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Overview of Health Care Payments Data (HPD) Program Non-Claims Payments (NCP) Technical Specifications

May 29, 2025

Agenda

- NCP implementation reminders
 - Review NCP file types and implementation timeline
 - Next steps
- NCP Data Layout™ technical overview
 - Review NCP documentation and resources
 - Review NCP sample data:
 - » Annual Payments
 - » Pharmacy Rebates
 - » Capitation File
- Questions?

NCP Implementation Reminders

Dawn Hamlin, *Data Operations Manager*

What are Non-Claims Payments?

- 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 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™ Version 1.0

- 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 HCAI's [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

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 and NCP file testing
- Review NCP Data Layout™ specifications and HPD Program documentation (updated HPD Reporting Manual forthcoming)
- 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

NCP Data Collection – Technical Overview

Gina Robertson, *Data Analytics Manager*

NCP Documentation & Resources

- [NCP Data Layout™ Version 1.0](#)
- [HPD Submitter Webpage](#)
 - Submitter Group presentation and training materials
 - [HPD Data Submission Guide Version 3.0](#)
 - HPD Reporting Manual Version 3.0 (ETA June 2025)
- [HCAI Primary Care definition](#)
- HCAI Behavioral Health definition (ETA August 2025)
- NCP Data Layout™ - Submission Scenarios (ETA June 2025)

NCP Data Layout™ Version 1.0

- Includes each file's expected format
- Provides additional details on [Expanded Framework](#) model

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

HPD Data Submission Guide 3.0

- Provides registration and testing requirements for historical NCP files
- Provides field-level reporting requirements (required vs. situational)



Health Care Payments Data Program Data Submission Guide

5.8 Annual Payment File

NCP Data Layout™ Data Element #	Name	HPD Requirements	Notes
CDLAP001	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLAP002	Payer Code	Required	Assigned by HCAI during registration.
CDLAP003	Reporting Period Start Date	Required	YYYYMM
CDLAP004	Reporting Period End Date	Required	YYYYMM
CDLAP005	Contract Number	Required	
CDLAP006	Contract Type	Required	See NCP Data Layout™ for specific valid values.
CDLAP007	Billing Provider ID	Required	
CDLAP008	Billing Provider	Required	Must be a valid NPI

NCP Data Layout™ - Submission Scenarios

- Provides further technical guidance per file type
- Provides sample data per file type



**California Department of Health Care Access and Information (HCAi)
Health Care Payments Data (HPD) Program**

NCP Data Layout™ - Submission Scenarios

Last Updated: May 1, 2025

This file is a product of Onpoint Health Data and has been created for use only by data submitters participating in the HPD Program. This file is not for public release or unauthorized redistribution.

For assistance or for technical questions, please contact
Onpoint's HPD support desk
(hpd-support@onpointhealthdata.org | 207-623-2555).

NCP Data Collection – Frequently Asked Questions

Gina Robertson, *Data Analytics Manager*

Q: “I completed HPD registration in February. Do I need to re-register to include NCP information?”

- Yes – as of April 1, all plans and submitters are requested to update HPD registration forms for 2025 to confirm NCP data file submissions
- Onpoint sent links to all HPD plans and submitters to edit existing registration forms for 2025
 - If you have not received your registration form link(s), please contact:
hpd-support@onpointhealthdata.org
- **Note:** HPD plan registration is a prerequisite to submitter registration and submitting test files; please coordinate with your plans to ensure their registrations are complete ahead of registering as an NCP submitter

Q: “A new contact from my team will be submitting one or more of my NCP files. Is that allowed?”

- Yes – submitters can enter individual contacts affiliated to each expected file type as part of HPD submitter registration
- If your team needs support in credentialing more contacts within Onpoint CDM, please reach out to: hpdc-support@onpointhealthdata.org

Q: “Can I submit my NCP files under a new submitter code to the HPD?”

- Yes – HPD submitters can utilize new submitter codes to send NCP data
- If an HPD submitter requires a new submitter code to send their NCP files, they will need to complete a new submitter registration form
- Please reach out to Onpoint with any questions related to submitter code assignment: hpd-support@onpointhealthdata.org

Q: “In the Pharmacy Rebates file, do I include data for NDCs that didn’t receive rebates?”

- No – please include only NDCs in the Pharmacy Rebates file for which a payer received pharmacy rebates

Q: “In the Capitation File, how do I report adjustments to capitation payments?”

- Example of file reported with a header record Period Beginning/Ending Date (CDLHD006/CDLHD007) of '202101' that includes all capitation payments administered or adjusted in January 2021:

CDLCF003	CDLCF004	CDLCF006	CDLCF007	CDLCF018	CDLCF019
Reporting Period Start Date	Reporting Period End Date	Member Last Name	Member First Name	Payment Subcategory	Total Paid Amount
202101	202101	Sideways	Eilleen	D1	160
202010	202010	Sideways	Eilleen	D1	-155
202010	202010	Sideways	Eilleen	D1	135

Q: “In the Capitation File, how do I report adjustments to capitation payments?” (cont.)

- Adjustments to capitation payments may be submitted according to the following guidelines:
 - Adjustments must be reported within the Capitation File whose header record's Reporting Period (CDLHD006, CDLHD007) reflects the month during which the adjustment was processed
 - Adjustments must be submitted using the Aggregation method (see NCP Submission Scenarios document for more information)
 - Adjustments must report the month of enrollment for which the adjustment should apply to using the Capitation File's Reporting Period Start Date (CDLCF003) and Reporting Period End Date (CDLCF004)

Q: “In the Annual Payments file, how do I report the ‘Z’ and ‘Z9’ Payment Category and Subcategory?”

The ‘Z’ and ‘Z9’ Payment Category and Subcategory codes should be used to report member months at two levels of detail:

1. Report the ‘Z’ and ‘Z9’ Payment Category and Subcategory codes to detail total distinct member count and member months by payer and billing provider across all population-based payment arrangements during the reporting period.
2. Report the ‘Z’ and ‘Z9’ Payment Category and Subcategory codes to detail total distinct member count and member months for the entire population covered by the submitter and payer during the annual reporting period, regardless of payment arrangement.

Q: “Is there a way to report adjustments to capitation payments in the Capitation File?” (cont.)

- Adjustments must report the month of enrollment for which the adjustment should apply to using the Capitation File’s Reporting Period Start Date (CDLCF003) and Reporting Period End Date (CDLCF004).



Questions?

For technical questions:

hpd-support@onpointhealthdata.org

For regulatory questions:

hpd@hcai.ca.gov

Thank you.



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