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# **Non-Claims Payment (NCP) Data Collection**

## **California Health Care Payments Data (HPD) Program**

April 30, 2025

# Agenda

- Overview of NCP data collection
  - Introduction to the NCP Data Layout™
  - Review NCP file formats and reporting cadence
- Overview of NCP documentation
- Review NCP implementation timeline
- Next steps



# Overview of NCP Data Collection

Dawn Hamlin, *Onpoint Health Data*

# What are Non-Claims Payments (NCPs)?

- NCPs are payments made to healthcare providers or healthcare payers outside of a fee-for-service (FFS) arrangement
- NCP data collection captures healthcare costs not documented in the existing claims or enrollment data submitted to the HPD
- Examples of NCP data
  - Pharmacy rebates
  - Capitation and full risk payments
  - Population health and infrastructure payments
  - Performance payments
  - Shared savings and recoupments

# Reporting NCP Data to the HPD Program

- March 25, 2025: HPD data collection regulations updated to include NCP data collection; [California \(CA\) Code of Regulations Sections 97300-97370](#)
- Updated regulations outline requirements for submitting...



## Annual Payments

- Annual payments made to providers, stratified by payment category and subcategory
- Submitted **annually**



## Pharmacy Rebates

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



## Capitation

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

# Introducing the NCP Data Layout™

- The APCD Council and the National Association of Health Data Organizations (NAHDO) released a national standard for collecting NCP data in April 2024
- The NCP Data Layout™ includes three file types:
  1. **Annual Payments** – collects annual payments made by payers to providers, stratified by payment category and subcategory; follows the Expanded Framework model
  2. **Pharmacy Rebates** – collects rebates paid by pharmaceutical manufacturers or pharmacy benefits managers (PBMs) to payers, stratified by National Drug Code (NDC) labeler and product code
  3. **Capitation File** – collects NCPs made by payers to providers for member-attributable services under a capitation arrangement

# Annual Payments – Specification Overview

- Data requested per annual reporting period start / end date
- Follows the [Expanded Framework](#) model for NCP categories and subcategories

ANNUAL PAYMENTS FILE				
Data Element #	Name	Type	Max Length	Description/Valid Values
CDLAP007	Billing Provider ID	varchar	35	Unique code assigned to the provider by the reporting entity. Payer assigned provider ID for the provider that is the billing provider. This should be the identifier used by the payer for internal identification purposes and does not routinely change.
CDLAP008	Billing Provider NPI	char	10	National Provider Identifier (NPI) for the billing provider as enumerated in the Center for Medicaid and Medicare Services National Plan & Provider Enumeration System (NPPES).
CDLAP009	Billing Provider Tax ID	char	9	Tax ID of the billing provider. Do not code punctuation.
CDLAP010	Billing Provider Last Name or Organization Name	varchar	60	Full name of provider billing organization or last name of individual billing provider.
CDLAP011	Billing Provider First Name	varchar	35	Individual first name. If provider is a facility or organization, leave blank.
CDLAP012	Payment Category	char	1	A = Population health and practice infrastructure payments B = Performance payments C = Payments with shared savings and recoupments D = Capitation and full risk payments E = Other non-claims payments X = Fee for service Z = Member count  Select a corresponding Payment Subcategory based on the initial character in the Payment Category.

\* Image includes a subset of fields collected in the Annual Payments layout; please refer to the [NCP Data Layout™](#) to view all fields

# Annual Payments – Expanded Framework Model

- For more information on categorizing payment subcategories, visit this link: [Expanded Non-Claims Payments Framework](#)

ANNUAL PAYMENTS FILE				
Data Element #	Name	Type	Max Length	Description/Valid Values
CDLAP013	Payment Subcategory	char	2	A1 = Care management/care coordination/population health/medication reconciliation A2 = Primary care and behavioral health integration A3 = Social care integration A4 = Practice transformation payments A5 = EHR/HIT infrastructure payments B1 = Retrospective/prospective incentive payments: pay-for-reporting B2 = Retrospective/prospective incentive payments: pay-for-performance C1 = Procedure-related, episode-based payments with shared savings C2 = Procedure-related, episode-based payments with risk of recoupments C3 = Condition-related, episode-based payments with shared savings C4 = Condition-related, episode-based payments with risk of recoupments C5 = Risk for total cost of care (e.g., ACO) with shared savings C6 = Risk for total cost of care (e.g., ACO) with risk of recoupments D1 = Primary care capitation D2 = Professional capitation D3 = Facility capitation D4 = Behavioral health capitation D5 = Global capitation D6 = Payment to integrated, comprehensive payment and delivery systems X9 = Fee for service Z9 = Member count



# Annual Payments – Collection of Payment Subsets

- For more information on categorizing Primary Care visit this link: [HCAI Primary Care definition](#)

ANNUAL PAYMENTS FILE				
Data Element #	Name	Type	Max Length	Description/Valid Values
CDLAP017	Total Member Responsibility Amount	int	12	Total of all member responsibility amounts (copay, coinsurance, and deductibles).  Round to the nearest dollar (e.g., \$1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.
CDLAP018	Total Amount Paid for Primary Care	int	12	Total of all payments made to a billing provider for primary care services during the Reporting/Performance Period.  For fee for service claims, this is the total allowable to include amounts paid by the insurer and the member responsibility amounts (copay, coinsurance, and deductibles).  Round to the nearest dollar (e.g., \$1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.
CDLAP019	Total Amount Paid for Behavioral Health	int	12	Total of all payments made to a billing provider for behavioral health services during the Reporting/Performance Period.  For fee for service claims, this is the total allowable to include amounts paid by the insurer and the member responsibility amounts (copay, coinsurance, and deductibles).  Round to the nearest dollar (e.g., \$1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.

# Pharmacy Rebates – Specifications Overview

- Data requested per annual reporting period start / end date
- Format includes collection of all payments made **and** all rebates received during the reporting period

PHARMACY REBATE FILE				
Data Element #	Name	Type	Max Length	Description/Valid Values
CDLPR001	Data Submitter Code	varchar	8	APCD-assigned identifier of payer submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code as the payer.
CDLPR002	Payer Code	varchar	8	APCD-assigned identifier of insurer in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms).
CDLPR003	Reporting Period Start Date	integer	6	YYYYMM. Beginning of reporting period covered for contract performance.
CDLPR004	Reporting Period End Date	integer	6	YYYYMM. End of reporting period covered for contract performance.
CDLPR005	Drug Code - NDC Product Code	varchar	9	Report 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. Do not include dashes.  NDC codes are maintained by the Federal Drug Administration. See Appendix H: External Code Source, United States Food and Drug Administration.
CDLPR006	Drug Manufacturer	varchar	50	Use this field to report the manufacturer of the drug.
CDLPR007	Drug Name	varchar	80	Use this field to report the text name of the drug.
CDLPR008	Brand/Generic Indicator	char	2	Indicates whether the drug itself is generic, not how the payer pays it. Valid codes are:  01=Branded drug 02=Generic drug

\* Image includes subset of fields collected in the Pharmacy Rebates layout; please refer to the [NCP Data Layout™](#) to view all fields

# Capitation File – Specifications Overview

- Data requested per member per month per capitated arrangement
- Collection of member demographic data enables linkage to the HPD

CAPITATION FILE				
Data Element #	Name	Type	Max Length	Description/Valid Values
CDLCF001	Data Submitter Code	varchar	8	APCD-assigned identifier of payer submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code as the payer.
CDLCF002	Payer Code	varchar	8	APCD-assigned identifier of insurer in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms).
CDLCF003	Reporting Period Start Date	integer	6	YYYYMM. Beginning of reporting period covered for contract performance.
CDLCF004	Reporting Period End Date	integer	6	YYYYMM. End of reporting period covered for contract performance.
CDLCF005	Carrier Specific Unique Member ID	varchar	50	Report the identifier the carrier/submitter uses internally to uniquely identify the member. Used to create Unique Member ID and link across carrier's/submitter's files for reporting and aggregation.
CDLCF006	Member Last Name	varchar	60	The member's last name. If the member is the subscriber, report the subscriber's last name.
CDLCF007	Member First Name	varchar	35	The member's first name. If the member is the subscriber, report the subscriber's first name.

\* Image includes subset of fields collected in the Pharmacy Rebates layout; please refer to the [NCP Data Layout™](#) to view all fields

# Capitation File – Payment Subcategories

CAPITATION FILE				
Data Element #	Name	Type	Max Length	Description/Valid Values
CDLCF015	Billing Provider Last Name or Organization	varchar	60	Full name of provider billing organization or last name of individual billing provider.
CDLCF016	Billing Provider First Name	varchar	35	Individual first name. If provider is a facility or organization, leave blank.
CDLCF017	Insurance/Product Category Code	char	2	See Appendix G-1: Insurance Type/Product Category for codes. Use the most granular choice available.
CDLCF018	Payment Subcategory	char	2	D1 = Primary care capitation D2 = Professional capitation D3 = Facility Capitation D4 = Behavioral health capitation D5 = Global capitation D6 = Payment to integrated, comprehensive payment and delivery systems
CDLCF019	Total Paid Amount	integer	12	Total of all payments made to a contractor during the Reporting/Performance Period.  Round to the nearest dollar (e.g., \$1,000.25 converted to 1000). This field may contain a negative value.




# Documentation, Resources, & Submitter Support

- [NCP Data Layout™ Version 1.0](#)
- [HPD Submitter Webpage](#)
  - Includes copies of the latest Submitter Group presentations, training materials, the HPD Data Submission Guide, the HPD Reporting Manual (updated version expected May 2025), and other supporting documentation
- [HCAI Primary Care definition](#)
- Questions? Reach out for support...
  - For technical questions: [hpd-support@onpointhealthdata.org](mailto:hpd-support@onpointhealthdata.org)
  - For regulatory questions: [hpd@hcai.ca.gov](mailto:hpd@hcai.ca.gov)

# NCP Implementation Timeline

Dawn Hamlin, *Onpoint Health Data*

# NCP Implementation Timeline

Date	Description
April 1, 2025 	Plan registration opens for NCP file types
April 10, 2025 	Submitter Group Meeting – NCP Registration and Data Collection Overview
April 30, 2025 	Webinar: Overview of NCP Data Collection
May 1, 2025	Submitter registration opens for NCP file types
May 14, 2025	Webinar: Introduction to SFTP & PGP File Encryption
May 29, 2025	Webinar: Overview of NCP File Formats & Validation
June 11, 2025	Webinar: Overview of CDM & Submission Best Practices
July 1, 2025	Onpoint CDM configured to accept NCP test files
September 1, 2025	Deadline for submitting at least one test file for each historical NCP data file type
June 30, 2026	Deadline for successfully completing testing for each historical NCP data file type
July 31, 2026	Historical data (June 29, 2017 – December 31, 2024) due for annual payments and pharmacy rebates
September 1, 2026	Historical data (June 29, 2017 – July 31, 2026) due for capitation file
September 30, 2026	Initiation of ongoing annual payments and pharmacy rebates, starting with CY2025 reporting
October 1, 2026	Initiation of ongoing monthly capitation file, starting with August 2026 reporting



# Next Steps

- Complete HPD plan registration as soon as possible; this will facilitate the next phase of outreach to NCP data submitters
- Review NCP Data Layout™ specifications and HPD Program documentation (updated HPD Reporting Manual forthcoming)
- Attend upcoming NCP-related training webinars
- Coordinate with technical teams to prepare for NCP file submission:
  - **HPD Plans:** Ensure your delegated submitters are aware of NCP submission requirements and prepared to send data on your team's behalf
  - **HPD Submitters:** Ensure your systems are configured to send NCP data on behalf of the individual plans whose data you submit to the HPD



# Reach Out for Additional Support

- One-on-one submitter support meetings available upon request
- Reach out to the Onpoint and HPD teams for support...
  - For technical questions: [hpd-support@onpointhealthdata.org](mailto:hpd-support@onpointhealthdata.org)
  - For regulatory questions: [hpd@hcai.ca.gov](mailto:hpd@hcai.ca.gov)



# Questions?

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# Thank you.



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