Approaches to HPD Data Collection

Data Collection Approach

- Review Committee recommendations
  - Unanimously approved, 10 of 36 relevant to today's discussion
- Starting place: Statute authorizing HPD creates framework, requires emergency regulations on data collection
- Emergency Regulations to be adopted by 12/31/2021
- Final regulations to be adopted within two years

Review Committee Recommendations: Data Collection

1. ***APCD-CDL™***: The HPD System should use the APCD-CDL™ for all submitters except CMS.
2. ***Three Years of Historical Data***: The HPD Program should initially pursue three years of historical data (enrollment, claims and encounters, and provider) from submitters.
3. ***Non-Claims Based Payments***: The HPD System 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™, the Office of Statewide Health Planning and Development (OSHPD) will work with stakeholders to specify the format(s) and source(s) of the supplemental file(s).
4. ***Mandatory Data Submitters***: The types of organizations required to submit data to the HPD System ("mandatory submitters") should be based on federal and existing California laws and definitions, and initially include:
    - Health care service plans and health insurers
    - DHCS, for Medi-Cal managed care plan and fee for service data
    - Self-insured entities as permitted under federal law (currently, public payer plans such as state, county, and local governments that are not subject to ERISA)
    - Third-party administrators of plans (not otherwise preempted by ERISA)
    - Dental plans and insurers

Review Committee Recommendations: Data Collection

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

1. ***Required Lines of Business***:
   a. Commercial: individual, small group, large group, Medicare Advantage
   b. Self-insured plans as permitted under federal law (currently, public payer plans such as state, county, and local governments that are not subject to ERISA)
   c. Dental
   d. Medi-Cal FFS and managed care
2. ***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.
3. ***Excluded Lines of Business***: All those listed in Insurance Code section 106b as excluded from the definition of health insurance, plus the following:
   a. Supplemental insurance (including Medicare supplemental)
   b. Stop-loss plans
   c. Student health insurance
   d. Chiropractic-only, discount, and vision-only insurance
4. ***Plan Size***:
   a. OSHPD shall establish an 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:
      i. Combined Medicare Advantage, commercial, and self-insured plans not subject to ERISA
      ii. Dental
   b. Given that DHCS will be submitting Medi-Cal data, there is no plan size threshold for Medi-Cal FFS or managed care.
   c. 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.
5. ***Frequency***:
   a. Monthly submission for all core data (claims, encounters, eligibility, and provider files)
   b. Submission at least annually for non-claims-payments data files
6. ***Population***: The population for data submission is defined as residents of California

Planned Approach Pursuant to HPD Legislation

RC Recommendation	Planned Approach for HPD
APCD-CDL™	Aligns
3 Years Historical Data	Aligns
Non-Claims Based Payments	Aligns, approach to be developed with stakeholder input and relying on national standards (development underway)
Mandatory Data Submitters	Aligns; at licensed entity level for plans/insurers (vs. parent company level); dental dependent on readiness
Standards for Mandatory Submission	
1. Required Lines of Business	Aligns; dental dependent on readiness
2. Coordination of Submission	Aligns
3. Excluded Lines of Business	Aligns
4. Plan Size	Aligns; threshold set at 40,000 lives for each licensed entity (no threshold for QHP); coordinate with Covered California on QHP data submission
5. Frequency	Aligns; monthly for core data and TBD for non-claims (as above)
6. Population	Aligns

Topics for Discussion and Public Comment

- Plan size threshold for mandatory submission
- Coordination with Covered California on data submission
- Restricted health care service plans

Plan Size: Threshold for Submission

- Goal: balance the benefits and costs of acquiring additional data when setting the plan threshold
- Threshold applies to each licensed entity (not the parent plan); a subsidiary of a large plan/insurer may fall below the threshold and be exempt. Threshold will also apply to public self-insured plans.
- **Planned approach** is to set threshold at 40,000 lives. Table below shows three threshold scenarios based on 2019 data from DMHC and CDI (fully insured lives).

	>=50,000 (Commercial + Medicare Advantage)	>=40,000 (Commercial + Medicare Advantage)	>= 30,000 (Commercial + Medicare Advantage)
Licensed Submitters	25	30	32
Parent Plans	18	22	24
% Commercial Lives (fully insured)	98.4%	98.7%	98.9%
% MA Lives (fully insured)	89.4%	96.1%	97.3%
% Commercial + MA (fully insured)	97.0%	98.3%	98.7%

Coordination with Covered California

- Goal: receive data from Qualified Health Plans (QHPs), working cooperatively with Covered California
- **Planned approach**: QHPs will submit data to the HPD System, unless exempted by Covered CA
  - Covered CA has the authority to grant a QHP an exemption from HPD System reporting requirements. When an exemption is granted by Covered CA, HPD will receive the data from Covered CA rather than from the plan.

Restricted Health Care Service Plans

- Goal: ensure an appropriate mechanism for efficiently obtaining data from restricted health care services plans.
- Restricted health care service plans may only assume risk and provide services through a contract with a full service or specialized plan.
- **Planned approach** is to require the full-service plan to be responsible for the data from their contracted restricted plans, based on coordination of submission provisions in the statute.
- Rationale:
  - Restricted plans provide services based on contracts with full-service plans
  - Requiring submission from restricted health care service plans will create a significant number of additional submitters, increasing cost and burden for the HPD system and for the plans
  - Duplicative data is likely if the restricted health care service plan is a mandatory submitter