

**PROPOSED AMENDMENTS TO REGULATIONS**

**HEALTH CARE PAYMENTS DATA PROGRAM  
DATA COLLECTION REGULATIONS**

**CALIFORNIA CODE OF REGULATIONS TITLE 22  
Division 7. Health Planning and Facility Construction**

**Chapter 11. Health Care Payments Data Program**

**Article 1. Chapter Definitions**

**§ 97300. Definitions.**

The following definitions shall apply to the regulations contained in this Chapter:

(a) "APCD-CDL™" means ~~one of the following:~~

~~(1) For monthly data files submitted or resubmitted pursuant to this Chapter on or before February 16, 2024, the Common Data Layout for All-Payer Claims Databases, Version 2.1, released July 1, 2021, as developed by the University of New Hampshire and the National Association of Health Data Organizations (NAHDO), and hereby incorporated by reference. This document is available through the APCD Council website; or~~

~~(2) For monthly data files submitted or resubmitted pursuant to this Chapter on or after February 17, 2024, the Common Data Layout for All-Payer Claims Databases, Version 3.0.1, released April 1, 2023, as developed by the APCD Council, National Association of Health Data Organizations (NAHDO), and University of New Hampshire, and hereby incorporated by reference. This document is available through the APCD Council website.~~

(b) "Data portal" means the secure data submission mechanism through which plans register to submit data and data files are submitted to the System. The data portal is available via the Department's website.

(c) "Data Submission Guide" means ~~one of the following:~~

~~(1) For registrations and monthly data files submitted or resubmitted pursuant to this Chapter on or before February 16, 2024, the Health Care Payments Data Program: Data Submission Guide, Version 1.0, dated November 23, 2021, and hereby incorporated by reference. The Data Submission Guide is available on, and may be downloaded from, the Department's website; or~~

~~(2) For registrations and monthly data files submitted or resubmitted pursuant to this Chapter on or after February 17, 2024, the Health Care Payments Data Program: Data Submission Guide, Version 2-3.0, revised on July 17, 2023 June~~

14, 2024, and hereby incorporated by reference. The Data Submission Guide is available on, and may be downloaded from, the Department's website.

(d) "Delegated submitter" means an entity identified pursuant to Section 97318 as responsible for submitting data to the system on behalf of a plan.

(e) "Dental Data" means dental claims files as described in Section 97342, data for members who are exclusively enrolled for dental services, and data for providers who exclusively provided dental services.

(f) "Dental Plan" means a specialized health care service plan covering dental services only, a dental-only insurance plan, or a public self-insured plan covering dental services only.

(g) "Department" means the Department of Health Care Access and Information.

(h) "Designated submitter representative" means an individual or individuals designated by a registered submitter to submit data on behalf of the registered submitter and receive all communications from the System and the Department regarding data submissions.

(i) "Director" means the Director of the Department of Health Care Access and Information.

(j) "Health insurer" means an insurer licensed to provide health insurance, as defined in Section 106 of the Insurance Code, and an insurer offering specialized health insurance offering pharmacy, behavioral health (psychological), or dental services. Insurers providing only other specialized health insurance, or stop-loss insurance, student health insurance, supplemental insurance (including Medicare supplemental insurance), or discount-only insurance, are not considered health insurers.

(k) "Health plan" means a health care service plan as defined in the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) or a specialized health care service plan offering pharmacy, behavioral health (psychological), or dental services. "Health plan" does not include a health care service plan that holds a restricted or limited license only under the Knox-Keene Health Service Plan Act of 1975. Student health plans and supplemental plans (including Medicare supplemental coverage) are not considered health plans.

(l) "Member" means a person who is enrolled in or covered by a health plan, health insurer, or public self-insured plan.

(m) "NCP Data Layout™" means the Data Layout for Non-Claims Payments, Version 1.0, released April 2024 as developed by the APCD Council, NAHDO, and University of New Hampshire, and hereby incorporated by reference. This document is available through the NAHDO website.

~~(n)~~ (n) "Plan" means a non-exempt health plan, health insurer, or public self-insured plan;

and any voluntarily participating entity.

~~(h)~~ (o) "Program" means the Health Care Payments Data Program established pursuant to Health and Safety Code Section 127671.1.

~~(e)~~ (p) "Public self-insured plan" means:

- (1) A self-insured plan subject to Health and Safety Code Section 1349.2, or
- (2) A state entity, city, county, or other political subdivision of the state, or a public joint labor management trust, that offers self-insured or multiemployer-insured plans that pay for or reimburse any part of the cost of health care services.

~~(p)~~ (q) "Qualified Health Plan" means a Qualified Health Plan offered by the California Health Benefit Exchange.

(q) (r) "Registered submitter" means a plan that has registered to submit data to the system. An entity that is a delegated submitter under Section 97318 and has registered to submit data will be considered a registered submitter.

~~(r)~~ (s) "System" means the Health Care Payments Data System.

~~(s)~~ (t) "Voluntarily participating entity" means an entity that chooses to voluntarily submit data to the Program, has been approved by the Department to submit data, and is one of the following business types:

- (1) A self-insured employer that is not subject to Health and Safety Code Section 1349.2.
- (2) A multiemployer self-insured plan that is responsible for paying for health care services provided to beneficiaries.
- (3) The trust administrator for a multiemployer self-insured plan.
- (4) A provider, as defined in Health and Safety Code Section 1367.50(b)(2), that is a hospital or clinic.
- (5) A supplier, as defined in Health and Safety Code Section 1367.50(b)(3), that has an independent scope of practice and submits claims electronically.
- (6) A health plan or health insurer exempt from the requirements of this Chapter.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671, 127671.1, 127673, 127673.1, and 127673.2, Health and Safety Code.

## **Article 5. Monthly Data File Submission**

**§ 97340. Monthly Data Submission Method.**

~~(a) Plans shall submit data files monthly through the data portal.~~

~~(b) Except as stated in subsection (c), each monthly file shall be submitted by the first business day of the second month after the report month.~~

~~(c) The monthly data file submission for January 2024 shall be submitted no earlier than February 17, 2024, and by March 1, 2024.~~

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

**§ 97341. Data Submission Due Dates.**

(a) Plans shall submit the monthly data files identified in Section 97342 by the first business day of the second month after the report month.

(b) Plans shall submit the annual data files identified in Section 97342 by the last day of September of the year following the report year. A report year is a calendar year.

Note: Authority cited: Sections 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

**§ 97342. Data File Contents.**

(a) The following monthly data files, as specified in the Data Submission Guide in conjunction with the APCD-CDL™ and the NCP Data Layout™, shall be submitted.

(1) Member Eligibility File (ME)--contains demographic information for each individual member residing in California, regardless of whether the member utilized services during the reporting period.

(2) Medical Claims File (MC)--contains service-level medical claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(3) Pharmacy Claims File (PC)--contains detailed pharmacy claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(4) Dental Claims File (DC)--contains service-level dental claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(5) Provider File (PV)--contains demographic-type data on every provider included on the ME, MC, PC, or DC files during the reporting period.

(6) Capitation File (CF)--contains data on payments for member-attributable services under a capitation arrangement.

(b) The following annual data files, as specified in the Data Submission Guide in conjunction with the APCD-CDL™ and the NCP Data Layout™, shall be submitted.

(1) Annual Payment File (AP)--contains data on contractually based non-claims payments.

(2) Pharmacy Rebate File (PR)--contains data on prescription drug rebate payments.

~~(b)~~ (c) Files shall exclude data for any members who are exclusively enrolled in Medi-Cal or one of the following types of coverage:

(1) Supplemental (including Medicare supplemental).

(2) Student health.

(3) Chiropractic-only.

(4) Acupuncture-only.

(5) Vision-only.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

#### **§ 97344. Data File Technical Requirements.**

Data files shall comply with file format, technical specifications, and other standards specified in the Data Submission Guide, and the APCD-CDL™, and the NCP Data Layout™.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

#### **Article 5.5. Special Rules for Program Opening and Historical Data Submission**

##### **§ 97350. Preparation for Historical Data Submission.**

(a) Each ~~registered submitter~~ dental plan shall use the test function to prepare for historical data file submission.

~~(b) Plans, except dental plans, shall successfully complete the testing process by July 29, 2022.~~

~~(e)~~ (b) Dental plans shall successfully complete the testing process by July 31, 2024.

(c) This section does not apply to historical data file submissions for Capitation Files, Annual Payment Files, or Pharmacy Rebate Files as required by Section 97351(b) and (c).

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, and 127673, Health and Safety Code.

### **§ 97351. Historical Data Files.**

~~(a) Plans, except dental plans, shall submit data files, excluding dental data, in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 28, 2022.~~

~~(b)~~ (a) All plans shall submit dental data in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 31, 2024.

(b) All plans shall submit Capitation Files, in accordance with Sections 97342 and 97344, for the time period from June 29, 2017, through July 31, 2025, by September 1, 2025.

(c) All plans shall submit Annual Payment Files and Pharmacy Rebate Files, in accordance with Sections 97342 and 97344, for the time period from June 29, 2017, through December 31, 2023, by July 31, 2025.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

### **§ 97352. Initiation of Monthly Data File Reporting.**

~~(a) Plans, except dental plans, shall do the following:~~

~~(1) Begin regular monthly reporting with monthly data files, excluding dental data, for the month of November 2022, or an earlier month at their election.~~

~~(2) By February 1, 2023, submit all remaining data files, excluding dental data, for the months of 2022 prior to their first regular monthly submission.~~

~~(b)~~ (a) All plans shall do the following:

(1) Begin regular monthly reporting of dental data for the month of November 2024.

(2) By February 1, 2025, submit all remaining dental data for period beginning January 2022 through October 2024.

(b) All plans shall begin regular monthly reporting of Capitation Files, as described in

Section 97342, for the month of August 2025. This monthly data file shall be submitted by October 1, 2025.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

**§ 97353. Initiation of Annual Data File Reporting.**

All plans shall begin regular annual reporting of the Annual Payment File and Pharmacy Rebate File, as described in Section 97342, for the calendar year of 2024. These initial annual files shall be submitted by September 30, 2025.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

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