

Proposed Recommendations for Consideration HPD Review Committee, July 2019

1. The Review Committee recommends that definitions for the types of organizations required to submit data as previously defined to the HPD (“mandatory submitters”) should be based on existing California laws and definitions, and include:
 - a. Health care service plans (as defined in [Health and Safety Code 1345](#)) and health insurers as defined in [Insurance Code section 106 \(b\)](#)
 - b. The California Department of Health Care Services, for Medi-Cal data
 - c. Pharmacy benefit managers (as defined [CA Health & Safety Code § 1385.001 \(2018\)](#))

“Data” refers to the type of data previously approved by the Review Committee for inclusion in the APCD:

- Core APCD data such as the data included in the APCD Council’s Common Data Layout™, or similar data formats available from CMS for Medicare and DHCS for Medi-Cal: enrollment, claims and encounters, and provider.
 - Non-claims based payments that are not included in the APCD-CDL but are necessary in order to capture the total cost of care.
2. The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:
 - a. Required lines of business:
 1. Commercial: individual, small group, large group, Medicare Advantage
 2. Self-insured plans not subject to ERISA
 3. Medi-Cal
 4. Dental
 - b. Coordination of submission: The mandatory submitters are responsible for ensuring complete data submissions, including data feeds from pharmacy benefit management companies, behavioral health organizations, and other services carved out to a subcontracting organization.
 - c. Excluded lines of business: all those listed in Insurance Code section 106b as excluded from the definition of health insurance, plus the following:
 1. supplemental insurance (including Medicare supplemental),
 2. stop-loss plans,
 3. student health insurance,
 4. chiropractic-only, discount, and vision-only insurance
 - d. Plan size: Exemption for plans with fewer than 50,000 covered lives for:
 1. Combined Medicare Advantage, commercial, and self-insured plans not subject to ERISA
 2. DentalThere is no threshold for Medi-Cal.
 3. The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:
 - a. Frequency:
 - monthly for all core data (claims, encounters, eligibility, provider files) data

- annually for non-claims data
 - b. Population: residents of California
- 4. The Review Committee recommends that:
 - HPD should be statutorily authorized to receive data from voluntary submitters.
 - HPD shall develop an appropriate process to encourage voluntary data submission.