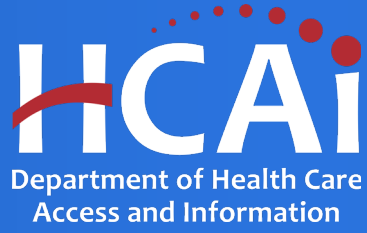


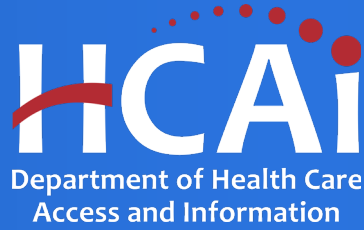
# Workshop for Proposed Regulations on Total Health Care Expenditures Data Collection

November 14, 2023

We Will Begin @ 1 p.m.



Welcome



# Office of Health Care Affordability

## Overview of Proposed Emergency Regulations for Total Health Care Expenditures Data Collection

November 14, 2023 - Public Workshop

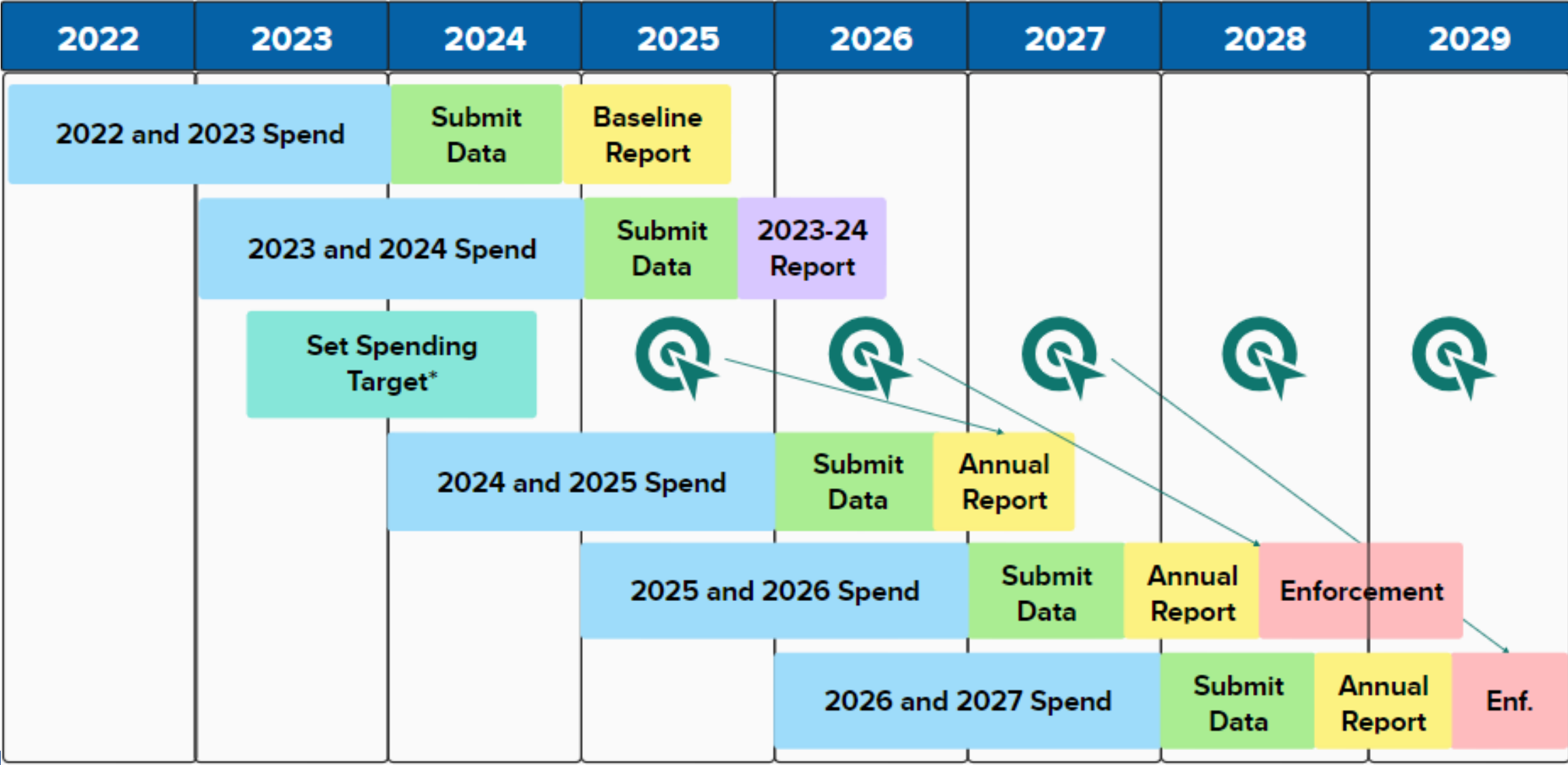
# Presentation Overview

1. Statutory Overview
2. Spending Target Timeline
3. Proposed Emergency Regulations Overview
4. Data Submission Guide and Attribution Addendum
5. THCE Rulemaking Timeline
6. Public Comment

# Statute to Implementing Regulations

- OHCA is required to adopt emergency regulations to establish requirements for payers and fully integrated delivery systems (FIDS) to submit data and other information necessary to measure total health care expenditures (THCE) and per capita THCE. (§§ 127501.2 and 127501.4 (b).)
- OHCA will use this information to prepare a report on baseline health care spending by June 1, 2025. (§ 127501.6 (a).)
- Annually thereafter, OHCA will prepare a report concerning health care spending trends and underlying factors, along with policy recommendations to control costs and improve quality performance and equity of the health care system while maintaining access to care and high-quality jobs and workforce stability. (§ 127501.6 (b).)
- OHCA must publish its first annual report by June 1, 2027, based on its analysis of THCE data for the 2024 and 2025 calendar years. (*Id.*)

# Spending Target Timeline



\*The Health Care Affordability Board may set a target for one or more years.

# Proposed Emergency Regulations

## Overview

The proposed emergency regulations for THCE Data Submission:

- Define terms used in the regulations. (Proposed § 97445.)
- Outline the scope of the regulations. (Proposed § 97447.)
- Specify who is a required submitter and how voluntary submitters may request to participate. (Proposed § 97449(a)-(c).)
- Explain how submitters in Plan-to-Plan contracts should coordinate data submission with Subcontracted Plans. (Proposed § 97449(d).)
- Establish deadlines for submitter registration and data file submission. (Proposed § 97449(e)-(h).)
- Establish other requirements related to data file specifications, test files, data acceptance and correction, and variance requests. (Proposed § 97449(i)-(l).)

# Data Submission Guide and Attribution Addendum

The proposed emergency rulemaking package also incorporates by reference the:

1. Total Health Care Expenditures Data Submission Guide, which:
  - Is intended for payers and FIDS (“submitters”) to use when extracting and aggregating data for submission to OHCA. Submitter interactions described in the Guide will occur via the secure THCE Data Portal--the platform for submitter registration, data submission, and submission status information.
  - Provides technical specifications, file layouts, reporting schedules, and other instructions to ensure the submission of accurate THCE data in a standardized format.
  - Specifies that submitters will not be required to submit data files for the Medi-Cal Managed Care market category until the September 1, 2025 annual submission deadline.
2. The Office of Health Care Affordability Attribution Addendum, which:
  - Contains a list of provider organizations and unique identifiers to be used when attributing total medical expenditures.



# Data Submission Guide and Attribution Addendum

Submitters will report Total Medical Expenditures (TME) using pipe (“|”) delimited text files to the forthcoming THCE Data Portal. A complete submission contains all of the following files:

File Type	Contents
Statewide TME	Total medical expenditures broken out by market category (e.g., Commercial or Medicare Advantage).
Attributed TME	Total medical expenditures attributed to organizations listed on the Attribution Addendum and broken out by market category, age, and sex.
Regional TME	Total medical expenditures broken out by market category and geographic region (Covered California rating region or Los Angeles County Service Planning Area).
Pharmacy Rebates	Statewide medical and retail pharmacy rebates broken out by market category.
Submission Questions	Attestations and confirmations that instructions in the Guide were followed when preparing data for submission.

# Data Submission Guide and Attribution Addendum

Submitters will report Total Medical Expenditures categorized by:

## Claims Payments

- Hospital Inpatient
- Hospital Outpatient
- Professional
- Long-Term Care
- Retail Pharmacy
- Other

## Other Member-Level Payments

- Capitation and Full Risk Payments
- Member Responsibility Amounts

## Non-Claims Payments

- Population Health and Practice Infrastructure Payments
- Performance Payments
- Payments with Shared Savings and Recoupments
- Other

# Data Submission Guide and Attribution Addendum

In addition to file layouts and field specifications, the Data Submission Guide provides instructions on:

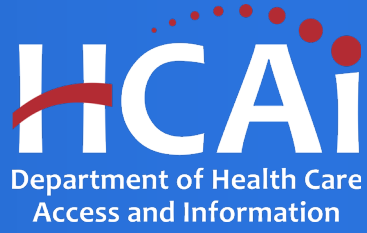
- Reporting allowed amounts from claims, including member responsibility, after a run-out period of at least 180 days.
- Including claims for all California residents, regardless of site of care, when the payer is primary on the claim.
- Attributing member-level expenditures to organizations listed on the Attribution Addendum using an ordered methodology.
- Including estimates for members when certain benefits are carved out and claims data are not available.
- Calculating standard deviation as a per-member, per-month value.
- Requesting data variances if data submission requirements cannot be met.

# THCE Rulemaking Timeline

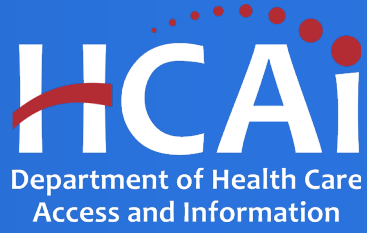


# Workshop Processes and Instructions

- We are here to listen to your comments; therefore, staff will not respond to substantive questions or comments.
- For fairness to all other commenters, please keep your comments under five minutes.
  - You may submit written comments to [ohca@hcai.ca.gov](mailto:ohca@hcai.ca.gov) by 5 p.m., December 1st.



# Public Comment



# Adjournment