Healthcare Payments Review Committee Approved Recommendations

Proposed Changes for February 2020 Review Committee Meeting

Crosswalk to “Redlined Version” of Approved Recommendations

Proposed Change	**Recommendations Affected**	**Rationale**
Clarify and/or Refine Wording		
Delete “claims and enrollment” since other data elements will be collected. Replace “All Other” with “commercial health plans and insurers for those with employer-based, individual, Medicare Advantage, or dental coverage”	1: Three Sources of Data	Clarifies current language
Change “all other submitters” to “all submitters except CMS” in referring to recommended data layout	4: APCD-CDL™	Clarifies current language
Add detail to refine definition of self-insured entities (new language is bold): Self-insured entities **as permitted under federal regulation (currently, public payer plans such as state, county, and local governments that are not subject to ERISA)**	9: Mandatory Data Submitters 10: Required Lines of Business	Self-insured entities subject to ERISA currently cannot be compelled due to the 2016 Supreme Court decision (*Gobeille)* but future US Department of Labor regulatory action could allow states to collect data from private self-funded payers. Intent of revised language is to prompt legislators to allow federal rule changes about self-insured entities to flow through to the HPD mandate without requiring new CA legislation.
Add “at least” to modify frequency of submission for non-claims data	14: Frequency	More flexible, in case it makes sense to collect capitation or other non-claims data more frequently than annual.
Change “Restricted Revenue Fund” to “Special Fund”	33: Restricted Revenue Fund	Addresses question raised in January RC meeting regarding most appropriate wording.

Proposed Change	Recommendations Affected	Rationale
Clean Up and Standardize Wording		
Standardize language to "HPD System" when reference is made to the IT system that will house the data and be used for analysis. Standardize language to "HPD Program" when reference is made to the overall program, including state staff, outreach, planning, processes, etc. Edit to remove references to "HPD" as a standalone term.	Multiple – 1, 2, 3, 4, 5, 6, 8, 9, 16, 18, 20, 21, 22, 23, 27, 28, 31	Terms used to refer to the initiative have varied, standardize for clarity Note that this wording in 31 was not changed due to Review Committee discussion regarding the best way to describe the exemption: "The healthcare payments database should be exempt from the disclosure requirements of the Public Records Act"
Remove "The Review Committee Recommends" and make any required edits	All but two of the recommendations (7 and 8 did not include that wording)	Not necessary, duplicative
Spell out acronyms (DHCS, CMS, SSN, OSHPD) on first use and abbreviate thereafter	1, 6, 7, 9	Clarify and streamline
Pull out the same line from each of 6 recommendations: "Standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:" And adjust sentence structure as needed, including adding "the population for data submission is defined as" to #15 (Population)	10-15 (Required Lines of Business through Population)	Streamline, easier to read
Delete the words "worth" and "Tier 1 'core'" (in bold): HPD should initially pursue three years **worth** of **Tier 1 "core"** historical data (enrollment, claims and encounters, and provider) from submitters.	5: Three Years of Historical Data	Streamline, easier to read