

Healthcare Payments Data Program Submitter Group

July 15, 2021

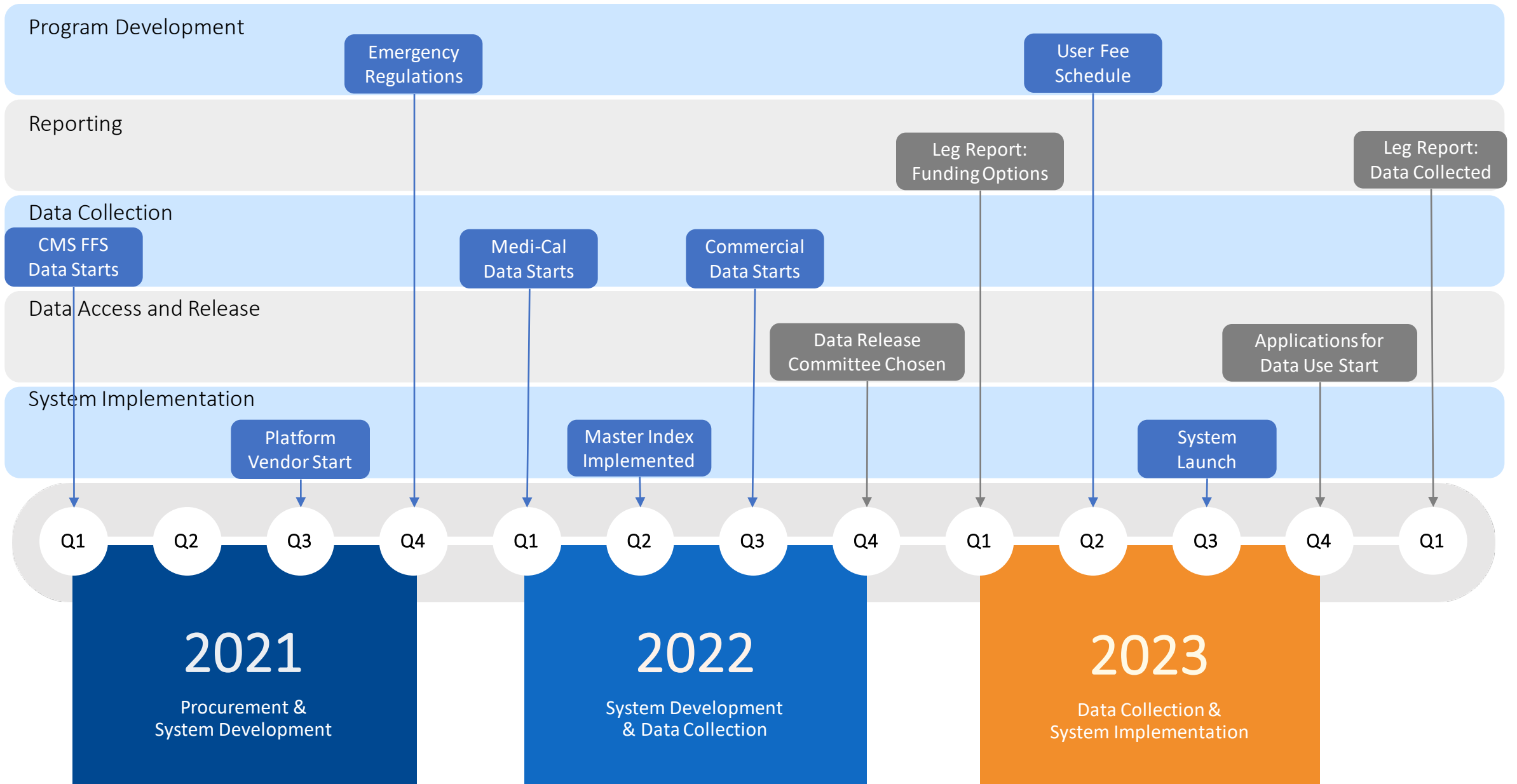
Today's Agenda

- Welcome and Introductions to Health Care Payments Data (HPD) Program
- HPD Draft Regulations Overview
- HPD Data Submission Requirements
- HPD Submitter Outreach
- Q&A
- Next Steps and Adjournment

Welcome and Introduction to Health Care Payments Data (HPD) Program

Michael Valle, Chief Information Officer & Deputy Director, OSHPD

HPD Program Timeline



HPD Draft Regulations Overview

Starla Ledbetter, Chief Data Officer, OSHPD

Regulatory Purpose and Process

- In general, purpose of regulations are to implement, interpret, or make specific the law
- "Emergency" regulations for the Healthcare Payments Data program are required by the enabling statute
 - Substantially abbreviated process (brief public notice & comment period)
 - Regulations must be in place by 12/31/2021
- A "regular" rulemaking process is required subsequent to the adoption of emergency regulations

Regulation Topics

- Definition of terms used in text of the regulations
- Plan size thresholds for reporting
- Coordination of data submissions
- Registration for data submission
- Frequency and content of data submission
- Data variance

HPD Data Submission Requirements

Greg Dawson, HPD Consultant, OSHPD

Who will submit data to HPD?

- Plans – licensed through Department of Managed Health care
- Insurers - licensed through CA Department of Insurance
- Public Self-Insured Entities
- OSHPD is suggesting a 40,000 lives threshold for mandatory submission
 - Applied at the license level
- Qualified Health Plans – no threshold applies
- Private self-insureds and smaller plans can apply to be voluntary submitters
- Licensees will register individually but will be able to delegate submission up or downwards in their organization/structure (potentially to subcontracted entities or delegates)

Data to be Submitted

- Must use Common Data Layout for State APCDs (APCD-CDL™) Version 2.1 (July 2021)
 - Member Eligibility File (ME) – contains demographic information for each individual member residing in California, regardless of whether the member utilized services during the report month
 - Medical Claims File (MC) – contains service-level remittance information for all non-denied medical services delivered to eligible members during the reporting period, including encounters delivered under capitation arrangements or outside of traditional fee-for-service (FFS) payment
 - Pharmacy Claims File (PC) – contains detailed prescription data for all non-denied prescriptions dispensed and paid for eligible members during the report month
 - Provider File (PV) – contains demographic-type data on every provider for whom services were included on the MC or PC files during the report month
 - No dental data submission (at this time)
- Medi-Cal and Medicare FFS data are being collected directly and will not be submitted by commercial plans

APCD-CDL™

- Developed in collaboration with state APCDs and the National Association of Health Data Organizations (NAHDO), coordinated through the University of New Hampshire
- Governed by the APCD Council – made up of states, payers and vendors
- To request a copy, go to:
 - <https://www.apcdouncil.org/common-data-layout>
- The layout is free, but registration is required
- The APCD-CDL™ is updated every other year
- APCD CDL files are variable length, pipe-delimited with an embedded header record and a trailer record

APCD-CDL™ - Version 2.1 (July 2021)

- Version 2.1 was recently released with some errata:
 - Adjust CDLME006 Type - Changed from “char” to “int”
 - Adjust CDLME066 Max Length - Changed from “64” to “6, 4”
 - Adjust CDLME019 Type - Changed from “varchar” to “date”
 - Move ACO and PO identifier fields to the member eligibility from the provider file - Moved CDLPV029, from Provider Table, page 119, to Eligibility Table, page 32, and changed element # to CDLME076
 - Move ACO and PO identifier fields to the member eligibility from the provider file - Moved CDLPV030, from Provider Table, page 119, to Eligibility Table, page 32, and changed element # to CDLME077
 - Move ACO and PO identifier fields to the member eligibility from the provider file - Moved CDLPV031, from Provider Table, page 119, to Eligibility Table, page 32, and changed element # to CDLME078

HPD Platform

- The HPD Platform vendor will implement and operate the Platform
- Registration and any submission delegation will be made directly with the platform
- Submitted files will be validated against the Intake Specifications and the APCD-CDL™ data layouts. Files will either be accepted or rejected
- Each submission will receive a response detailing any issues found
- The Platform will also:
 - Accumulate all submitted data, and utilize the OSHPD Master Provider Index and Master Patient Index to collate data appropriately
 - Produce consolidated datasets on a quarterly and annual basis
 - Coordinate and facilitate analysis and research on provided datasets

Intake Editing Focus

- Quality data is a cornerstone of the HPD program
- HPD will apply strict intake edits to ensure adherence to data format and value sets
- Submitted data files that do not meet Intake Specifications will not be accepted
- The Intake Specifications use the APCD-CDL™ as a foundation and further defines specific data elements that are either:
 - Required – must always be provided
 - Situational – required under certain clearly defined circumstances
- An initial draft of the Intake Specifications is available for review

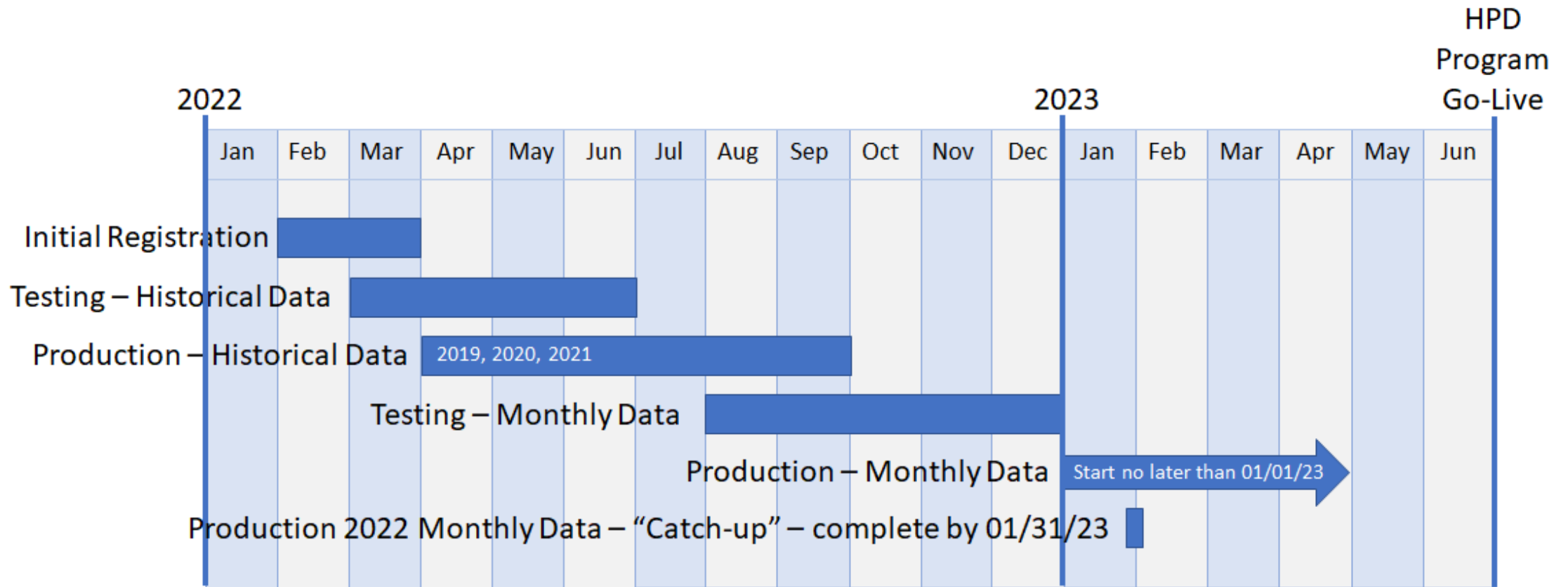
Intake Editing - Application

- OSHPD has developed the Intake Specifications with existing implementations as a guide, such as:
 - X12 claims and eligibility
 - Medi-Cal managed care data submission to PACES
 - Other state APCD submission requirements
- Intake Edits are multi-layered:
 - Does data conform to the APCD-CDL™ specifications for format and length?
 - Does the data comply with national coding standards? (if applicable)
 - Does the data contain valid standard values for codes and indicators?
 - Are there any accepted data variances for the submitter?
 - Are all required fields populated?
 - Depending on the circumstance, are situational fields populated?
 - Is data un-duplicated?
 - Does data apply to the reporting period requirements?

Data Challenges and Data Variances

- Health Plans may not always have all data that OSHPD is required to collect
- Please review the APCD-CDL™, schedule an Intake Specification walkthrough, and let us know of any challenges you foresee
- For capitated encounters, it is likely that FFS equivalents will be requested
- OSHPD will include a provision in the regulations to allow a temporary data variance to be documented for specific fields and/or conditions
- Data variances must be approved by OSHPD before applicable data can be submitted
- The expectation is that health plans with accepted variances will show incremental improvement in their compliance over agreed upon timeframes
- More information on this, and other topics, will be included in an HPD Reporting Manual expected to be available in Q3 2021

Draft Timelines – Onboarding, Testing and Production



Registration

- Registration will be at the license level (or self-insured entity level)
- The "plan" registering will indicate who will be submitting data on their behalf
- In the case of a submitter acting on behalf of a self-insured entity (as a Third-Party Administrator (TPA)), OSHPD will work with both the TPA and the self-insured entity to ensure appropriate registration is documented
- It is expected that an individual submitter can seamlessly submit data for more than one registered entity (given appropriate registration)

HPD Submitter Outreach

Greg Dawson, HPD Consultant, OSHPD

Submitter Outreach

- One-on-One meetings intended to:
 - Solicit and answer questions
 - Most importantly, hear directly from submitters about challenges and listen to suggestions
- Initial HPD Introductory Meeting
 - Sixteen submitters and five public self-insured entities
- Technical Overview
 - Thirteen submitters
- Review of draft Intake Specifications
 - Ten submitters

Submitter Outreach - Feedback

- Reporting Manual - future content:
 - Good definitions of key terms are needed, such as: non-denied, void/replacement, inpatient/outpatient, duplicate data, and others
- Interaction with public self-insured entities, coordination of submissions
- Alpha testing volunteers
- Submitters have been very supportive of the HPD program

Feedback – Intake Specifications

- Many submitters have provided direct feedback on the draft Intake Specifications
- Some common themes of feedback are:
 - The need for HPD flexibility on how Claims Versioning and Claim Line Type are implemented in both medical and pharmacy claims (void/replacement)
 - Specific fields that a submitter knows they will need a data variance for
 - Submitter suggested resources for identification of denied claims, claim versioning and other topics
- The HPD team are very appreciative of all feedback

Submitter Outreach – What's next

- Continue to meet with submitters one-on-one
- Continue development of a draft Reporting Manual
- Provide updated FAQs
- HPD will work with the platform vendor on submitter related issues and provide updates to submitters
- Please reach out if we have yet to schedule a meeting with you, or with any questions or comments
 - HPD@oshpd.ca.gov

Questions and Answers

- Please use the Q&A function in Webex Live to ask a question
- HPD staff will address as many questions as possible
- Questions may be deferred for further research or included in the online FAQs
- A copy of this presentation will be posted to the HPD web page

Next Steps & Adjournment

Michael Valle, Chief Information Officer & Deputy Director, OSHPD