

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
HEALTH CARE PAYMENTS DATA PROGRAM
[Health and Safety Code sections 127671 - 127674.1]

PROPOSED REGULATIONS

CALIFORNIA CODE OF REGULATIONS
TITLE 22
Division 7. Health Planning and Facility Construction

Adopt New Chapter 11. Health Care Payments Data Program

Article 1. Chapter Definitions

§ 97300. Definitions.

The following definitions shall apply to the regulations contained in this Chapter:

(a) "APCD-CDL™" means one of the following:

(1) For monthly data files submitted or resubmitted pursuant to this Chapter on or before February 16, 2024, the Common Data Layout for All-Payer Claims Databases, Version 2.1, released July 1, 2021, as developed by the University of New Hampshire and the National Association of Health Data Organizations (NAHDO), and hereby incorporated by reference. ~~The~~ This document APCD-CDL™ is available for download through ~~from~~ the APCD Council website.; or

(2) For monthly data files submitted or resubmitted pursuant to this Chapter on or after February 17, 2024, the Common Data Layout for All-Payer Claims Databases, Version 3.0.1, released April 1, 2023, as developed by the University of New Hampshire and NAHDO, and hereby incorporated by reference. This document is available through the APCD Council website.

(b) "Data portal" means the secure data submission mechanism through which plans register to submit data and data files are submitted to the System. The data portal is available via the Department's website.

(c) "Data Submission Guide" means one of the following:

(1) For registrations and monthly data files submitted or resubmitted pursuant to this Chapter on or before February 16, 2024, ~~T~~ the Health Care Payments Data Program: Data Submission Guide, Version 1.0, dated November 23, 2021, and hereby incorporated by reference. The Data Submission Guide is available on, and may be downloaded from, the Department's website.; or

(2) For registrations and monthly data files submitted or resubmitted pursuant to this Chapter on or after February 17, 2024, the Health Care Payments Data Program: Data Submission Guide, Version 2.0, revised on July 17, 2023, and hereby incorporated by reference. The Data Submission Guide is available on, and may be downloaded from, the Department's website.

- (d) "Delegated submitter" means an entity identified pursuant to Section 97318 as responsible for submitting data to the system on behalf of a plan.
- (e) "Dental Data" means dental claims files as described in Section 97342, data for members who are exclusively enrolled for dental services, and data for providers who exclusively provided dental services.
- (f) "Dental Plan" means a specialized health care service plan covering dental services only, a dental-only insurance plan, or a public self-insured plan covering dental services only.
- (g) "Department" means the Department of Health Care Access and Information.
- (h) "Designated submitter representative" means an individual or individuals designated by a registered submitter to submit data on behalf of the registered submitter and receive all communications from the System and the Department regarding data submissions.
- (i) "Director" means the Director of the Department of Health Care Access and Information.
- (j) "Health insurer" means an insurer licensed to provide health insurance, as defined in Section 106 of the Insurance Code, and an insurer offering specialized health insurance offering pharmacy, behavioral health (psychological), or dental services. Insurers providing only other specialized health insurance, or stop-loss insurance, student health insurance, supplemental insurance (including Medicare supplemental insurance), or discount-only insurance, are not considered health insurers.
- (k) "Health plan" means a health care service plan as defined in the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) or a specialized health care service plan offering pharmacy, behavioral health (psychological), or dental services. "Health plan" does not include a health care service plan that holds a restricted or limited license only under the Knox-Keene Health Service Plan Act of 1975. Student health plans and supplemental plans (including Medicare supplemental coverage) are not considered health plans.
- (l) "Member" means a person who is enrolled in or covered by a health plan, health insurer, or public self-insured plan.

- (m) "Plan" means a non-exempt health plan, health insurer, or public self-insured plan; and any voluntarily participating entity.
- (n) "Program" means the Health Care Payments Data Program established pursuant to Health and Safety Code Section 127671.1.
- (o) "Public self-insured plan" means:
 - (1) A self-insured plan subject to Health and Safety Code Section 1349.2, or
 - (2) A state entity, city, county, or other political subdivision of the state, or a public joint labor management trust, that offers self-insured or multiemployer-insured plans that pay for or reimburse any part of the cost of health care services.
- (p) "Qualified Health Plan" means a Qualified Health Plan offered by the California Health Benefit Exchange.
- (q) "Registered submitter" means a plan that has registered to submit data to the system. An entity that is a delegated submitter under Section 97318 and has registered to submit data will be considered a registered submitter.
- (r) "System" means the Health Care Payments Data System.
- (s) "Voluntarily participating entity" means an entity that chooses to voluntarily submit data to the Program, has been approved by the Department to submit data, and is one of the following business types:
 - (1) A self-insured employer that is not subject to Health and Safety Code Section 1349.2.
 - (2) A multiemployer self-insured plan that is responsible for paying for health care services provided to beneficiaries.
 - (3) The trust administrator for a multiemployer self-insured plan.
 - (4) A provider, as defined in Health and Safety Code Section 1367.50(b)(2), that is a hospital or clinic.
 - (5) A supplier, as defined in Health and Safety Code Section 1367.50(b)(3), that has an independent scope of practice and submits claims electronically.
 - (6) A health plan or health insurer exempt from the requirements of this Chapter.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671, 127671.1, 127673, 127673.1, and 127673.2, Health and Safety Code.

Article 2. Voluntary Participation in the Program

§ 97305. Voluntary Participation in the Program.

- (a) To request to become a voluntarily participating entity, an entity or their authorized agent shall submit to the Department a written request to participate in the Program.
- (b) Each request shall provide the voluntarily participating entity's business type (as described in Section 97300(s)(1)-(6)), the number of covered lives, the types of coverage offered, and contact information.
- (c) The Department shall notify requestors if they are approved to participate in the Program.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.2, Health and Safety Code.

Article 3. General Provisions

§ 97310. Plan Size Thresholds.

- (a) A health plan, health insurer, or public self-insured plan that has fewer than 40,000 California members is exempt from the requirements of this Chapter, unless it is a Qualified Health Plan.
 - (1) The number of California members shall be calculated by adding together the California members in all of the entity's Medicare Advantage plans, private health plan products, and private health insurance products, as of December 31 of each calendar year. For purposes of this subsection, "private" refers to products that are not Medi-Cal or Medicare products.
- (b) Application of threshold requirements.
 - (1) A non-exempt health plan, health insurer, or public self-insured plan that drops below 40,000 California members as of December 31 shall be responsible for submitting data files for time periods through December of that calendar year. The health plan, health insurer, or public self-insured plan shall notify the Program of its change in status and may elect to become a voluntarily participating entity.
 - (2) An exempt health plan, health insurer, or public self-insured plan that exceeds 40,000 California members as of December 31 shall be responsible for submitting data for time periods beginning on January 1 of the next calendar year.

- (3) A newly created health plan, health insurer, or public self-insured plan that has 40,000 or more California members on December 31 of the year in which it is created shall be responsible for submitting data for time periods beginning on January 1 of the next calendar year.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, and 127673, Health and Safety Code.

§ 97314. Qualified Health Plans.

A Qualified Health Plan that has been granted an exemption from reporting information to the Program by the California Health Benefit Exchange is not required to register with or submit data files to the data portal.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

§ 97318. Coordination of Data Submissions.

- (a) If a plan contracts with other entities to administer plan benefits, the plan shall be responsible for the submission of all data for the plan's members. Entities that are contracted to administer plan benefits may include, but are not limited to, pharmacy benefit managers, behavioral health organizations, and, for a health plan, entities with a restricted or limited license under the Knox-Keene Health Service Plan Act of 1975. The plan shall either:

(1) Obtain necessary data from the contracted entity and submit the data to the system, or

(2) Ensure that the contracted entity submits the data directly to the system.

(A) The plan shall identify each contracted entity through the registration process.

(B) Each contracted entity shall register pursuant to Article 4 and this entity will be referred to as a delegated submitter.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

Article 4. Data Portal Registration

§ 97330. Plan Registration Requirement.

- (a) A non-exempt health plan, health insurer, or public self-insured plan shall register with the Program to submit data to the data portal each year by the last calendar day of January.

~~(1) Unless it is a dental plan, a health plan, health insurer, or public self-insured plan must complete its initial registration with the Program by May 27, 2022.~~

~~(2) A dental plan must complete its initial registration with the Program by March 29, 2024.~~

~~(3) When any health plan, health insurer, or public self-insured plan becomes subject to this Chapter, it shall register at least 15 calendar days before its first data files are due.~~

(b) A voluntarily participating entity shall register, directly or through their authorized agent, to submit data to the data portal with the Program each year by the last calendar day of January.

(1) Prior to registering, the entity must have been approved ~~to submit data~~ pursuant to Section 97305.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, 127673.1, and 127673.2, Health and Safety Code.

§ 97331. Submitter Registration Requirement.

(a) If a plan is submitting data directly to the System, the plan shall also register to submit data through the data portal after it has registered with the Program pursuant to Section 97330.

(b) After a plan registers with the Program pursuant to Section 97330, each of its delegated submitters, if any, shall register separately from the plan to submit data through the data portal.

(c) Plans and delegated submitters shall register under this Section each year by the last calendar day of February.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

§ 97332. Registration Process.

(a) For registrations under Sections 97330 and 97331, A-plans and any delegated submitters, must do all the following:

(1) register through the data portal;

(2) follow the Data Submission Guide's registration instructions; and

(3) provide all required information as specified in the Data Submission Guide.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

§ 97334. Registration Information Update.

(a) Each plan or other entity that has registered ~~to submit data pursuant to this Article~~ must update registration information within 15 calendar days of any change in the required contact information.

(b) ~~Each plan or other registered entity must review and update or confirm all registration information annually by the last calendar day of February.~~

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

Article 5. Monthly Data File Submission

§ 97340. Monthly Data Submission.

(a) Plans shall submit data files monthly through the data portal.

(b) ~~Except as stated in subsection (c),~~ each monthly file shall be submitted by the first business day of the second month after the report month.

(c) The monthly data file submission for January 2024 shall be submitted no earlier than February 17, 2024, and by March 1, 2024.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

§ 97342. Data File Contents.

(a) The following files, as specified in the Data Submission Guide in conjunction with the APCD-CDL™, shall be submitted.

(1) Member Eligibility File (ME)--contains demographic information for each individual member residing in California, regardless of whether the member utilized services during the reporting period.

(2) Medical Claims File (MC)--contains service-level medical claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(3) Pharmacy Claims File (PC)--contains detailed pharmacy claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(4) Dental Claims File (DC)-- contains service-level dental claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(5) Provider File (PV)--contains demographic-type data on every provider included on the ME, MC, PC, or DC files during the reporting period.

(b) Files shall exclude data for any members who are exclusively enrolled in Medi-Cal or one of the following types of coverage:

(1) Supplemental (including Medicare supplemental).

(2) Student health.

(3) Chiropractic-only.

(4) Acupuncture-only.

(5) Vision-only.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

§ 97344. Data File Technical Requirements.

Data files shall comply with file format, technical specifications, and other standards specified in the Data Submission Guide and the APCD-CDL™.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

§ 97346. Submission Completion.

If a registered plan has identified one or more delegated submitters to submit information directly to the data portal on behalf of the plan, the plan's data submission shall not be considered complete until all required files have been received.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1 Health and Safety Code.

§ 97348. Test File Submission.

Registered submitters ~~shall~~ may use the data portal to submit test files to confirm and

test their ability to create data files meeting the data submission standards. Test files will be identified as specified in the Data Submission Guide. Test files will not be considered to have been submitted to the Program.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673.4, Health and Safety Code.

Article 5.5. Special Rules for Program Opening and Historical Data Submission

§ 97349. Initial Registrations for Program Opening.

A dental plan subject to this Chapter, and its delegated submitters, if any, must complete their initial registrations with the Program pursuant to Sections 97330, 97331 and 97332 by March 29, 2024.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673, and 127673.1, Health and Safety Code.

§ 97350. Preparation for Historical Data Submission.

- (a) Each registered submitter shall use the test function to prepare for historical data file submission.
- (b) Plans, except dental plans, shall successfully complete the testing process by July 29, 2022.
- (c) Dental plans shall successfully complete the testing process by July 31, 2024.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, and 127673, Health and Safety Code.

§ 97351. Historical Data Files.

- (a) Plans, except dental plans, shall submit data files, excluding dental data, in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 28, 2022.
- (b) All plans shall submit dental data in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 31, 2024.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

§ 97352. Initiation of Monthly Data File Reporting.

- (a) Plans, except dental plans, shall do the following:
 - (1) Begin regular monthly reporting with monthly data files, excluding dental data, for

the month of November 2022, or an earlier month at their election.

(2) By February 1, 2023, submit all remaining data files, excluding dental data, for the months of 2022 prior to their first regular monthly submission.

(b) All plans shall do the following:

(1) Begin regular monthly reporting of dental data for the month of November 2024.

(2) By February 1, 2025, submit all remaining dental data for period beginning January 2022 through October 2024.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

Article 6. Data Acceptance and Correction

§ 97360. Data Acceptance.

(a) Data files that are submitted to the data portal but do not meet the file intake specifications detailed in the Data Submission Guide will not be accepted.

(b) Registered submitters will be notified within 3 business days of submission whether a data file has been accepted or rejected.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code. Reference: Sections 127671.1, 127673.1, and 127673.4, Health and Safety Code.

§ 97362. Data Review and Correction.

If the Department determines that a previously accepted file contains initially unidentified errors, the file shall be flagged and the submitter required to address the issues by either confirming that the file is correct or correcting and resubmitting the file within 45 days of notification by the Department.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code. Reference: Sections 127671.1, 127673.1, and 127673.4, Health and Safety Code.

Article 7. Variances

§ 97370. Requesting a Variance.

(a) A plan that is unable to submit data files meeting the file intake specifications detailed in the Data Submission Guide may request a temporary variance to those requirements.

(b) Variance requests shall be submitted through the data portal, and shall clearly identify the current issues, the plan for correction, and the anticipated date of correction.

(c) The Department shall either approve or disapprove variance requests within 30 calendar days of the date the request was submitted.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code.

Reference: Sections 127671.1, 127673.1, and 127673.4, Health and Safety Code.
