

Healthcare Payments Review Committee Approved Recommendations

October 17, 2019

1. **Three Sources of Data:** The Review Committee recommends that the HPD System should establish collection methods and processes specific to three sources of claims and enrollment data: 1) DHCS (for Medi-Cal), 2) CMS (for Medicare FFS), and 3) All other.
2. **Collect Medi-Cal Data:** The Review Committee recommends that the HPD System should pursue the collection of Medi-Cal data directly from DHCS.
3. **Incorporate Medicare Data:** The Review Committee recommends that the HPD should pursue the collection of Medicare FFS data, in the formats specified by CMS.
4. **APCD-CDL™:** The Review Committee recommends that the HPD should use the APCD-CDL™ for all other submitters.
5. **Three-Years of Historical Data:** The Review Committee recommends that the HPD should initially pursue three years' worth of historical Tier I "core" data (enrollment, claims and encounters, and provider) from submitters.
6. **Non -Claims Based Payments:** The Review Committee recommends that the HPD should collect non-claims-based payments, in order to capture the total cost of care. Since these payments are not included in the APCD-CDL™, OSHPD will work with stakeholders to specify the format(s) and source(s) of the supplemental file(s).
7. **Collection of Personally Identifiable Information:** The Review Committee recommends to ensure broad authority for OSHPD to securely collect available personally identifiable Information.
8. **Development of Master Patient/Payer/Provider Index:** The Review Committee recommends that the HPD Program should use robust methodologies to match patients, providers, and payers across datasets.
9. **Mandatory Data Submitters:** 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 federal and existing California laws and definitions, and initially include:
 1. Health care service plans and health insurers
 2. The California Department of Health Care Services, for Medi-Cal managed care plan and fee for service data
 3. Self-insured entities not subject to ERISA
 4. Third party administrators of plans (not otherwise preempted by ERISA)
 5. Dental plans and insurers

10. **Required Lines of Business:** 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:

Required lines of business:

1. Commercial: individual, small group, large group, Medicare Advantage
2. Self-insured plans not subject to ERISA
3. Dental
4. Medi-Cal

11. **Coordination of Submission:** 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:

Coordination of submission: The mandatory submitters are responsible for submitting complete and accurate data directly and facilitating data submissions from appropriate data owners, including data feeds from pharmacy benefit management companies, behavioral health organizations, subsidiaries, and other services carved out to a subcontracting organization.

12. **Excluded Lines of Business:** 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:

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

13. **Plan Size:** Standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:

1. Exemption for plans below a threshold not to exceed 50,000 covered lives to be defined and overseen by OSHPD with consideration given to feasibility, cost, and value of data procurement, for:
 - a. Combined Medicare Advantage, commercial, and self-insured plans not subject to ERISA
 - b. Dental
2. Given that DHCS will be submitting Medi-Cal data, there is no plan size threshold for Medi-Cal Fee for Service or Managed Care.

3. With consultation between OSHPD and Covered California, all Qualified Health Plans (plans participating in Covered California) are required to submit either directly or through Covered California.

14. **Frequency:** Specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:
 - a. monthly for all core data (claims, encounters, eligibility, and provider files)
 - b. annually for non-claims-payments data files

15. **Population:** Specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:
 - a. residents of California

16. **Voluntary Submitters:** The Review Committee recommends that:
 - a. HPD should be statutorily authorized to receive data from voluntary submitters.
 - b. HPD shall develop an appropriate process to encourage voluntary data submission.

17. **Transparent Data Quality Processes:** The HPD Program develop transparent data quality and improvement processes. In developing the program, OSHPD shall review and leverage known and effective data improvement processes and experiences.

18. **Data Quality at Each Part of the Life Cycle:** Data quality processes should be applied to each major phase of the HPD data life-cycle, including:
 - a. Source data intake
 - b. Data conversion and processing
 - c. Data analysis, reporting, and release

19. **Stakeholder Access to Data Quality:** The Review Committee recommends that the HPD Program provide stakeholders with accessible information on data quality, including:
 - a. Descriptions of processes and methodologies
 - b. Periodic updates on known issues and their implications.

20. **Privacy Principles:** The Review Committee recommends the HPD Program adopt the following patient privacy principles:

- a. The HPD shall protect individual patient privacy in compliance with applicable federal and state laws.
- b. The HPD is established to learn about the health care system and populations, not about individual patients.

21. **Authority to Submit and Collect Personal Information:** The Review Committee recommends that legislation clearly authorize data submitters to send, and OSHPD to receive, personal information to meet the legislative intent of the HPD. To support the submission of data by voluntary submitters, legislation should clearly specify public health as one of the intended uses of the HPD.

22. **Access to Non- Public Data:** The Review Committee recommends that only aggregate de-identified information will be publicly accessible. OSHPD should develop a program governing access to non-public HPD data, including a data request process overseen by a data access committee.

23. **Information Security Program:** The Review Committee recommends the HPD program develop an information security program that uses existing state standards and complies with applicable federal and state laws.

New as of 10/17/2019

24. **Leverage Resources and Expertise:** The Review Committee recommends that OSHPD leverage existing resources and expertise to facilitate a faster time to implement, maximize the early capabilities of the system, and learn from subject matter experts in the all-payer and multi-payer database industry.

25. **Modular Approach:** The Review Committee recommends the HPD system be implemented with a modular approach, with each module performing a discrete system function.

26. **Data Collection Vendor:** The Review Committee recommends that commercial healthcare data be initially collected by a vendor with established submitter management and data quality processes, and that is experienced in aggregating/synthesizing/standardizing commercial claims data files from multiple payer sources. It is preferred that the vendor have experience with state APCD programs.