# Agenda Item V: Data Collection

# Core Data Collection

Robyn Strong, Chief Data Programs Officer, HCAI

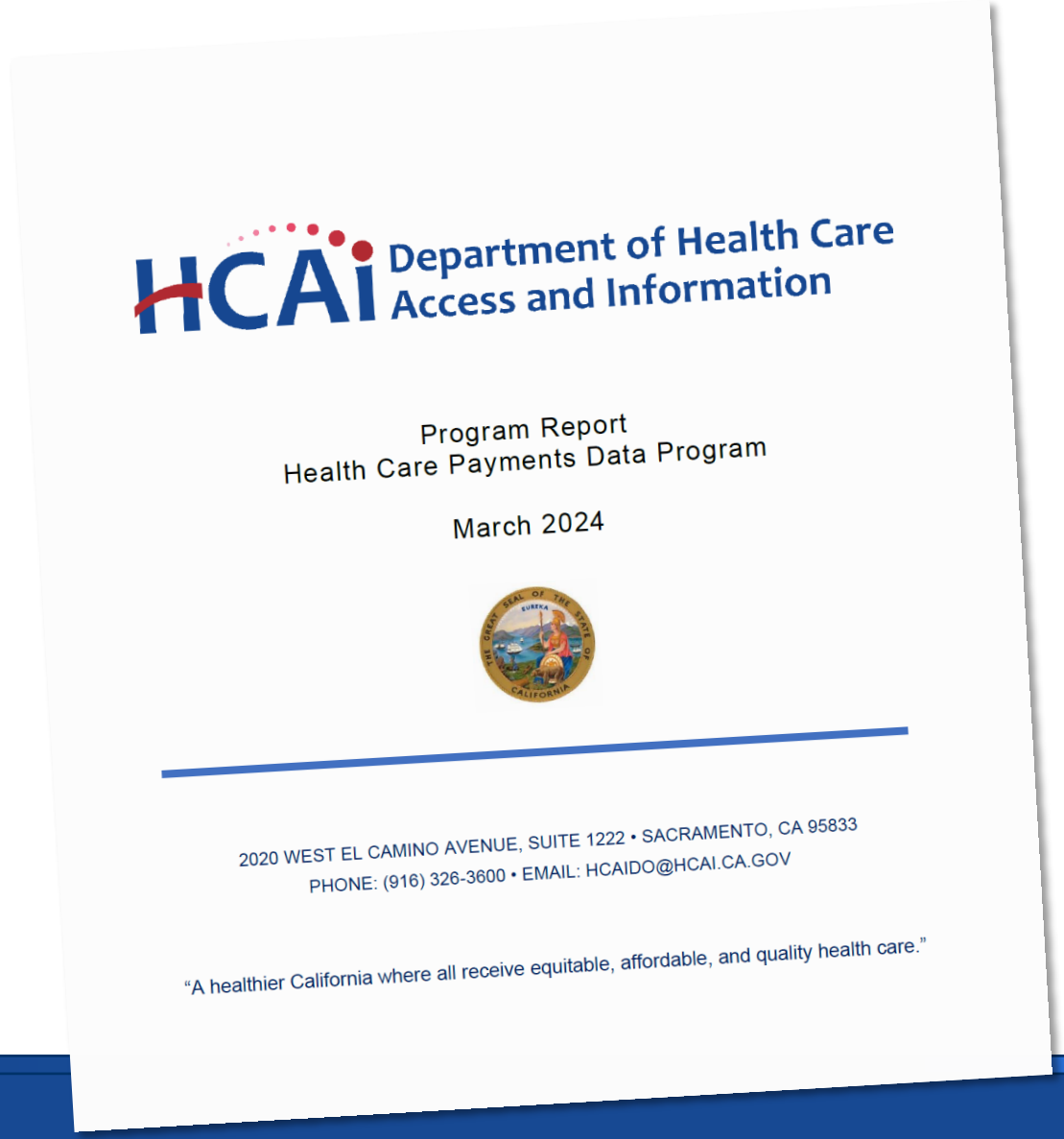
Anna Dito, Staff Services Manager II, Cost Transparency Section, HCAI

Ertug Misirli, Research Data Specialist II, Cost Transparency Section, HCAI

# Data Collection Status

| Type | Status |
|---|---|
| Commercial | Monthly submissions. New APCD-CDL™ V3.0.1 format* for 2024 data (implemented 02/17/2024) |
| DHCS | Processed through March 2024 |
| Medicare FFS | Annual data acquired 2018-2022<br>Quarterly data: 2022 + 2023 (Q1, Q2 and Q3) |
| Dental *(New)* | Registration period complete<br>Open for Submission<br>Testing ends July 31, 2024<br>Historical data due October 31 |
| Non-Claims Payment (NCP) – *Upcoming* | Drafting regulations to be effective by 2025<br>NCP Data Layout™* Non-Claims Payment Fact Sheet |
| *All Payer Claims Database - Common Data Layout (APCD-CDL™) biennial data maintenance and change process is now open for comment through August 15. APCD Council | |

# March 2024 Program Report – Chapter 5 Data Quality

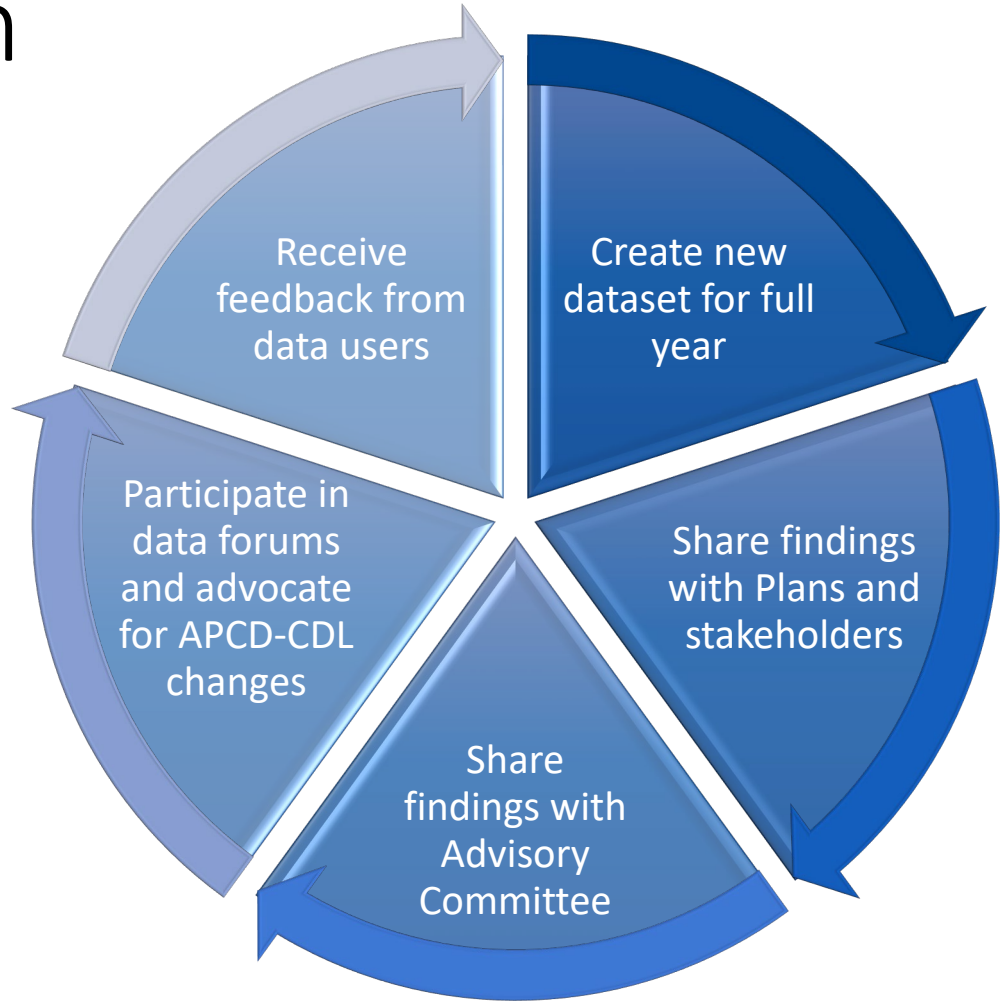



The 2024 Legislative Report includes detailed analysis of data quality and completeness:

- Data Collection and Validation Processes
- Eligibility Data Elements
- Medical and Pharmacy Claims
- Procedure and Diagnosis Codes
- Race, Ethnicity, and Language
- Encounter Data Completeness

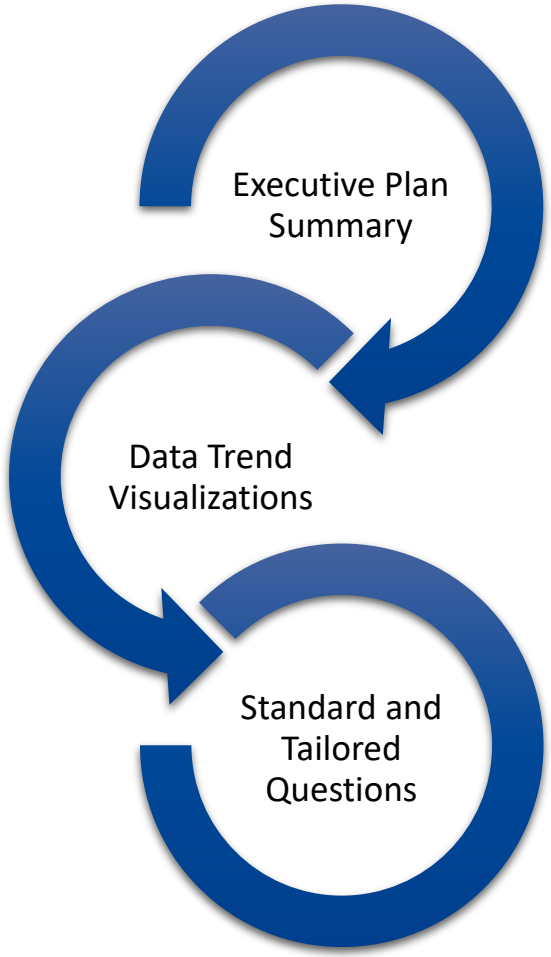
HCAI will continue to expand its data quality analyses and make those transparent for the Advisory Committee and data users.

# Intended Approach for Ongoing Data Quality Collaboration



# Annual Plan Reports and Engagement

- Initiated annual reports and engagement with plans in May 2024
- Opportunity to validate historical data in HPD
- Feedback loop to share experiences and best practices



# Data Quality Assurance and Improvement

- HCAI is funding a new NAHDO data quality study on completion of key metrics by payer breakout
  - Refresh NAHDO's 2019 study with more measures and more State participation.
  - State comparison of key metrics and establishing benchmarks

- Timeline and process
  - Finalized the list of the key metrics and definitions of numerators and denominators during the first quarter of 2024
  - HCAI provided California's data to NAHDO in May 2024
  - Expected delivery timeline for NAHDO’s public report is in Fall 2024

# NAHDO Data Quality Study Measures

| APCD Measures | 2019 Study | 2024 Study |
|---|---|---|
| Data year | 2017 | 2021 |
| State Participatio | 5 | ~8 |
| Number of Cover Lives | ✗ | ✓ |
| % of enrollment rords with valid Race | ✓ | ✓ |
| % of enrollment rords with valid Ethnicity | ✓ | ✓ |
| % of enrollment rords with valid Language | ✗ | ✓ |
| % of enrollment rords with valid SSN | ✗ | ✓ |
| % of enrollment ecords with valid coverage type where it is Administrative Services Only (A) | ✗ | ✓ |
| % of commercialy insured members under age 65 with medical and pharmacy eligibiity | ✓ | ✓ |
| % of claims with alid NPIs | ✓ | ✓ |
| % of professiona medical claim service lines with a valid procedure code | ✓ | ✓ |
| % of professiona medical claim lines with a valid procedure code modifier | ✗ | ✓ |
| % of claims with alid principal diagnosis code | ✗ | ✓ |
| % of medical clais with a valid secondary diagnosis | ✓ | ✓ |
| % of institutional edical claims with a valid Type of Bill code | ✗ | ✓ |
| % of professional edical claim lines with a valid Place of Service | ✗ | ✓ |
| % of institutional edical claim lines with a valid Revenue Code | ✗ | ✓ |

## Two survey questions

- Does your APCD collect Sexual Orientation and Gender Identity (SOGI) data currently?
- Is your organization currently using the APCD-CDL as its APCD data submission guide or reporting manual?

# BREAK

# Non-Claims Payment Data Collection

Dionne Evans-Dean, Assistant Branch Chief, Enterprise Data Operations, HCAI

Wade Iuele, Consultant, HCAI

# The path to Non-Claims Payment (NCP) data standardization

1. Years of stakeholder engagement and learning
2. Coordination with OHCA on the Expanded Framework for NCPs
3. NAHDO publishes the NCP layout
4. HCAI develops NCP data collection regulations

# Stakeholder Engagement – Key Milestones

**2019 - 2022**

- ♦APM research and key stakeholder interviews to inform non-claims payment data collection
- ♦Convened APM Workgroup of HPD Plans/Submitters
- ♦Began APCD Council / NAHDO meetings on non-claims payment data collection

**2023**

- ♦HCAI 1:1 discussions with largest health plans for HPD input
- ♦Presentation of proposed approach to HPD Advisory Committee (January and again in October)
- ♦Presentation and discussion with states participating in Peterson-Milbank
- ♦OHCA presentation and discussion at Investment and Payment Workgroup, Advisory Committee, and Board
- ♦NAHDO Conference in-person session in Boston (August)

**2024**

- ♦HCAI/Milbank Memorial Fund blog posted (March)
- ♦OHCA data submission guide released, relying on expanded framework; first round of data collection due in Sept
- ♦HPD submitter survey on non-claims data collection
- ♦Publication of HPD fact sheet on non-claims payment data
- ♦NAHDO feedback session and publication of file layout for non-claims data collection
- ♦APCD Council considering adding NCP layouts to the APCD CDL v4, for publication January 2025

# Select Stakeholders Engaged on Non-Claims Payment Data Collection

| Health Plans engaged include: | States engaged include: | Other stakeholders engaged include: |
|---|---|---|
| • Aetna/CVS<br>• Anthem<br>• Blue Shield of California<br>• Cigna<br>• Health Net/Centene<br>• Kaiser<br>• Molina<br>• SCAN<br>• Sharp<br>• United | • States involved with NAHDO/APCD Council Non-Claims Workgroup<br>• States involved in Peterson-Milbank Program for Sustainable Health Care Costs<br>• States that participated in 2023 NAHDO conference session (in person)<br>• Oregon<br>• Massachusetts | • HPD's multi-stakeholder Advisory Committee<br>• OHCA's multi-stakeholder Investment and Payment Workgroup, Advisory Committee, and Board<br>• Department of Health Care Services<br>• Covered California<br>• CalPERS<br>• Integrated Healthcare Association |

# Takeaways from Health Plan NCP Discussions

- Capitation payments are retroactively adjusted; happens every month to account for changes in membership.
- Contract terms and pharmacy rebate information may not line up with HPD's calendar year cadence
  - Performance incentive payments – period may be 18 months or 2 years
  - Value-based programs may have varying starting dates and durations
- The non-claims data will not tie back perfectly to the claims data; different payment streams, populations, data sources
- Plans request clear guidance and plenty of advance notice
- HPD and OHCA should coordinate on data collection to ensure a health plan's NCP information is evaluated consistently by both programs *(Expanded Framework helps address this)*

# NCP Layout: Expanded Framework

| | Expanded Non-Claims Payments Framework | HCP-LAN Category |
|---|---|---|
| **A** | **Population Health and Practice Infrastructure Payments** | |
| A1 | Care management/care coordination/population health/medication reconciliation | 2A |
| A2 | Primary care and behavioral health integration | 2A |
| A3 | Social care integration | 2A |
| A4 | Practice transformation payments | 2A |
| A5 | EHR/HIT infrastructure and other data analytics payments | 2A |
| **B** | **Performance Payments** | |
| B1 | Retrospective/prospective incentive payments: pay-for-reporting | 2B |
| B2 | Retrospective/prospective incentive payments: pay-for-performance | 2C |
| **C** | **Payments with Shared Savings and Recoupments** | |
| C1 | Procedure-related, episode-based payments with shared savings | 3A |
| C2 | Procedure-related, episode-based payments with risk of recoupments | 3B |
| C3 | Condition-related, episode-based payments with shared savings | 3A |
| C4 | Condition-related, episode-based payments with risk of recoupments | 3B |
| C5 | Risk for total cost of care (e.g., ACO) with shared savings | 3A |
| C6 | Risk for total cost of care (e.g., ACO) with risk of recoupments | 3B |

| | Expanded Non-Claims Payments Framework | HCP-LAN Category |
|---|---|---|
| **D** | **Capitation and Full Risk Payments** | |
| D1 | Primary Care capitation | 4A |
| D2 | Professional capitation | 4A |
| D3 | Facility capitation | 4A |
| D4 | Behavioral Health capitation | 4A |
| D5 | Global capitation | 4B |
| D6 | Payments to integrated, comprehensive payment and delivery systems | 4C |
| **E** | **Other Non-Claims Payments** | |

# NAHDO's Process to Publish the NCP Layout

**2021**

- Non-Claim Payments Workgroup Starts

**2022**

- First Iteration of the NCP Layouts

Unresolved debate between using the HCP-LAN or Bailit-Milbank frameworks.

**2023**

- Second Iteration of the NCP Layouts

Adopted the Expanded Framework.

- NAHDO Annual Meeting, Boston

Full walkthrough and interactive workshop on the NCP data layouts with NAHDO attendees.

**2024**

- State and Submitter Feedback Meeting

Full walkthrough and feedback session on the NCP data layouts with APCD state teams and data submitters.

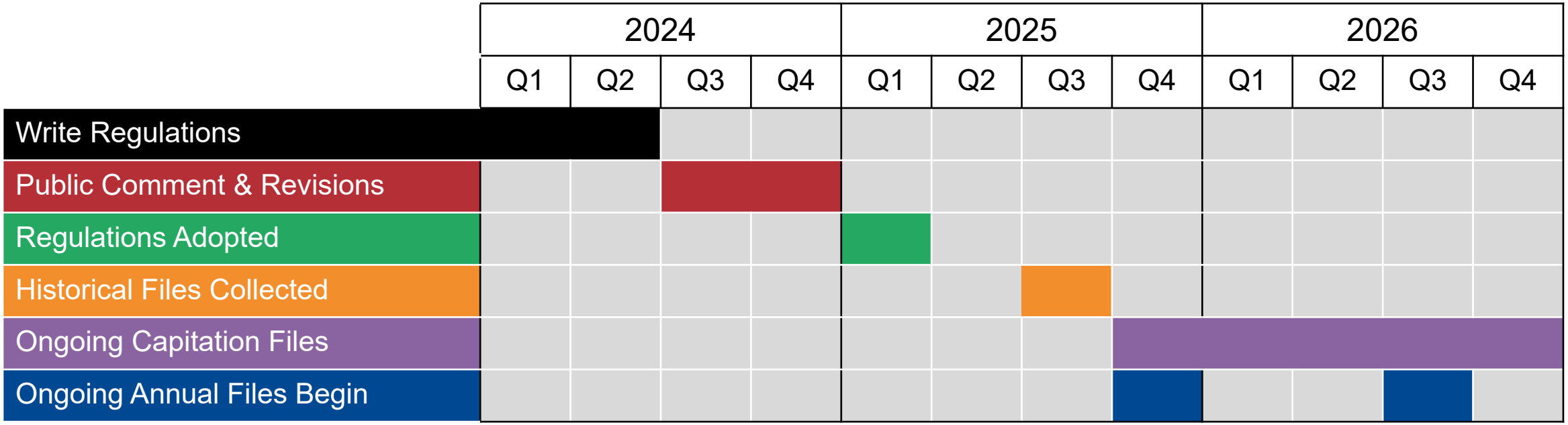
- NAHDO Publishes Version 1 of NCP Layouts
- APCD-CDL™ Change Request to add NCP Layouts

Every-other-year public process to request changes to the APCD-CDL™ file format.

# NAHDO Non-Claims Payment Data Layout

- Released April 2024
- Three data files
  - Annual Payment File
    - Contains data on contractually based non-claims payments
    - Includes the Expanded Framework developed by HCAI
  - Annual Pharmacy Rebate File
    - Contains data on prescription drug rebate payments
  - Capitation File
    - Contains data on payments for member-attributable services under a capitation arrangement

# NCP Data Collection Timeline




- Historical reporting period covers June 29, 2017 through December 31, 2024.
- Starting Oct. 2025, monthly capitation files submitted on the same schedule as monthly claims files.
- Annual file covering 2024 calendar year due September 2025 and Annual file for 2025 calendar year due in September 2026.

# NCP Regulations Status

- CTS team surveyed registered plans
  - Economic impact
  - Submission timeframes
- Regulation text and other supporting documents under internal review
- Estimated public comment in Q3 2024

# Anticipated timeline for Non-Claims Payment data collection

- Historical data collection: HCAI required to seek data three years prior to the effective date of HPD enabling statute
  - Annual payment and pharmacy rebate files: **July 31, 2025**
  - Historical capitation files: **September 1, 2025**
- Ongoing annual payment and pharmacy rebate files
  - **September 30, 2025**
- Initiation of monthly ongoing capitation file
  - **October 1, 2025**

# Non-Claims Payment Data: Next Steps

- Adding non-claims payment data collection layouts to APCD-CDL v4
- Developing non-claims payment data collection regulations
  - Public comment
  - Chaptering the regulations into rule
- Preparing the HPD System to test and receive NCP files

# Voluntary Submission of Self-Funded Plan Data

Dionne Evans-Dean, Assistant Branch Chief, Enterprise Data Operations, HCAI

Jill Yegian, Consultant, HCAI

# Timeline and Milestones for Phase 1 Engagement

**Key Informant Interviews with APCDs, August-Sept 2021**

- CIVHC
- Utah
- HC Purchaser Alliance of Maine
- IHA
- APCD Council

**Key Informant Interviews with CA Purchasers, August-Sept 2021**

- PBGH
- Catalyst for Payment Reform
- Silicon Valley Employers Forum
- SF Health Services System
- CA Health Care Coalition

HPD Advisory Committee, Oct 2021

**ASO Plan Meetings, Sept 2021 – May 2022**

- Aetna
- Anthem
- Blue Shield
- Cigna
- Kaiser
- United

**Develop Resources for Submitters on HCAI website, FAQ), April-June, 2022**

- FAQ
- Request assistance with opting in

HPD Advisory Committee, July 2022

**Presentation to Purchasers, June 2022**

- CA HC Coalition

HCAI Website Resources: HPD Voluntary Submitters

# HPD Data by Coverage Source, 2021

| COVERA CATEGORY | | OVERED LIVES MILLIONS) | DATA SUBMITTER |
|---|---|---|---|
| **DHCS / Medi-Cal** | Managed care | 11.7 | California Department of Health Care Services (DHCS) |
| | Fee for service (FFS) | 2.4 | DHCS |
| **CMS** | Medicare Advantage | 3.2 | Health plans and insurers |
| | Fee for Service | 3.4 | Centers for Medicare & Medicaid Services (CMS) |
| **Commerial** | Fully insured | 12.6 | Health plans/insurers |
| | Self-funded (estimate | 1.0 | Health plans/insurers or other third-party administrators (TPAs) |

**Sources and Notes:** Department of Health Care Access and Information, Health Care Payments Data Program Report, March 2024; commercial and Medicare Advantage populations are combined in the report. Individuals may have more than one source of coverage; unduplicated total is 32.4 million.

# ERISA Status and Plan Size Determines HPD Participation

| ERISA Status | <40K Self-Funded Covered Lives | >40K Self-Funded Covered Lives |
|---|---|---|
| Non-ERISA (subject to HPD) | Voluntary | Mandatory |
| ERISA (exempt from HPD) | Voluntary | |

Source: Department of Health Care Access and Information, Health Care Payments Data Program Report, March 2024.

# Preliminary Assessment of Self-Funded Data in HPD

- Data element used to identify self-funded lives in HPD is APCD-CDL Member Eligibility, Coverage Type (CDLME041)
  - Required data element
  - ASW (ASO w/Stop-Loss)- self-funded plans administered by a third-party administrator (TPA) where the employer has a purchased stop-loss or group insurance.
  - ASO (ASO w/o Stop-Loss)- self-funded plans administered by a TPA where the employer has not purchased stop-loss or group insurance.
- APCD-CDL does not have an element to differentiate between ERISA vs Non-ERISA.
- APCD programs struggle to report ERISA self-funded separately from all self-funded enrollment.

# Self-Funded Participation is Low, Especially for ERISA

**Estimate of Self-Funded Lives, in Millions**

| | 2021 | 2022 |
|---|---|---|
| **State-Wide** | | |
| ERISA | 4.3 | 4.5 |
| Non-ERISA | 1.2 | 1.2 |
| **Total, State-Wide** | **5.5** | **5.8** |
| **In HPD System** | | |
| ERISA | 0.2 | 0.3 |
| Percent of State-Wide ERISA | 5% | 7% |
| Non-ERISA | 0.8 | 0.8 |
| **Total, HPD System** | **1.0** | **1.1** |

- No definitive figures on the number of ERISA self-funded lives in CA – but it's a large number
- ERISA self-funded plans cannot be mandated to submit but may do so voluntarily
- Challenging to estimate ERISA vs. non-ERISA in HPD
- Best guess based on rough analysis: ~300k (7%) of 4.5 million ERISA self-funded lives are in HPD 2022 data

Source: Department of Health Care Access and Information, Health Care Payments Data Program Report, March 2024.

# Phase 2 Overview – Plans and Progress

## Follow-up

- ASO plans participating in HPD
- Share current results of HPD data
- Ask questions focusing on ASO/ASW data type received
  - **HPD mandatory plan meetings in progress**

## Meet

- Partners in the purchaser community and Taft Hartley plans and large employers
- Share HPD progress to increase awareness and participation
  - **Met with PGBH member in March 2024**
  - **Met with and presented to CHCC in June 2024**

## Outreach

- Potential parties such as benefits consultants
  - **Seeking input from AC on potential parties that maybe open to meet with HCAI on HPD voluntary participation**

# The Case for Voluntary Submission

## Value to Submitters

- More robust data than available from data warehouse or health plan
- Achieve company/ organization-specific cost, quality, equity goals
- Resource to support demonstration of fiduciary responsibility – use of data to drive improvements (cost and quality)

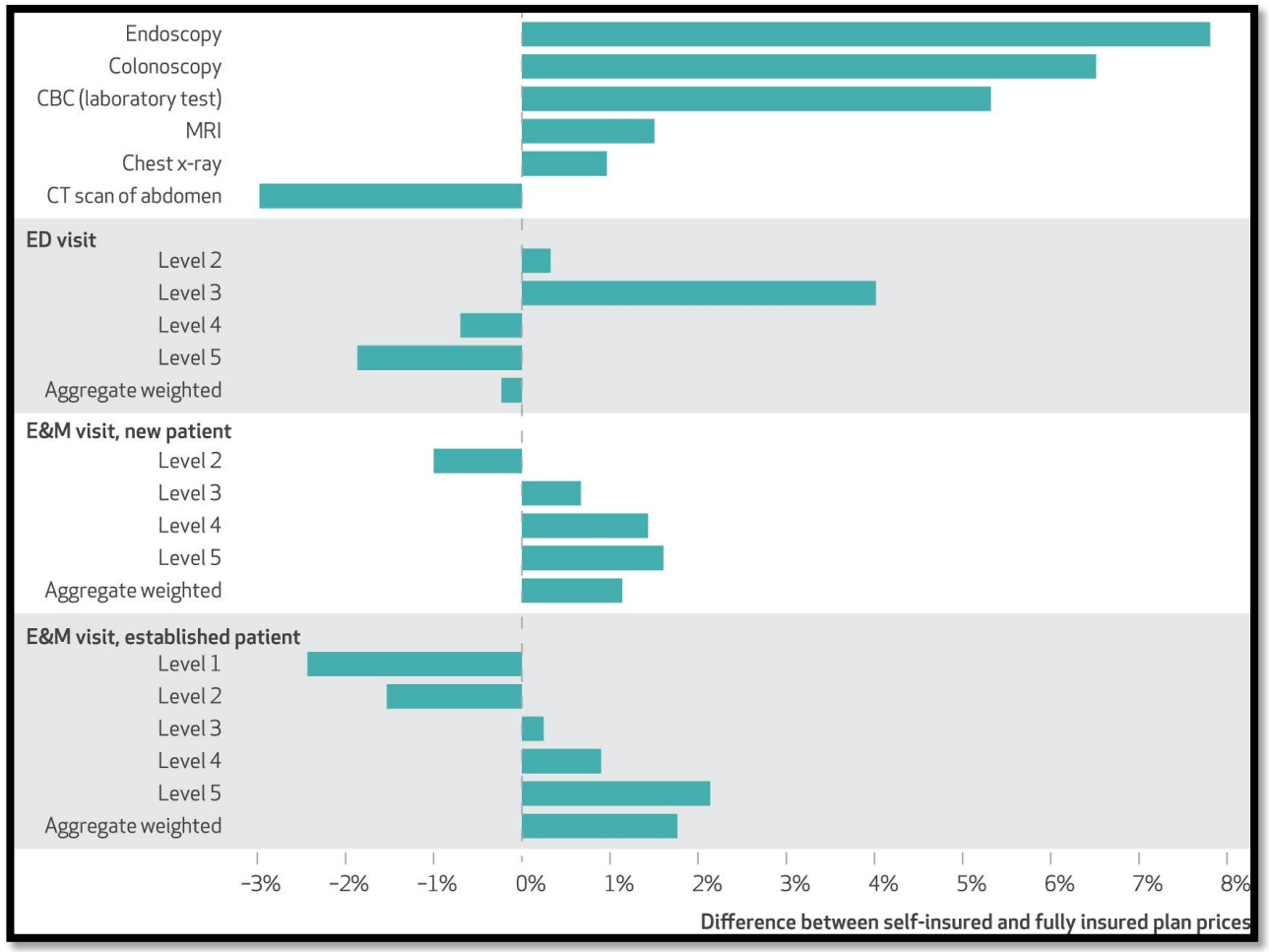
## Public Good

- Enable system-wide improvement on cost containment, quality, transparency, equity, affordability (shared goals)
- Actionable data - more accurate and complete data for research and policymaking
- Support development of accountability tools

## Security and Privacy

- Strong data privacy and security protections in place; HCAI has extensive experience managing data
- All publicly reported data will follow CalHHS Data De-Identification Guidelines
- The HPD Data Release Committee will make recommendations on any release of non-public data

# Higher Prices for Common Services in Self-Funded Plans




A study used the Health Care Cost Institute's national claims dataset to compare prices for common health care services in self-insured vs. fully insured plans.

"Higher prices in self-insured plans suggest that there may be opportunities for employers to lower prices and for policy makers to act where employers have limited leverage to negotiate with providers."

Aditi P. Sen et al., Health Care Service Price Comparison Suggests That Employers Lack Leverage To Negotiate Lower Prices, Health Affairs, September 2023

# Select Use Cases for Self-Funded Plans

Benchmarking information for comparative evaluation

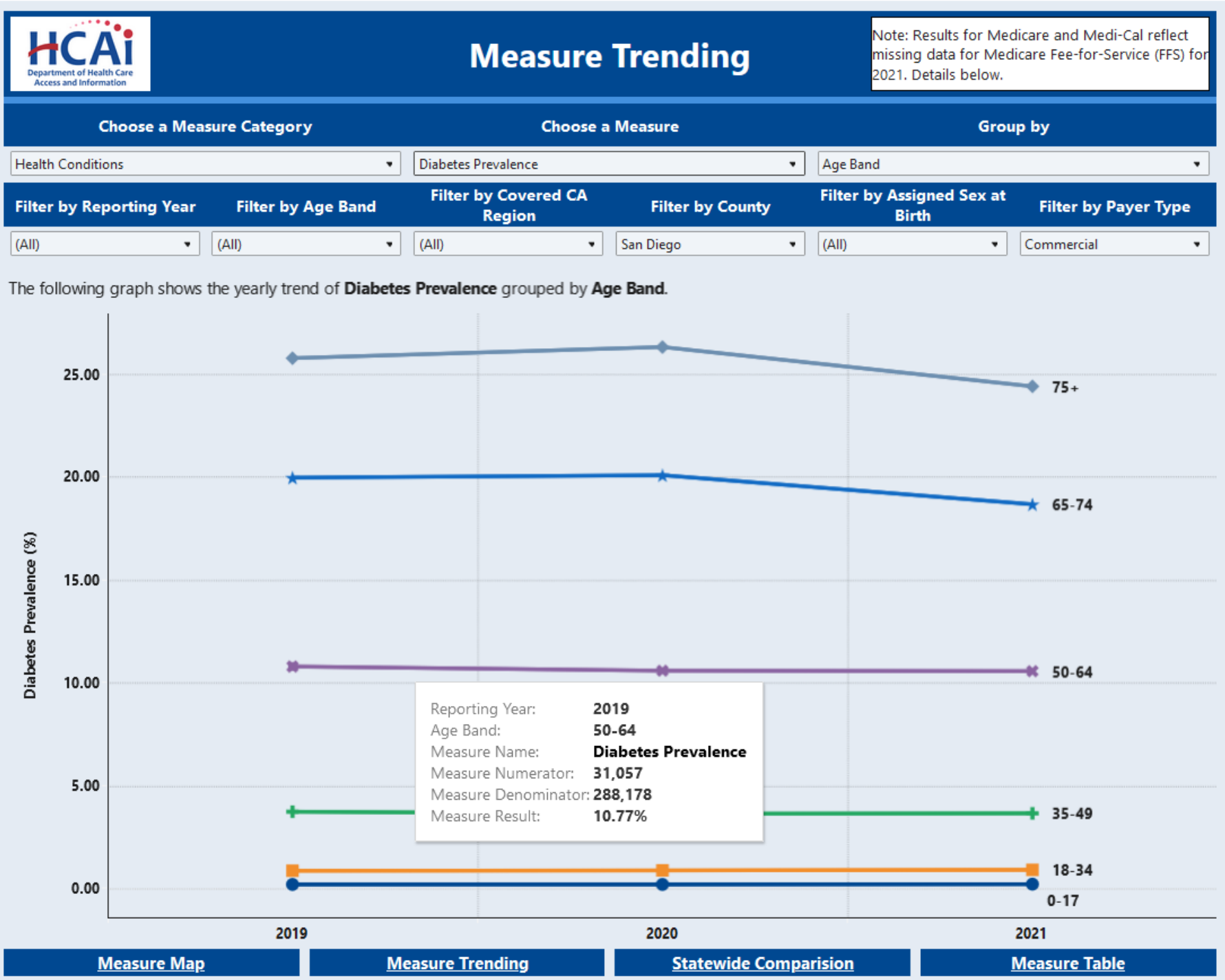
Data on excess provision of low-value care

Total cost of care for high-volume procedures

Detailed cost data on prescription drugs

Site of service analysis, incorporating quality outcomes

Integrating data on race/ethnicity and language to illuminate disparities, increase health equity




Sample Question: How does the trend in diabetes prevalence by age group in my population compare to the commercial market in San Diego?

## 23 health conditions available, including:

- Alzheimer's Disease
- Stroke
- Coronary Artery Disease
- Cancer (all)
- Obesity

# Measure Table

Note: Results for Medicare and Medi-Cal reflect missing data for Medicare Fee-for-Service (FFS) for 2021. Details below.

| Choose a Measure Category | Choose a Measure | Group Rows by | Group Columns by |
|---|---|---|---|
| Utilization | Potentially Avoidable ED Visit Rate | Covered CA Region | Payer Type |

| Filter by Reporting Year | Filter by Age Band | Filter by Covered CA Region | Filter by County | Filter by Assigned Sex at Birth | Filter by Payer Type |
|---|---|---|---|---|---|
| (All) | (All) | (All) | (All) | (All) | (All) |

The following table shows **Potentially Avoidable ED Visit Rate** grouped by **Covered CA Region** and **Payer Type**.

| | Commercial | Medi-Cal | Medicare | All Groups |
|---|---|---|---|---|
| Alameda County | 15.9 | 70.0 | 43.6 | 35.2 |
| Central Coast | 13.6 | 66.1 | 40.0 | 37.7 |
| Central Valley | 22.8 | 77.4 | 52.9 | 54.1 |
| Contra Costa County | 18.3 | 74.6 | 40.1 | 37.3 |
| Eastern Counties | 25.7 | 89.8 | 68.3 | 66.3 |
| Fresno, Kings, Madera Counties | 18.3 | 63.8 | 47.8 | 47.2 |
| Greater Sacramento | 18.6 | 75.0 | 46.4 | 41.4 |
| Inland Empire | 17.7 | 78.2 | 34.1 | 47.5 |

Measure Map | Measure Trending | Statewide Comparision | Measure Table

Sample Question: The rate of potentially avoidable ED visits for the commercial market in Inland Empire was 17.7 per 1,000 member years. How does my population compare?

## 6 utilization measures:

- ED Visit Rate
- Maternity Inpatient Util Rate
- Medical Inpatient Util Rate
- Potentially Avoidable ED Visit Rate
- Surgical Inpatient Util Rate
- Total Inpatient Util Rate

# Policy Options to Increase Likelihood of Submission

- Increasing voluntary data from private self-funded arrangements provides the biggest opportunity to increase the content and generalizability of the HPD.
- HCAI plans to conduct additional targeted outreach to large employers and other purchasers to encourage voluntary submission.

**Policy Efforts in Other States**

State policymakers should consider policy changes that encourage participation, such as requiring ASOs to provide an opt-in form to their clients or policies that limit the fees ASOs are able to charge to submit data to the HPD.

For example, Utah's regulations obligate insurers to provide an opt-in form to their self-funded clients; Utah carriers must annually report the number of employers that opted in and out, identify those that opted in, and certify reasonable efforts to provide the form.

Source: Department of Health Care Access and Information, Health Care Payments Data Program Report, March 2024.

# Encouraging Voluntary Submission

- HCAI has experience engaging with external stakeholders to develop customized reports and is open to convening workshops with voluntary submitters
- Tailored purchaser-specific data products could be developed
- Topics could include low-value care, pharmacy costs, primary care

**For Discussion**

1. As HCAI launches Phase 2 of efforts to encourage voluntary submission, what input do you have on:
    - Value proposition?
    - Messages?
    - Outreach strategies?
    - Target audiences?
2. What do you need from HCAI to enable you to support efforts to engage and recruit voluntary submitters?

# Public Comment