

Proposed Fee Schedule Framework for HPD

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HCAI's Extensive Experience with User Fees

- HCAI has been operating a data access program and an existing user fees framework for cost recovery
- Current user fee program applies to “confidential data”:
 - Patient Discharge data
 - Emergency Data
 - Ambulatory Surgery Data
- Current user fee program also applies to custom analyses and HCAI data linkages
- Intended approach for HPD is distinct from existing user fee schedule, but internal expertise and infrastructure already in place

Framework for Data Access to Non-Public Data

	Non-Public Data		
	Aggregate	Limited	Research Identifiable
Standard	<ul style="list-style-type: none"> • Shortest approval process • Designed to meet needs of multiple applicant categories, use cases • Could rely on interactive tool that supports a query-based approach • DRC guidance on process; HCAI approves applications and handles permissions 	<ul style="list-style-type: none"> • Shorter approval process • Designed to meet needs of multiple applicant categories, use cases • Pre-defined datasets with no direct identifiers • DRC review required for transmission outside enclave • Requests approved by HCAI (with DHCS input as needed) 	
Custom		<ul style="list-style-type: none"> • Longer approval process • Dataset tailored to the request • Content of dataset negotiated during review, no direct identifiers • DRC review required for transmission outside enclave • Requests approved by HCAI (with DHCS input as needed) 	<ul style="list-style-type: none"> • Longest approval process • Dataset tailored to the request • Content of dataset negotiated during review • High bar for release of direct identifiers • Requests approved by HCAI (with DHCS input as needed), DRC, and CPHS

Approach to User Fees

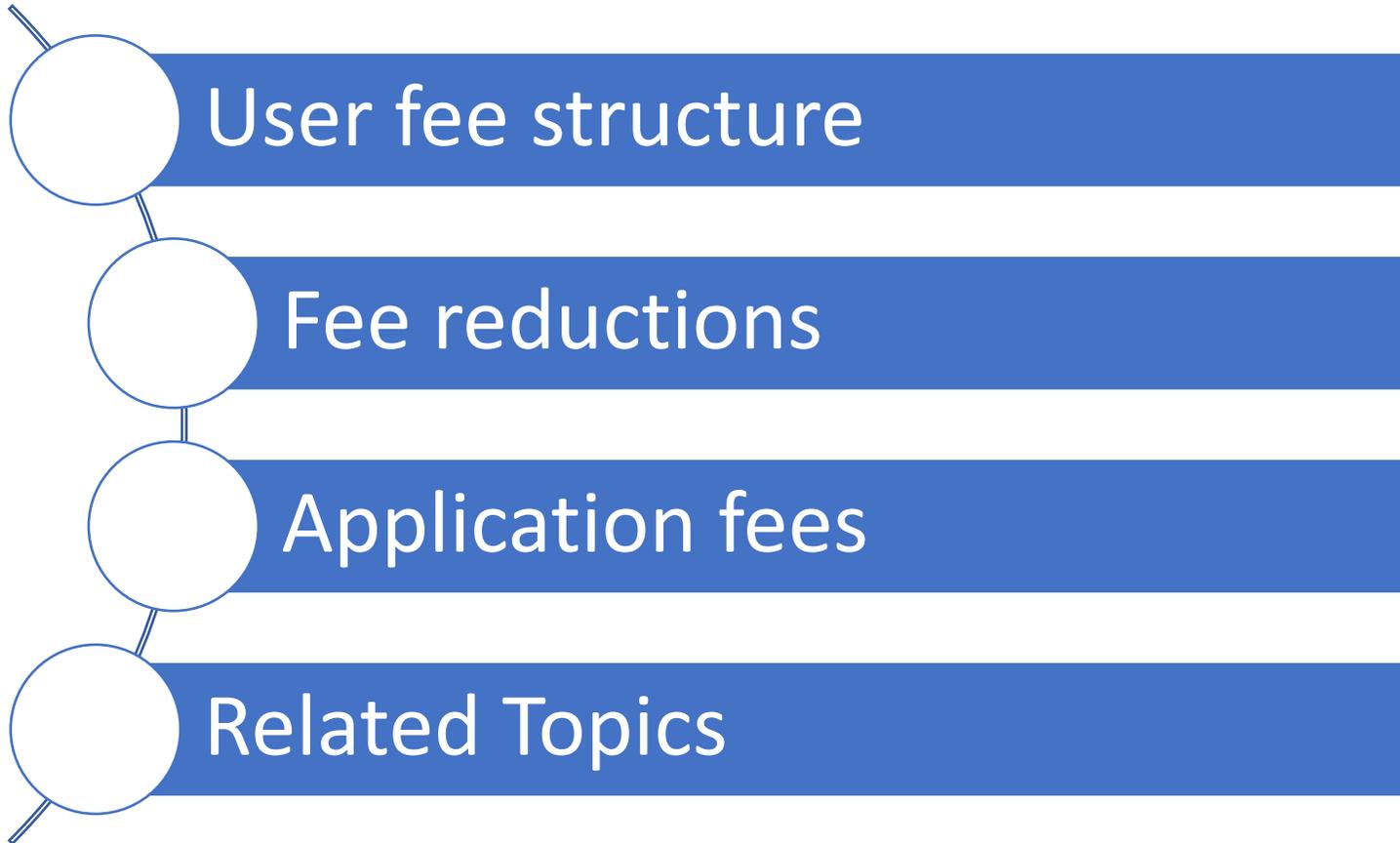
- User fees should contribute to program sustainability
- User fees should cover a portion of operating costs, not just the marginal cost of creating data files and products
- More resource-intensive data requests will have higher fees
- Costs, and the associated fee schedule, will be reviewed and updated over time
- Any fee reductions will be applied against the fee schedule.

Operating Cost Elements

- Program administration
- Data collection
- Data request processing
- Technical support
- Technical infrastructure

More complex requests will require additional resources and result in higher user fees.

User Fee Topics for Discussion

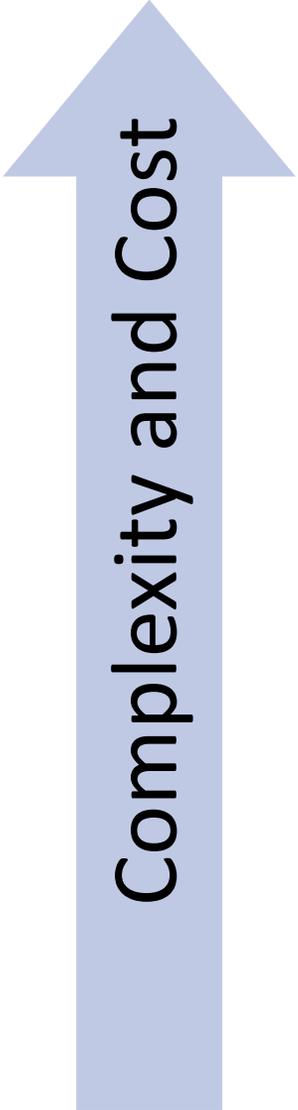


Questions on each topic:

1. Thoughts on this planned approach?
2. Additional input for HCAI to consider?

User Fee Structure: Cost Factors

- States have taken many different approaches to structuring user fees (e.g., by file type, by applicant category).
- HCAI plans to develop a cost-based user fee schedule.
- HCAI plans to consider factors that contribute complexity and resource cost in non-public data release.
- Factors contributing to the fee schedule could include enclave seats, customization, and required reviews (e.g. for Medi-Cal, Medicare FFS data).



Complexity and Cost



Analytic support
Linkages
Enclave seats
Data transmission
Dataset customization
Data Release Committee review
Medi-Cal data (if approved)
Medicare FFS data (if approved)

Fee Reductions - Eligibility

State agencies:

- Agency use of HPD data will be handled through a separate pathway, as discussed in April

Statutory consideration of:

- Data submitters
- Consumer organizations that have been awarded reasonable advocacy and witness fees in a proceeding or proceedings of the Department of Managed Health Care

Other candidates for reductions:

- Students working toward completion of required academic milestones, such as a doctoral dissertation, who lack funding
- HCAI may develop incentive programs along the lines of Oregon's fee waiver for requesters using the data to reduce health disparities
- Local government

Discussion Questions

1. What consideration should data submitters receive in terms of fee reductions?
2. What consideration should consumer organizations awarded reasonable advocacy/ witness fees from DMHC receive in terms of fee reductions?
3. Should any other groups, such as students, be eligible to apply for fee reductions?

Fee Reductions – Proposed Approach

Amount

- Fee reductions will generally not reach 100% (except for state agency requests)

Process

- The application will include an opportunity to request a fee reduction with justification.
- HCAI staff will review fee reduction requests, follow up as needed to gather additional information, and make a determination.

What factors should influence the amount of the fee reduction?

Application Fee

- Some state APCDs with non-public data access programs have application fees
- Modest in amount, ranging from \$25-\$300
- Objectives of application fee:
 - raise the bar for applications to ensure applicants are invested in the process
 - offset the cost of the data release process
- HCAI plans to implement an application fee in the range of the fee charged by other states
- Fee would apply across all data access categories
- Application fees would be paid by all requesters, including those eligible for fee reductions

Input on HCAI's planned approach to application fees?

Topics Under Consideration with User Fee Implications

Secondary Users

- Some state APCDs include a separate fee schedule tier for organizations using the data to create tailored products for clients (though Medi-Cal and Medicare FFS data cannot be used for this purpose).
- Example: company-specific comparative benchmarks.

Multi-User, Multi-Use Licenses

- Some state APCDs enter into agreements that provide non-public access for multiple users and uses.
- A master agreement could specify broad purpose, with each specific use case submitted for streamlined review and approval.
- Example: Rhode Island's agreement with Brown University.

Custom Analysis and Reporting

- Some state APCDs offer analytic support for those interested in specific answers/results rather than on addressing research questions.
- HCAI would work with requester on scope, conduct analysis.
- Example: media request for data to inform an article on a health care or policy topic

Input for HCAI in considering these topics? Additional topics that merit consideration?