Agenda Item VII: HCAI's proposed approach to non-claims data collection

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Proposed approach topics

1. Supplemental payments data HPD will collect
2. Categorization
3. Level of granularity
4. File collection timing
5. File format
6. Population selection criteria
7. Allocation of dollars across providers and patients

Supplemental payments data HPD will collect

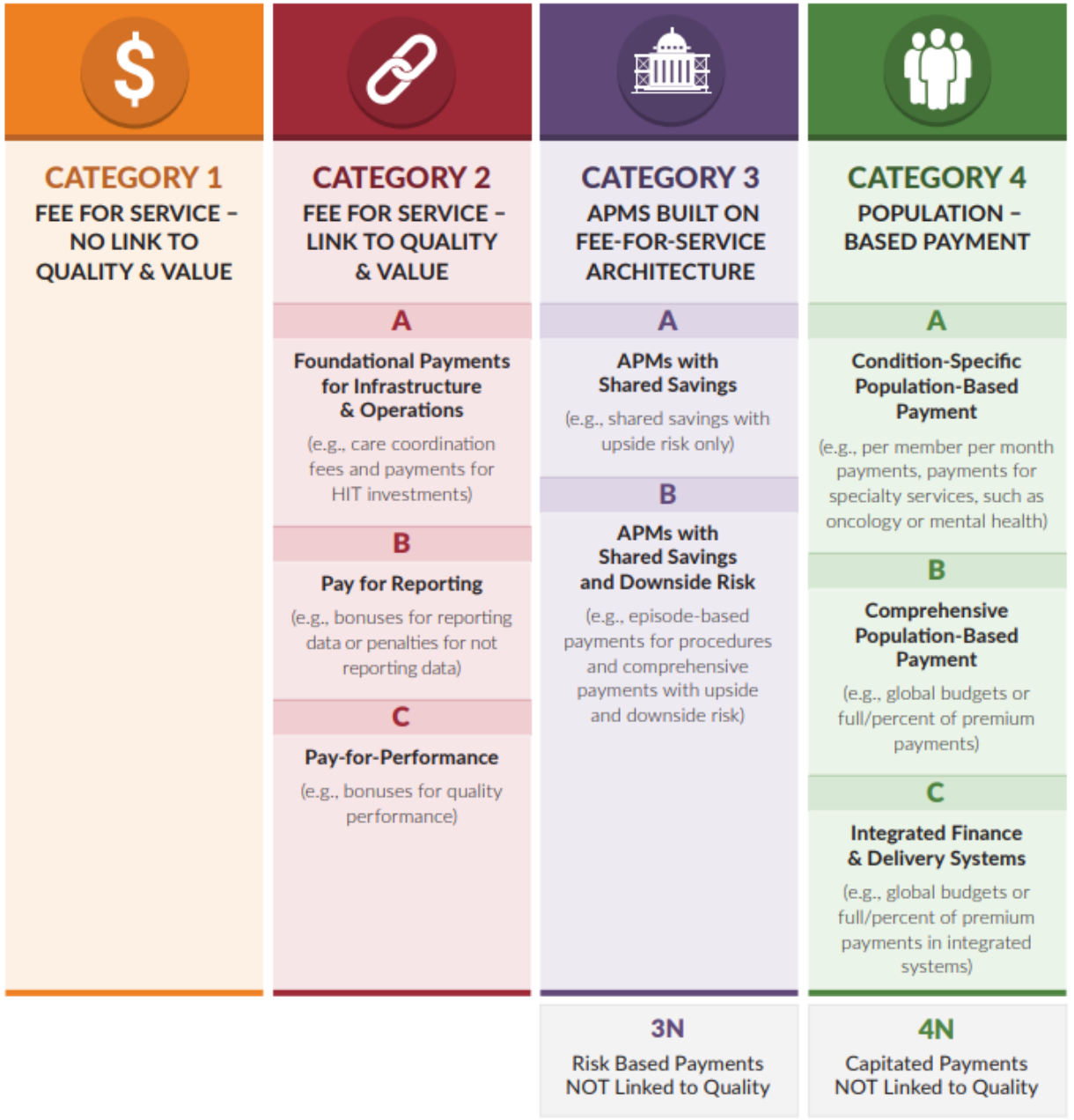
- Monthly payments distributed to providers under capitation
- Care coordination and health infrastructure payments
- Incentive payments *to* providers hitting quality or spending targets
- Recoupments *from* providers failing to hit quality or spending targets
- Prescription drug rebates
- Annual, total claims payments
- Annual, total capitation payments
- Any other payments outside of claims

Categorization

HPD will use HCP-LAN framework:

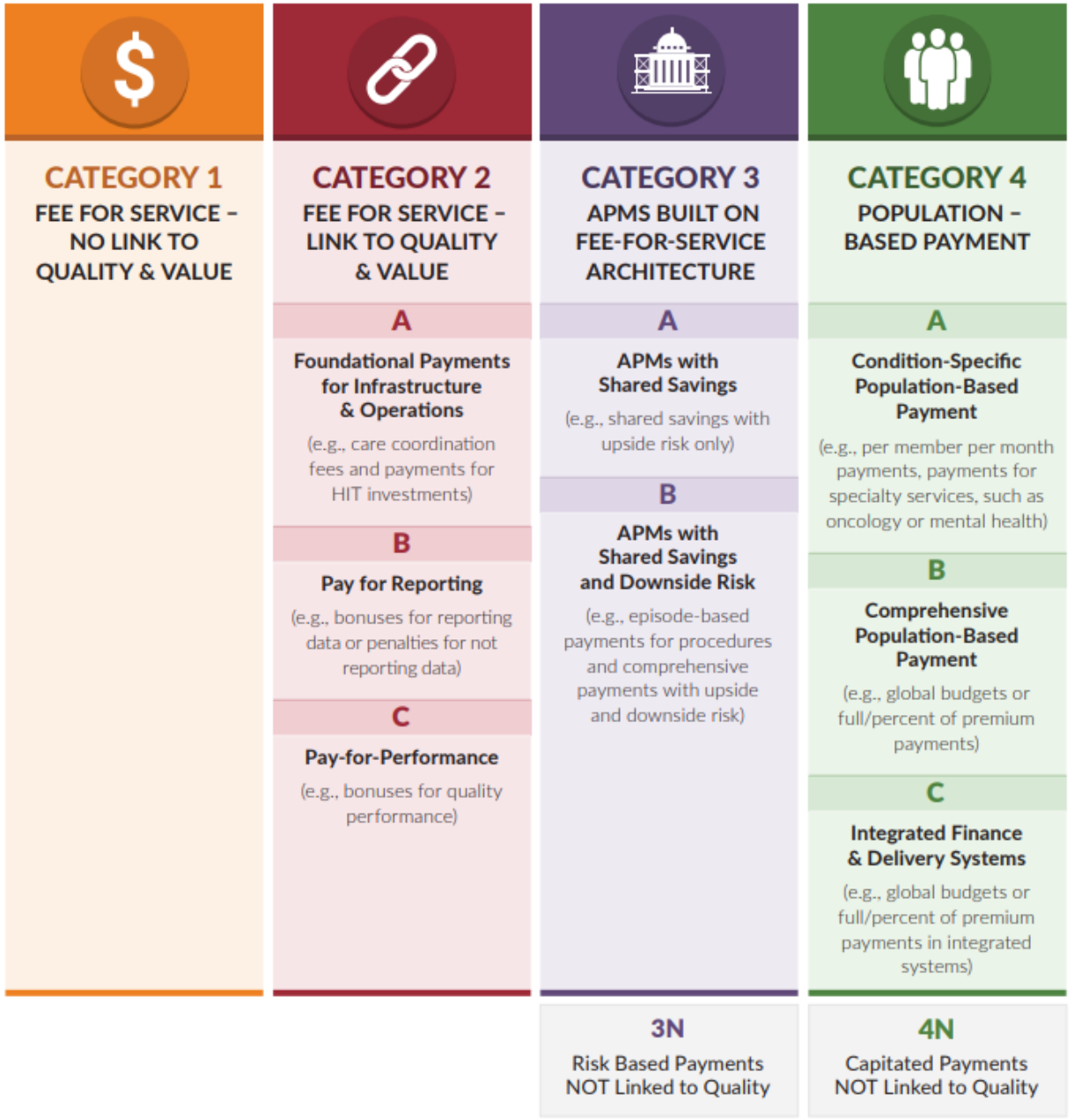
- Aligns with other CA programs
- Fits well with CA's heavy use of population-based payments (Category 4)
- Anticipates OHCA's needs

Does the Committee have thoughts on any CA-specific gaps in this framework?



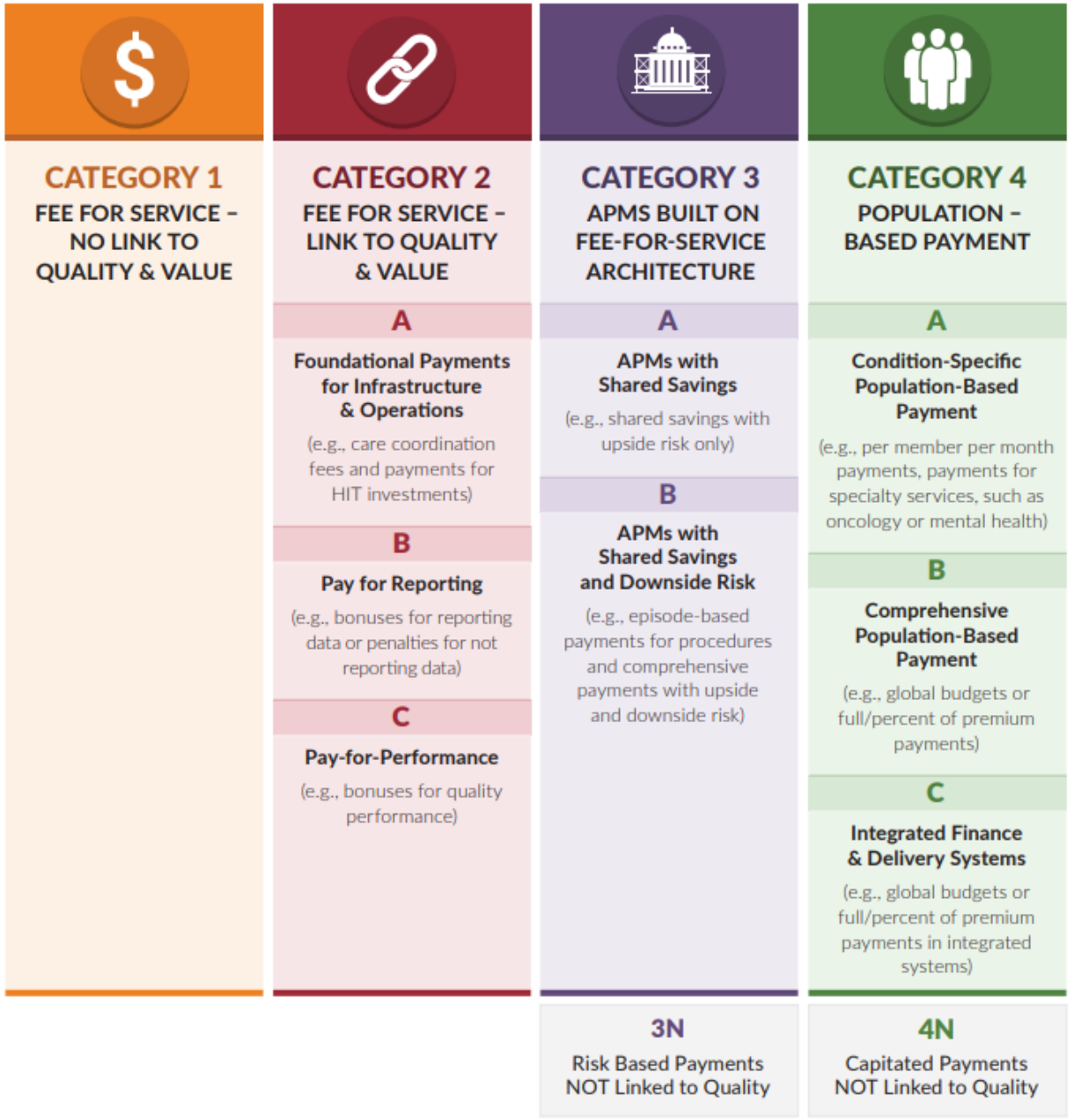
Level of Granularity

- HPD will collect the data at the finest level of granularity at which it is available
  - Member-level data for Category 4
  - Contract-level data for Categories 2 & 3
  - Manufacturer and drug class for pharmacy rebates
- HPD will also collect annual totals, by billing provider, for paid claims and capitation payments



File Timing

- Monthly files
  - For member-level data (Category 4)
  - Submitted on the same schedule as the core files (March's data arrives May 1st)
- Annual files
  - For contract-level data (Categories 2 & 3)
  - For annual FFS and capitation totals
  - For pharmacy rebates
  - Submitted in Q3 of the following year (2022's data arrives September 1, 2023)



File Format

- TBD on flat files (e.g., CSV) or hierarchical files (e.g., XML, JSON)
- Why not Excel spreadsheets?
  - Needs to be machine-readable
  - Needs to be open source
  - Needs to avoid proprietary vendor lock-in
  - Needs to support automated data validation and data quality analysis
  - Needs to support rapid feedback to submitters to ensure valid and timely submissions

Population Selection Criteria

HPD will collect data for residents of California (as opposed to all contracts established in California)

- Aligns with other HPD data collection requirements
- Aligns with program goals
- Will require submitters to prorate some contract payments for the portion covering CA residents

Allocation of Costs Across Providers and Patients

- APM payments are often made to billing providers that are a financial parent or holding company, rather than individual providers or groups.
- HPD will adopt a methodology for assigning those payments to providers and members, where possible, in order to better serve analytic use cases.
- HPD may also ask submitters to perform their own allocation of payments in the annual file.

Summary of Proposed Approach

1. Collect payments data for CA residents
2. Collect the payments data described in HCP-LAN framework
3. Collect data at whatever granularity it is available
4. Collect monthly files for member-level data
5. Collect annual files for non-member-level data
6. Allocate annual dollars across providers and patients as needed

Does the Committee have thoughts on HPD's approach to collecting this data?

Public Comment

11