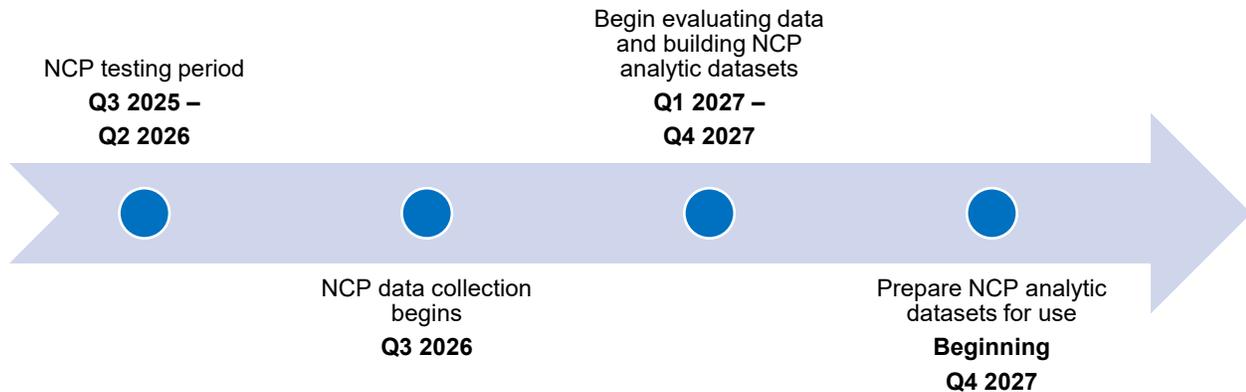


## Healthcare Payments Data Program: Non-Claims Payment (NCP) Data

As required under [Health and Safety Code section 127673](#), the Department of Health Care Access and Information (HCAI) adopted regulations on March 25, 2025, for the collection of non-claims payment (NCP) data. NCP data includes the following data files as specified in the NCP Data Layout™ Version 1.0: Annual Payment Files, Pharmacy Rebate Files, and Capitation Files. In March of 2026, HCAI updated regulations to transition to All-Payer Claims Database Common Data Layout ([APCD-CDL™ version 4.0.1](#)) which unifies the NCP Data Layout™ Version 1.0 and the APCD-CDL™ into one data layout.

Health plans and submitters are required to submit NCP data to the Healthcare Payments Data (HPD) program beginning with test file submissions on July 1, 2025, to be completed by June 30, 2026. Please refer to the [HCAI Laws & Regulations](#) to review all rulemaking documents.

### NCP Roadmap



### NCP Data Submitter Frequently Asked Questions

#### 1. What types of NCP data files and in what data format will submitters be required to submit to HPD?

Submitters are required to submit the following NCP data files: Annual Payment Files, Pharmacy Rebate Files, and Capitation Files.

HCAI updated HPD regulations to incorporate the [APCD-CDL™ version 4.0.1](#), as a required data format which integrates the NCP Data Layout™. Updated regulations are effective early March 2026.

## **2. When will submitters need to start submitting NCP data?**

Each entity that is required to submit data to HPD will be required to register via the HPD data portal following guidance in the [HPD Data Submission Guide version 4.0](#).

For Annual Payment Files and Pharmacy Rebate Files:

- Submitters were required to submit at least one historical test Annual Payment File and at least one historical test Pharmacy Rebate File by September 1, 2025.
- Submitters will be required to submit historical Annual Payment Files and historical Pharmacy Rebate Files from June 29, 2017, through December 31, 2024, by July 31, 2026.
- Regular annual reporting of these data files will begin for the calendar year of 2025, to be submitted by September 30, 2026.

For Capitation Files:

- Submitters were required to submit at least one historical test Capitation File by September 1, 2025.
- Submitters will be required to submit historical Capitation Files from June 29, 2017, through July 31, 2026, by September 1, 2026.
- Submitters will send production 2026 monthly Capitation Files beginning with the month of August by October 1, 2026.

## **3. How often will submitters need to submit NCP data?**

Ongoing data submission for Annual Payment Files and Pharmacy Rebate Files is on an annual basis beginning in September 2026.

Ongoing data submission for Capitation Files is on a monthly basis beginning in October 2026.

## **4. Will the Office of Health Care Affordability (OHCA) and HPD collect the same NCP data?**

No. Health plans and submitters are required to submit separate files to both HPD and OHCA, using the same submission system, but the data submitted to each program is different. OHCA will collect aggregated NCP totals and will eventually include NCP sub-totals for primary care and behavioral health spend. OHCA will collect data for a payer's full line of business. Beginning on March 25, 2025, HPD will collect detailed contract-level, National Drug Code-level, and member-level NCP data in three file formats. HPD will collect data for a payer's commercial and Medicare Advantage lines of business.

OHCA and HPD will take a unified approach by using the same categories, codes, and definitions in the [Expanded Framework](#).

OHCA's non-claims data collection can be found in the [Total Health Care Expenditure \(THCE\) emergency regulations](#) along with the corresponding THCE Data Submission Guide.

**5. How should we approach cases where we cannot straightforwardly allocate specific payments to the Primary Care and Behavioral Health categories in the Annual Payments File?**

These definitions are offered as an option for plans to utilize but are not required. Plans may utilize these definitions, an alternative definition, or may create their own definition. The [HPD Reporting Manual version 4.0 Appendix E](#) provides an optional Primary Care Code set. Primary Care and Behavioral Health expenditures should only be reported when those expenditures can be accurately mapped, they should not be imputed or inferred. The Behavioral Health code set is anticipated to be added to the Reporting Manual in spring/summer 2026.

**6. Should the Annual Payments File also include the capitated payments from the Capitation File?**

Yes, the payments from the Capitated File should be included in the Annual Payments File to provide an aggregate roll up.

**7. Does member responsibility in the Annual Payments File include both encounter data and claims (fee-for-service payments)?**

Member responsibility should be reported for each payment category/subcategory that a member paid a copay, coinsurance, and/or deductible towards. This can include both encounter data and fee-for-service claims, however it is important that the member responsibility dollars are not duplicated across payment categories/subcategories so it can be summed across the Annual Payments File to determine the total cost of what a plan's member paid during the year.

**8. The Pharmacy Rebates data element CDLPR005 – Drug Code – NDC Product code excludes the last one or two digits (package code) of the NDC. What drug name (CDLPR007) should be used, there are multiple options?**

- CDLPR005: Please report the 11-digit format NDC Product Code, as described in the [HPD Data Submission Guide version 4.0](#). This reporting is different from APCD-CDLTM version 4.0.1. This change was implemented to support improved accuracy in pharmaceutical data submission.
- CDLPR007: Please report the product name affiliated with the 11-digit code based on how CDLPR005 was reported.

**9. Can you clarify reporting period start and end dates per NCP file type?**

- The Annual Payments File’s “Reporting Period State Date” (CDLAP003) and “Reporting Period End Date” (CDLAP004) must reflect the annual reporting period during which annual contract payments were processed.
- The Pharmacy Rebates File’s “Reporting Period State Date” (CDLPR003) and “Reporting Period End Date” (CDLPR004) must reflect the annual period for which a payer received rebates paid by the pharmaceutical manufacturer or pharmacy benefits manager (PBM).
- The Capitation File should include all capitation payments administered or adjusted during the “Period Beginning Date” and the “Period Ending Date” outlined in each file’s header (CDLHD006, CDLHD007). The “Reporting Period Start Date” and the “Reporting Period End Date” (CDLCF003, CDLCF004) should reflect the month of coverage for which a capitation payment was administered or adjusted per member.

Reporting Period definitions are outlined in the [HPD Reporting Manual Version 4.0](#).

### **10. How should adjustments on capitation payments be reported?**

Capitation payment adjustments should be submitted in the file covering the Period Beginning Date (CDLHD006) and Period Ending Date (CDLHD007) when processed. Following the aggregation methodology, include all adjustments with an extra row that voids the original or previous adjustment, reporting negative amounts in the Total Paid Amount field (CDLCF019).

See [Section 5.10 of the HPD Reporting Manual Version 4.0](#) for more information on reporting capitation payment adjustments.

### **11. When submitting Capitation files, for CDLCF019 Total Paid Amount, how should dollar amounts less than \$0.50 be reported?**

Dollar amounts reported for CDLCF019 Total Paid Amount should be reported without rounding, as described in the [HPD Data Submission Guide version 4.0](#). This reporting is different from APCD-CDL™ version 4.0.1. This change was implemented to support accuracy of reported data.

### **12. Could you please clarify reporting requirements for Contract Number (CDLAP005)?**

Please report the unique identifier assigned to the contracted payments between a health plan and billing provider.

For additional questions and information, please reach out to [hpd@hcai.ca.gov](mailto:hpd@hcai.ca.gov).