

Office of Health Care Affordability
Department of Health Care Access and Information

Total Health Care Expenditures (THCE) Data Submitter Workgroup

March 18, 2026



Agenda

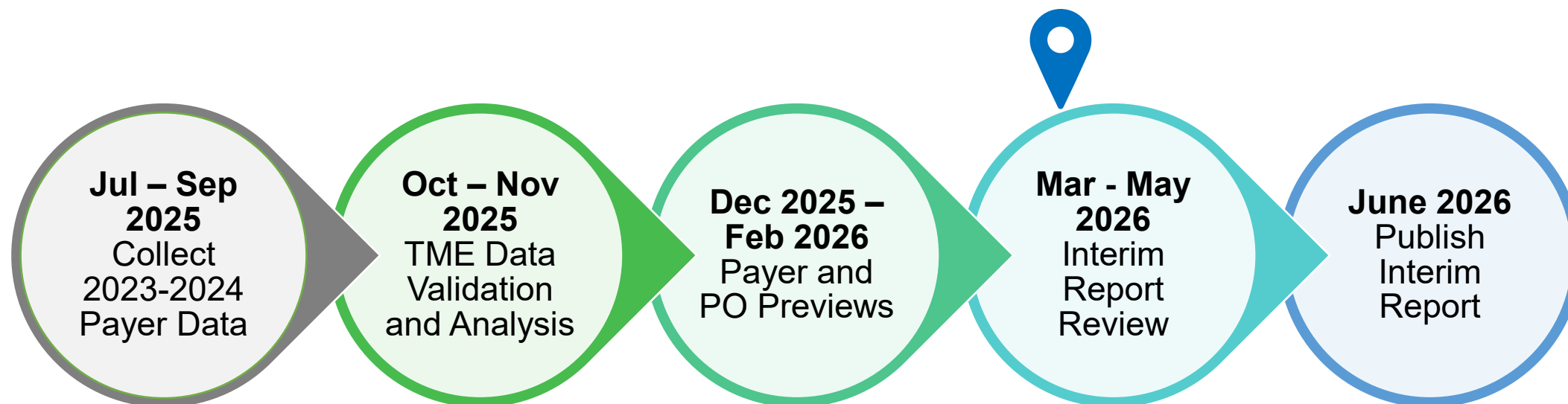
1. OHCA Public Reporting
2. Proposed Data Submission Guide Changes for 2026
3. Submitter Round Table
4. Next Steps

OHCA Public Reporting

Second Report on Health Care Spending Trends in California

- Based on 2023-24 data collected in Fall 2025
- In general, the content and format will be similar to the June 2025 Baseline Report on Health Care Spending Trends
- Based on submitter feedback, new analyses include:
 - Regional spending by market (Commercial and Medicare Advantage)
 - Attributed spending growth for select physician organizations
 - More granular reporting of total non-medical expense (also known as administrative cost and profit) for the fully insured commercial market
 - Anonymized payer-level prescription drug rebates as a share of total pharmacy spending by market (Commercial and Medicare Advantage)

Interim Report Timeline



Report on Promoting High-Value Health Care in California*

- Will report on 2023-24 primary care spending and APM adoption data collected in September 2025
- Anticipated release: August 2026
- Will include status updates on other areas of OHCA's work to promote health system performance, including:
 - Behavioral Health
 - Equity and Quality Performance
 - Workforce Stability
 - Cost Reducing Strategies

Proposed Data Submission Guide Changes for 2026

DSG 3.0: New Behavioral Health (BHV) File

- Required from all submitters
- DSG 3.0 will provide instructions for reporting the behavioral health portion claims and non-claims payment subcategories
- The Behavioral Health Addendum, available in Excel format, includes codes to identify, categorize, and report behavioral health spending data
- More information on the methodology will be shared at upcoming Data Submitter Workgroup meetings

Do submitters have requests or recommendations for the detailed discussion of the behavioral health file in future workgroup meetings?

DSG 3.0: Medi-Cal Payments Addendum

- Applies to data reported in the Medi-Cal Managed Care and Dual Eligibles (Medi-Cal Expenses Only) market categories
- Some DHCS Medi-Cal payments are to be *included* in TME files and *excluded* from amounts reported in the APM, Primary Care, and Behavioral Health files
- Refer to the OHCA Medi-Cal Payments Addendum for details

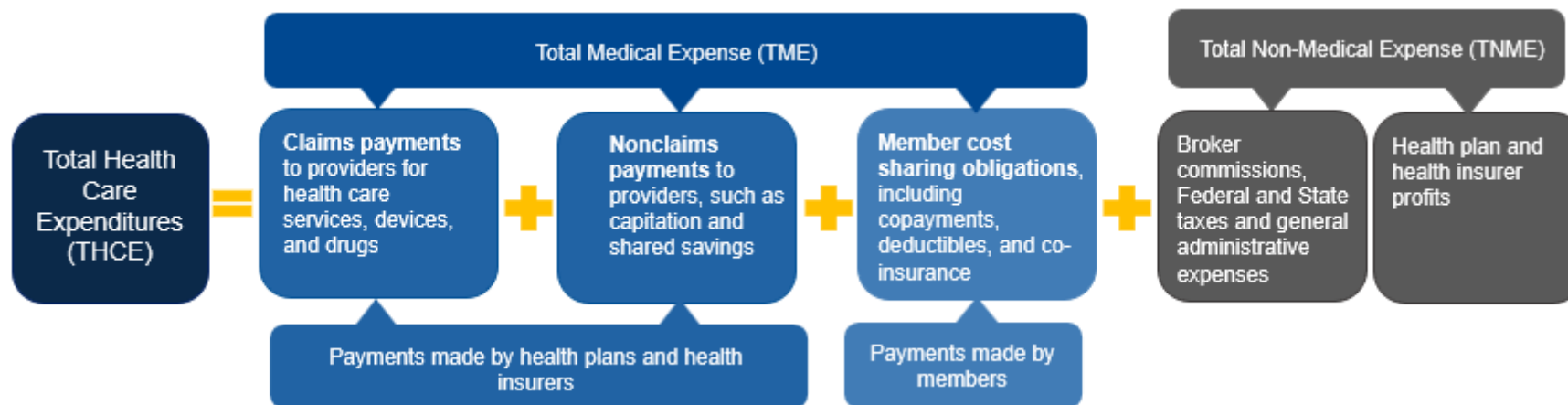
Program Name	Statewide, Attributed, and Regional TME Files	APM, Primary Care, and Behavioral Health Files
Equity and Practice Transformation (EPT)	Include	Exclude
Non-Hospital 340B Community Clinic Directed Payment (CCDP)	Include	Exclude
Private Hospital Directed Payment (PHDP)	Include	Exclude
Proposition 56 Dental	Include	Exclude
Proposition 56 Family Planning	Include	Exclude
Proposition 56 Physician Services	Include	Exclude

DSG 3.0: Data Validation

- Automated field-level validations are described throughout the file specification tables in Section 5 of the DSG
- DSG 3.0 adds a new Appendix E to describe the manual cross-file validations performed after OHCA receives all required files from a submitter
- Submitters may use the information in Appendix E to perform some of the checks prior to submission and correct any errors
- Because of the payment exclusions described in the Medi-Cal Payments Addendum, some cross-file validations are not applicable to Medi-Cal Managed Care data

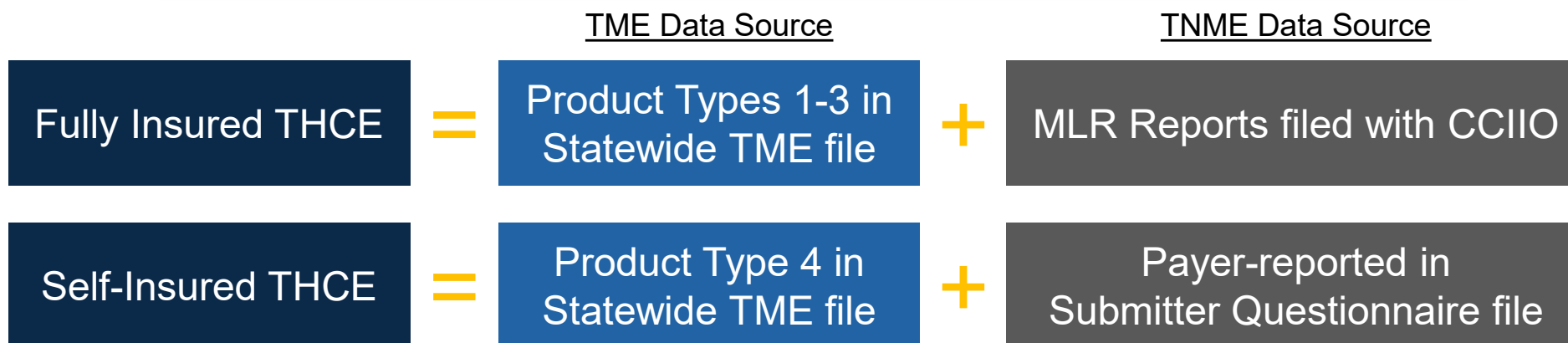
DSG 3.0: Self-Insured Spending

- Added Self-Insured Product Type in the Statewide TME file only
 - Within all other files, self-insured spending shall be included with fully insured spending reported in the Commercial market category
 - Separating self-insured TME from fully insured TME will allow for more accurate payer-level calculation of Total Health Care Expenditures (THCE)



DSG 3.0: Self-Insured Spending

Field ID	Field Name	Description
SWT004	Product Type	<p>Use this field to designate the product type. Refer to Product Types for more information. For Commercial (Full Benefits) and Commercial (Partial Benefits) only (Market Category = 1 or 2), valid values include:</p> <ul style="list-style-type: none"> • 1 = Fully insured HMO/POS • 2 = Fully insured PPO/EPO • 3 = Other fully insured products • 4 = Self-Insured products, regardless of benefit design <p>For all other Market Categories, regardless of product type, valid value includes:</p> <ul style="list-style-type: none"> • 0 = Not applicable



DSG 3.0: Additional Changes

In response to public comments received, OHCA:

- Removed requirement for Commercial and Medicare Advantage payers to submit copies of MLR reports with data files
 - OHCA will continue to use MLR data published by CCIO to calculate THCE
- Increased turnaround time for resubmission of files from 5 business days to 10 business days after receiving notification
- Commits to providing additional context on proposed changes to data submission requirements during these meetings and receiving feedback
 - Feedback and requests for discussion topics can be sent to OHCA@hcai.ca.gov

DSG 3.0: Next Steps

- Responses to all public comments will be provided at the OHCA Board Meeting on March 25
- Final drafts of proposed data submission regulations, including DSG 3.0 and all addenda, will be posted to the HCAI website after the Board meeting
- Submission to the Office of Administrative Law planned for early April 2026
- Annual registration in Onpoint Claims Data Manager (CDM) will begin in May 2026

Submitter Round Table

Next Steps

Next Steps

- Next workgroup meeting – April 29, 2026
 - Annual registration in Onpoint Claims Data Manager (CDM)
 - New Behavioral Health file
- Send questions or requests for future workgroup topics to OHCA@HCAI.ca.gov