dr. Smith is the rendering and the billing provider Dr. Smith would only appear once. The spirit is to capture the demographics of the providers that appear in the claims (e.g., specialty, location, name, etc.) so that the claims file doesn't need to repeat the information on every claim line. It was also noted that PBMs do not assign

			a provider ID and will not have this data. It was noted that some instruction would be helpful on the provider file for pharmacy data. There was also a question about what happens when the same provider practices at two separate locations. A suggestion for the Data Maintenance Request was to have a unique ID for every representation of a provider, which a Master provider index will help to identify Another question came up about rendering versus attending provider, with a note that the national claims Committee claims standards does not have attending provider. The CDL uses the attending provider as is addressed in PACDR, but there is no admitting provider. It was noted if this is something that should be added it can be included in the Data Maintenance Request. It was noted that when the CDL was being developed there was no business need for attending provider, so it was not included. Ultimately, the hope is that each provider on the claim ends up in the provider file.
	CDLPV005	Tax ID	It was asked if there is an issue if an individual provider does not have their own Tax ID Number but bills under the organization's Tax ID Number. Noted that it depends on how the data comes in on the claim, but this could be an issue on the analytical side.
	CDLPV006	Entity Type Qualifier	This element signifies if you are a person or a non-person. It was noted that this element might have inaccuracies, as the data is not always clear, and could come up as an issue.
	CDLPV007	Provider NPI	It was noted that, for group practices, the NPI of the individual provider may not be regularly provided and is therefore unreliable.

			We discussed the relationship between providers and groups, and whether that type of relationship information is intended to capture through the Provider file. Initially there was a lot of interest from states as to how providers are related to one another, but that has been challenging to accurately capture. The business case has been carried forward, but this this feedback has been heard before, recognizing that it is a many to many relationships and challenging to map. In California, it's possible that further development of the Symphony provider effort might offer help for the HPD.
	CDLPV008	Provider DEA Number	There was a question about the use case for this field. It was noted that it is only used if the provider is prescribing a controlled substance. Same for state license number.
	CDLPV009	Provider State License Number	It was noted that this is available in National Plan and Provider Enumeration System (NPPES). There was also a comment that sometimes what the medical board or osteopathy board has does not match the NPPES.
	CDLPV010	Provider First name	Insert first name
	CDLPV011	Provider Middle name	Currently says the maximum length is one character, however in the medical and dental file the middle name is collected an allows for 25 characters. NAHDO indicated that in a future version, this will be adjusted to match the medical and dental claim file.
	CDLPV012	Provider Last name Or Organization Name	This includes the last name of the provider or can be the name of the organization
	CDLPV014	Address	There was a discussion about providers with multiple addresses. If a provider has multiple addresses that were used in the corresponding claims data, then multiple rows should appear in the provider file, one for each address. There was a recommendation to consider

		adding the provider street address to the claims file, which may pertain to 42 CFR part 2. That change would better support use cases related to access and travel time, for example.
CDLPV018	County code	This element can be calculated by the data manger. If the plans are inputting their own values, they may not be using the same methodology and there may be data quality issues. It was also noted that this data element will not be available for leased networks, and for example dental networks do a great deal of leasing
CDLPV021	Provider Specialty	It was noted that one provider can have multiple specialty codes. There are multiple fields for provider specialty - fields 25-28.
CDLPV022	Atypical provider taxonomy code	There was a question about how this field is related to the other provider fields. Atypical providers would have a record for each provider that shows up on the claim but would not have a provider specialty assigned through NPPES because they are atypical. Noted that “typical” providers are identified in the rest of the fields under provider name etc. This field is to identify non-medical or “atypical” providers not defined as covered entities by CMS.
CDLPV024	Medicare and provider IDs	There was a question if all providers have Medicare ID. The group was reminded that if the information is unavailable or not applicable it should be left blank.

Other Discussion:

The group had a brief discussion on the Fast Healthcare Interoperability Resources Application Programming Interface (FHIR API). It was noted that by the time the HPD gets implemented, there might be an entirely new and better way to receive this kind of data, which will also comply with new federal mandates related to insurers sharing information with patients. Currently there are no other states using FHIR to support an APCD but the HPD should monitor FIHR and other national efforts to standardize the sharing of healthcare information.

Timeline Discussion	Wade Iuele led a discussion on what a data submission timeline could look like once legislation and regulations are in place. Health plans represented noted that they are not able to submit any data until regulations have been finalized. The Committee provided feedback on the following questions: 1. How far in advance is reasonable to begin planning submissions to the HPD? a. Typically, once the regulations are finalized and the data submission guideline (DSG) has been finalized, it would be a 6-month process. It was noted that based on experience in other states, during the rule-making process things can change, which is why regulations need to be finalized before health plans can move forward to start the preparations. The 6-month time line starts once the DSG is done. 2. Would there be any difference in timeline if it is OSHPD versus a vendor collecting the data? a. It would depend on when the vendor is selected. Typically, the process is to finalize the regulations, then the DSG, then the data collection vendor. It was also noted that for the data submitters, knowing the data edits and data editing process is important in order to know expectations prior to getting the data ready for submission. It was also noted that the Request for Proposal (RFP) process should fit in with what the APCD administrator expects. 3. What does the timeline look like for the data testing process? a. It was noted that testing would most likely take 4-6 months of testing, particularly since this is the very first time. A proposed 4-month timeline to have the resolution of the testing and then to have the historical data also submitted was noted to be too compressed. 4. How long will it take to prepare the 3 years of historical files? a. It was noted that, that will be a component of multiple things due to how high the volume of data will be in California. Plans agreed that about 3 months or so sounds like a reasonable amount of time to submit the 3-years of historical data. It was noted that. This timeframe is based on national carriers, and the timeline might be different to California-specific carriers who do not have experience submitting data to an APCD. There was a suggestion given to stratify across national carriers first and then move to California-specific carriers, providing them with a longer ramp up period. 5. Once the historical files have been submitted, how long will it take to do the year-to-date catch up and then start submitting monthly files? a. Depends on how many months it takes to get to the year-to-date, and how big the files are. It was agreed that about 2-3 months is reasonable, depending on when the answer comes back from the 3 years. Despite this timeline conversation there was a comment made to note that health plans are a little sensitive to submitting to a timeline The Workgroup also discussed the timeline for the RFP process. It was noted that this process is exempt from the public contracting code, which will speed up the process. It was noted that once statutory language is in place, the OSHPD team will start with the onboarding of the vendor. The Workgroup members noted interest in providing feedback into the RFP process. It was noted that AB 1810 puts a date of July 2023 for the database to be substantially completed, however that date might shift based on the enabling legislation.
Feedback on Recs	The health plans did not have any specific feedback on the thus far approved recommendations.

Ongoing Communications	Jill Yegian led a conversation about what the best ways to keep the health plans engaged in the HPD process moving forward. The plans noted that typically what they see are ongoing committees, such as a technical advisory committee. The formality of these committees depends on the statutory requirements and the agency that runs the APCD. Additionally, there are generally payer meetings to talk about structure, timelines etc., which is usually a wide-open meeting all the data submitters attend. A usually more formal type of workgroup, with an opportunity to call in, could be an ongoing submitter workgroup that could provide input if there is a new business case identified or feedback on processes. There was also commentary that construction of a data submission guide would give payers and opportunity to comment on any changes. The plans noted that all of these methods are important and not mutually exclusive, but it is critical to have a data submitters workgroup. It was also mentioned that while some things can be handled in a group setting, it can also be important to have one on one meetings with plans, depending on needs of plans. Flexibility is key.
APCD Council	Emily Sullivan gave a presentation on the APCD Council Data Maintenance Request (DMR) process. She noted that if a state such as California can submit their DMR as a collective it will be a lot easier rather than going payer by payer. The deadline for the DMR submissions is June 2020. Once all the DMRs are submitted there will be a public comment period, after which the committee will review all of the requests and decide which changes to implement. The next version of the APCD- CDL™ will be released January 2021. There will be a Version 1.1 with some corrections that will be made by November 2020.
Next Steps & Closing	Tara Zimonjic went over the plan for the upcoming Technical Workgroup meetings for the rest of the Calendar Year. The Workgroup also agreed to holding the Technical Workgroup meetings in parallel with the remaining Review Committee meetings, so both sets of meetings are set to adjourn in February 2020. Proposed November topics: • Data Release/Access: governance will be discussed by the Review Committee in December, and the November Technical WG is a timely opportunity to obtain input from TWG members. We anticipate seeking input on topics related to data governance, including policies and procedures for obtaining HPD data. • APCD CDL™ – Dental component (outreach sent to California Association of Dental Plans) Proposed December topics: • Sustainability will be discussed by the Review Committee in January, and the December Technical WG is a timely opportunity to obtain input from TWG members. Specific topics TBD. Ted Calvert gave an update on the Alternate Payment Models Workgroup, announcing that the kickoff meeting will be in November, and the group will meet a few times through 2019 and 2020 with the goal of advising OSHPD on the supplementary payments file formats that are not covered by the APCD-CDL™.