



Total Health Care Expenditures (THCE) Data Submitter Workgroup

March 13, 2024

Welcome and Introductions

THCE Data Submitter Workgroup – Agenda

1. Regulations and Data Submission Guide Updates
2. Data Submitter Registration
3. Total Medical Expense (TME) Attribution
4. Future Topics
5. Next Meeting

Audience and Purpose

- The THCE Data Submitter Workgroup is intended to support the compliance and technical teams required to submit THCE data to OHCA annually
- Topics addressed in this workgroup will span system use, technical support, and data submission questions

Regulations and Data Submission Guide (DSG) Updates

Regulations and DSG Updates

- Regulations package approved by OAL on 3/4/2024
- THCE regulations incorporate:
 - THCE Data Submission Guide (DSG)
 - OHCA Attribution Addendum
- Final version available on OHCA website:
<https://hcai.ca.gov/about/laws-regulations/#health-care-affordability>

Data Submitter Registration

Who is Required to Register?

- Payers and fully integrated delivery systems that insure at least 40,000 covered lives in any market (commercial, Medi-Cal*, Medicare)
 - Payers and fully integrated delivery systems that qualify based on one market's coverage must report data on behalf of all markets
 - If a payer or FIDS operates under multiple licenses (*i.e.*, DMHC, CDI, Medi-Cal) the expectation is for the payer to combine data across licenses for a single submission

Note: Data for the Medi-Cal Managed Care market category will be collected beginning with the data submission due September 1, 2025.

Health Plans Meeting Threshold

- As of December 2022, based on the best available public data, the following entities meet the 40,000 lives threshold in the commercial and/or Medicare Advantage market categories:

- Alignment
- Blue Shield
- Bright Health
- Centene (Health Net)
- CIGNA
- CVS (Aetna)
- Elevance (Anthem)
- Humana
- Kaiser
- L.A. Care
- Molina
- Oscar
- SCAN
- Sharp
- Sutter
- UnitedHealth
- Valley Health Plan
- Western Health Advantage

Overview of Submitter Registration

- Required as part of California Code of Regulations Title 22 § 97449 adopted 3/4/2024
- Registration helps us identify:
 - Key submitter contacts
 - Market categories, licensing information, and other attributes of each registered data submitter
 - Physician Organization (PO)-to-Taxpayer ID Number (TIN) associations

Overview of Submitter Registration (cont.)

- Getting started
 - Registration opens 4/1/2024
 - Save your progress at any time
 - Must complete by 4/30/2024
 - Submitters are encouraged to complete registration as soon as possible; registration will be used to inform the PO-to-TIN reference used for OHCA data submission

Preparing for Submitter Registration

- Coordinate with technical teams who will be supporting the process to comply with the OHCA submission requirements
- Identify your organization's:
 - NAIC number(s)
 - FEIN Number(s)
 - License type (e.g., DMHC, CDI), license name, license number
 - Market categories (commercial, Medi-Cal, Medicare Advantage)
- Clarify any regulatory or submission questions that you may have with HCAI and Onpoint

Preparing for Submitter Registration (cont.)

Physician Organization, Tax Identification Number Listing

The organization list shall be submitted as a pipe (“|”) delimited text file (.txt) with one row per record in the following format:

Col. #	Field Name	Max	Description
1	Organization Code	4	Use this field to report the unique Organization Code provided by OHCA. Refer to the OHCA Attribution Addendum for valid values. Note: To report records for other organizations with at least 1,000 attributed members, use code '7777'.
2	Organization Name	80	Use this field to report the full legal name of the organization or individual if applicable.
3	Taxpayer ID Number	9	Nine-digit Taxpayer Identification Number (TIN) associated with the organization for payment purposes. Do not include a hyphen.

Submitter Registration Demo

ONPOINT Health Data

California Office of Health Care Affordability (OHCA)
For support: ohca-support@onpointhealthdata.org

Registration Form for the California Office of Health Care Affordability (OHCA)

Welcome to the California Office of Health Care Affordability
Total Health Care Expenditures Registration Form

Welcome to the online registration form for the California Office of Health Care Affordability's (OHCA) Total Health Care Expenditures (THCE) data collection system.

OHCA will use the data collected to analyze health care market spending trends and ultimately enforce health care spending targets. OHCA recognizes that it is in the public interest that all Californians receive health care that is accessible, affordable, equitable, high-quality, and universal.

The following section provides additional details regarding the registration process, which should take no more than 10 minutes if you have your information gathered when starting the form.

[Click Here To Get Started](#)

<http://ohca-registration.stg.onpointhealthdata.org>

Registration Next Steps

- Review OHCA THCE data collection regulations and Data Submission Guide:
 - <https://hcai.ca.gov/about/laws-regulations/#health-care-affordability>
- Complete submitter registration preparation steps
- Send OHCA@hcai.ca.gov the correct contacts accountable for your organization's registration; OHCA will email the registration link to your team
- Reach out to the HCAI or Onpoint teams with any questions your team has in advance of registering:
 - HCAI for policy questions and clarification: OHCA@hcai.ca.gov
 - Onpoint for technical, system-related questions: ohca-support@onpointhealthdata.org

Total Medical Expenses (TME) Attribution

TME Attribution

- The OHCA Attribution Addendum includes nearly 300 organizations.
- OHCA will collect TINs associated with the organizations from submitters at registration and will publish an updated Attribution Addendum that includes TINs to support performing attribution.
- OHCA's attribution approach rolls up all medical expenses of an individual to a single attributed organization, regardless of whether that person sought care at multiple organizations.

TME Attribution

Defining which organization to attribute the total medical expenses is performed through an order of operation:

1. First, if the member is **delegated to a capitated organization**, the member's total medical expenses are attributed to that organization.
2. For remaining members, if they are enrolled in a **total cost of care ACO arrangement**, the member's total medical expenses are attributed to the physician organization participating in that ACO arrangement.
3. For remaining members, if any can be attributed to an organization **not** listed on the OHCA Attribution Addendum based on a capitated, delegated or ACO arrangement, the member's total medical expenses can be attributed to that organization, and the organization will be added to the OHCA Attribution Addendum.
4. For remaining members, if any can be attributed to an organization using a **payer-developed rules-based attribution** methodology, the member's total medical expenses are attributed to that organization.
5. All remaining members' total medical expenses will be unattributed.

TME Attribution Example #1

- Jane is delegated to Medical Group A for her primary and specialty care; she receives her behavioral health care from Behavioral Health Plan B, drugs from PBM C, and chiropractic and acupuncture from Specialty Health Plan D. Plus, she might have ER claims at hospitals while she's traveling out of the area.
- Under the order of operations #1, all of Jane's expenses from all sources will be rolled up and attributed to Medical Group A since her professional care is capitated and delegated to Medical Group A.

TME Attribution Example #2

- John is enrolled in an ACO arrangement that includes IPA 1 and Hospital System 2. His behavioral health care is provided directly by his plan. He receives drugs through PBM 3 and does not have acupuncture or chiropractic coverage. He does, however, have some urgent care claims from when he was traveling out of network.
- Under order of operations #2, all of John's expenses from all sources will be rolled up and attributed to IPA 1 since he is enrolled in a total cost of care ACO arrangement with IPA 1 participating as the physician organization.

Questions?

Next Steps

- Next Meeting – April 10, 2024
- Topics
 - Registration Progress Check-in
 - Next steps for Physician Org List
 - Data Submission Timeline
- Questions?
 - Submit to OHCA@hcai.ca.gov
 - Questions received by **Friday April 5th** may be answered at the April meeting