



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

Total Health Care Expenditures (THCE) Data Submitter Workgroup

October 21, 2026



Agenda

1. OHCA Updates
2. Proposed Changes for 2027 Data Collection
3. Next Steps

OHCA Updates

- OHCA published its first *Report on Promoting High Value Health Care in California*, reporting on 2023-2024 alternative payment model adoption and primary care spending data submitted in 2025.
- OHCA also published its second report on *Health Care Spending Trends in California* which includes reporting on physician organizations in addition to payers.
- Both reports are available on [OHCA's website](#) and will be discussed at the Health Care Affordability Board meeting on Thursday, October 29.

Proposed Changes for 2027 Data Collection

Third-Party Technical Contacts

- Submitters may identify a technical contact from an outside organization that creates and/or submits files on their behalf.
- Once approved, the technical contact will have access to all historical and future submission information associated with the submitter code in Data Harbor.
- The technical contact will also be included on emails from OHCA and Onpoint.

Removing Standard Deviation

- OHCA proposes to remove Standard Deviation calculations from the Statewide and Attributed TME files.
- Removing these fields reduces submitter burden and simplifies reporting requirements.
- OHCA's current reporting methodology does not require standard deviation measures.
- Other data sources, such as HPD claims, can support analysis of variation and outliers.

Product Type Changes

Report Product Type in all markets

- Currently, only the Commercial market categories are broken out by Product Type (e.g., HMO, PPO). Medi-Cal, Medicare, and Dual Eligible market categories report Not Applicable.
- Proposed change removes Not Applicable option and has all market categories break out by Product Type (e.g., HMO, PPO).

Standardize options across files

- Currently, the Statewide file has 4 options and the APM, Primary Care, and Behavioral Health files have 3 options:

SWT file	APM, PRC, BHV files
1. HMO/POS 2. PPO/EPO 3. Other 4. Self-insured	1. HMO/POS 2. PPO/EPO 3. Other

- Proposal to have same 4 options across SWT, APM, PRC, and BHV files.

Attributed PO Payments

- Proposal to add a new field to the Attributed TME file to capture payments made directly to the attributed physician organization.

Member's Payments		Amount		
Sierra Medical Group primary care capitation		\$1,200		
Tango Behavioral Health specialty care		\$600		
Uniform PBM pharmacy claims		\$400		
Victor Hospital ER claim		\$150		
Member's Total Medical Expense		\$2,350		
Attributed Phys Org	Member Months	Total Medical Expense	Attributed PO Pmts	
Sierra Medical Group	12	\$2,350	\$1,200	

Primary Care (PRC) File Updates

- Clarifying provider taxonomy is based on rendering provider taxonomy field as recorded on the claim
- Clarifying timing of DMHC Annual Network Review data to use for PRC file claims categorization
- Clarifying that Medi-Cal Only Vaccines for Children (VFC) instructions apply only to members aged 18 or below
- Adding instructions to use the DMHC/DHCS Annual Network Review filter to identify primary care encounters in calculations of primary care allocation of capitation payments
- Clarifying that when payments apply to more than one month, member months shall be reported based on the period to which the payment applied, not only the month the payment was made

Behavioral Health (BHV) File Updates

- Adding clarification on how to report spending via behavioral health “carve-outs”
- Adding instruction to use the DMHC/DHCS Annual Network Review filter to identify primary care providers when assigning claim lines to the Outpatient Professional Primary Care service subcategory
- Clarifying instructions for categorizing claims and claim lines into service subcategories
- Correcting several errors in Behavioral Health Addendum that submitters have identified

Submitter Round Table

Next Steps

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- In the coming weeks, OHCA will be sending payer preview reports on TME growth to submitters.
- In November, OHCA will begin sending payer preview reports on APM, Primary Care, and Behavioral Health data.
- OHCA will release a full draft of DSG 4.0 and addenda for public comment later this year.
- Send questions or requests for future workgroup topics to OHCA@HCAI.ca.gov.

2026 Data Collection Timeline

