

Agenda Item VI: HPD Non-Claims Payment Data Collection

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Introducing the NCP Data Layout

- The APCD Council and the National Association of Health Data Organizations (NAHDO) released the [NCP data layout](#) for collecting NCP data in April 2024.
- HCAI updated HPD data collection regulations on March 25, 2025 to include NCP data collection ([California Code of Regulations Sections 97300-97370](#))
- Plans and submitters registered for NCP file submission.
- Data intake portal is configured to accept NCP test files as of July 1, 2025.

Implementation of NCP Data Collection



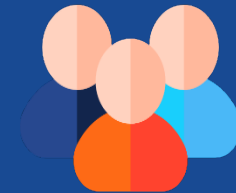
Annual Payments

- Annual payments made to providers, stratified by payment category and subcategory
- Follows the [HCAI Expanded Framework](#) model
- Submitted **annually**



Pharmacy Rebates

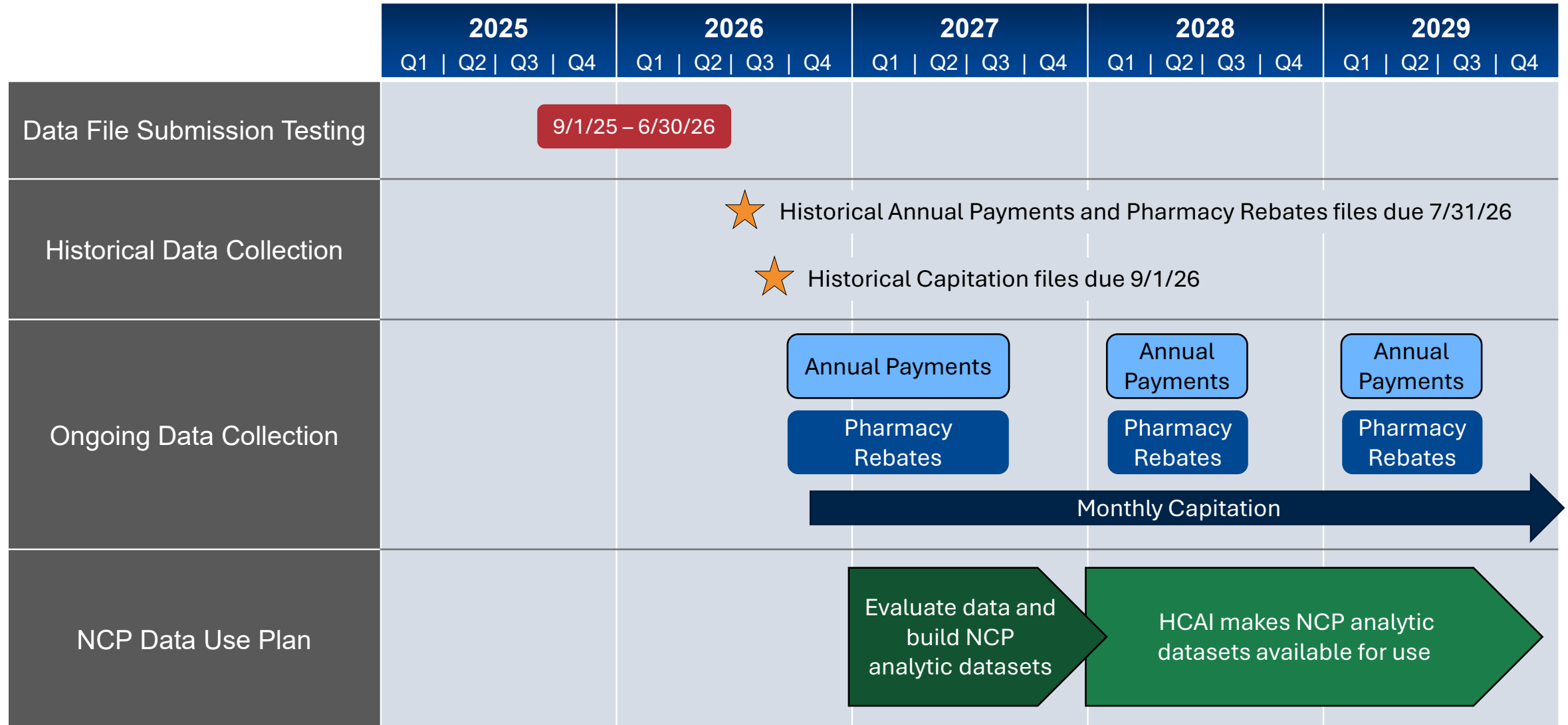
- Allowed amount paid and rebates received per national drug code (NDC)
- Submitted **annually**



Capitation

- Monthly capitation payments administered per member, stratified by payment subcategory
- Submitted **monthly**

NCP Roadmap



Annual Payments File – Key Fields

Data Element Name*	Notes
Payer Code	Code assigned to the plan by the APCD registration system.
Contract Number	The unique number identifying a contract between the submitter and the billing provider for the reported payment model.
Contract Type	Use this field to indicate whether the payments reported were administered as part of a medical benefits contract or a dental benefits contract. The only valid codes for this field are: Medical payments or Dental payments.
Billing Provider ID	Unique code assigned to the provider by the reporting entity. Payer assigned provider ID for the provider that is the billing provider.
Billing Provider Last Name or Organization Name	Full name of provider billing organization or last name of individual billing provider.
Payment Category	Possible categories: population health and practice infrastructure payments, performance payments, payments with shared savings and recoupments, capitation and full risk payments, other non-claims payments, fee for service, or member count
Payment Subcategory	Possible subcategories: care management, medication reconciliation, social care integration, incentive payments (pay-for-performance, pay-for-reporting), condition-related, episode-based payments, risk for total cost of care, various capitation payments, member count, etc.
Member Count	The total number of members enrolled during the reporting period. Dependent on Payment Category indicator.
Member Months	Total number of members months during the reporting period, expressed in months of membership. Dependent on Payment Category indicator.
Total Amount Paid/Allowed	Total of all payments made to the billing provider during the Reporting/Performance Period.
Total Member Responsibility Amount	Total of all member responsibility amounts (copay, coinsurance, and deductibles).

*Please see the [NCP Data Layout](#) for a comprehensive list of fields.

Pharmacy Rebates File – Key Fields

Data Element Name*	Notes
Payer Code	Code assigned to the plan by the APCD registration system.
Drug Code – NDC Product Code	The National Drug Code (NDC) product code, which includes the first 8 or 9 digits and excludes the last one or two digits (package code) of the NDC.
Drug Manufacturer	
Drug Name	
Brand/Generic Indicator	Indicates whether the drug itself is generic, not how the payer pays it.
Prescription Count	Number of prescription fills for each drug.
Total Amount Paid	Total of all payments made during the Reporting/Performance Period.
Rebates Received	Total amount of the rebate received for the specified NDC code.

*Please see the [NCP Data Layout](#) for a comprehensive list of fields.

Capitation File – Key Fields

Data Element Name*	Notes
Payer Code	Code assigned to the plan by the APCD registration system.
Member identifiers**	**Separate fields of the following: first and last name, initial, sex, date of birth, social security number.
Billing Provider ID	Unique code assigned to the provider by the reporting entity. Payer assigned provider ID for the provider that is the billing provider.
Billing Provider Last Name or Organization Name	Full name of provider billing organization or last name of individual billing provider.
Insurance/Product Category Code	Uses the most granular choice available. See Appendix G-1
Payment Subcategory	Possible subcategories: primary care capitation, professional capitation, facility capitation, behavioral health capitation, global capitation, or payment to integrated payment and delivery systems.
Total Paid Amount	Total of all payments made to a contractor during the Reporting/Performance Period.

*Please see the [NCP Data Layout](#) for a comprehensive list of fields.

HPD Regulations Update

Anna Dito, Cost Transparency Section, Manager

Expected Changes to Data Collection Regulations

- The APCD Council and the National Association of Health Data Organizations (NAHDO) released [Version 4.0.1](#) of the APCD-CDL. NCP data layouts are added to APCD-CDL v4.0.1.
- HCAI is drafting HPD data collection regulations to include APCD-CDL v4.0.1 ([California Code of Regulations Sections 97300-97370](#)).
- Updates to the Data Submission Guide which is incorporated by reference.

Anticipated Timeline of Data Collection Regulations Update

- Agency review of regulations package in early September 2025.
- Office of Administrative Law (OAL) 10-day review in late September 2025.
- 45-day public comment period anticipated to begin early October 2025.
- Review of public comments and prepare final regulation documents in early November 2025.
- Final 30-working day OAL review between December 2025 and January 2026.
- Anticipate final regulations adoption by early February 2026.

Public Comment