Department of Health Care Access and Information
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NOTICE OF PUBLIC MEETING:
HEALTH CARE PAYMENTS DATA PROGRAM (HPD) ADVISORY COMMITTEE

April 23, 2026
APPROVED MEETING MINUTES

Members Attending: William Barcellona, America's Physician Groups; Emma Hoo, Purchaser Business Group on Health; Cheryl Damberg, RAND Corporation; Amber Ott, California Hospital Association; John Kabateck, National Federation of Independent Business; Steffanie Watkins, Association of California Life and Health Insurance Companies; Joan Allen, Service Employees International Union-United Healthcare Workers West; Janice Rocco, California Medical Association

Members Attending Virtually: Barrie Cheung, PerformRx

Members Not in Attendance: Ken Stuart, California Health Care Coalition; Charles Bacchi, California Association of Health Plans; Kiran Savage-Sangwan, California Pan-Ethnic Health Network (CPEHN)

HPD Advisory Committee Ex-Officio Members Attending: Michael Valle, Department of Health Care Access and Information (HCAI); Dr. Linette Scott, California Department of Health Care Services (DHCS); Isaac Menashe, Covered California

Presenters: Scott Christman, Chief Deputy Director, HCAI; Michael Valle, Assistant Director, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Dionne Evans-Dean, Chief Data Programs Officer, HCAI; Kristal Popp, PhD, MPH, Research Scientist Supervisor, HCAI; Jonathan Mathieu, PhD, Freedman HealthCare; Katie Martin, MPA, Health Care Cost Institute (HCCI)

Public Attendance: 54

Agenda Item # 1: Welcome and Meeting Minutes
Morgan Clair, Facilitator

Welcome and review of meeting ground rules and procedures. Review and approval of January 22, 2026, meeting minutes.

The committee voted and approved the January 22, 2026, meeting minutes with Bill Barcelona making a motion and Cheryl Damberg seconding. The minutes were approved unanimously.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 2: Department Updates
Scott Christman, Chief Deputy Director, HCAI

Presentation on department and program updates.

The committee received updates that ongoing budget authority for the HPD Program was included in the 2025-26 State Budget May Revision. HCAI was also awarded $233.6 million for the Rural Health Transformation Program, supporting initiatives in transformative care delivery, workforce development, and health technology to improve access in rural communities.

Questions or Comments from the Committee:
The committee noted the accelerated timeline to allocate funds by October 30, 2026 for the Rural Health Transformation Program, along with ongoing coordination with the Centers for Medicare & Medicaid Services (CMS) and upcoming grant development and funding activities.

No Public Comments.

Agenda Item # 3: Deputy Director Updates
Michael Valle, MPA, Deputy Director, HCAI

Presentation on division policy and program activities of interest.

HCAI provided an overview of the HPD non-public data release process, noting that the committee previously established key objectives in 2022, including protecting patient privacy, supporting transparency, and ensuring appropriate data use. HCAI highlighted milestones such as the launch of the data application portal in December 2024 and that, as of April 2026, 13 research teams are actively accessing data through the secure enclave.

Questions or Comments from the Committee:
The committee discussed lessons learned, trade-offs in data access policies (e.g., privacy vs. access, flexibility vs. sustainability), and the importance of balancing costs and effort for both the state and data users. The committee noted upcoming engagement with the HPD Data Release Committee, continued adherence to the project roadmap, and plans to review provider data quality, potentially including how HPD data is being used by the Office of Health Care Affordability (OHCA), at a future meeting.

No Public Comments.

Agenda Item # 4: HPD Program Updates
Dionne Evans-Dean, MHA, Chief Data Programs Officer, HCAI

Presentation on progress and initiatives for data collection and data release.

Questions and Comments from the Committee:
The committee noted the importance of the completion of annual registration, continued testing and upcoming deadlines for non-claims payment data submissions, and recent regulatory updates effective March 2026.

The committee discussed timelines, data scope (including capitation-focused non-claims payments), and the collaborative approach to developing Pharmacy Benefit Managers (PBM) data specifications.

Public Comments:
A member of the public expressed appreciation for HCAI's work on PBM data collection and raised concerns that pharmacists, including community-based, health system, and Federally Qualified Health Center (FQHC) providers, are often underrepresented in stakeholder engagement and data framework development despite being directly impacted by PBM practices. The commenter noted ongoing engagement with the Department of Managed Health Care (DMHC), on Senate Bill (SB) 41 implementation and emphasized that excluding frontline pharmacy perspectives could result in data that does not fully capture real-world PBM interactions. They requested that HCAI include pharmacy stakeholders in the development of the PBM data collection framework to improve relevance, transparency, and accountability, and offered to convene pharmacy representatives and provide examples to support effective implementation under SB 41.

Agenda Item # 5: HPD Data Access and Release: Overview of 2025 data access and release activities and key areas of focus for 2026.

Chris Krawczyk, PhD, Chief Analytics Officer, HCAI;
Michael Valle, MPA, Assistant Director, HCAI;
Kristal Popp, PhD, MPH, Research Scientist Supervisor, HCAI;
Jonathan Mathieu, Freedman HealthCare;
Katie Martin, MPA, Health Care Cost Institute (HCCI)

a: Showcase of active data project.
b: Lessons learned from year one.
c: Policy and operational decisions.
d: Data use agreement (DUA) considerations.

Questions or Comments from the Committee on a: Showcase of active data project
HCAI and the committee received a presentation from Katie Martin from the Health Care Cost Institute (HCCI) describing their experience accessing and using HPD data, as well as the goals of their project analyzing healthcare affordability and price variation across California. The HCCI team reported strong progress, including completion of data processing and quality checks, with results expected by mid-2026.

The committee sought clarification on whether the analysis presented used California HPD data or HCCI's national multi-payer commercial claims dataset. The presenter confirmed that the results displayed were based on national data, with HPD-based analysis nearing completion and expected by the end of June. The committee asked about methodological considerations including cost-of-living adjustments, Kaiser data inclusion, site-of-service mix, and outpatient utilization impacts on inpatient pricing comparisons. The presenter noted that cost-of-living analyses had been conducted but were not included in the main presentation, that Kaiser data is not included in the national dataset used for the analysis, and that the study focuses on geographic variation with spending disaggregated into price, utilization, and case mix, but does not specifically analyze site-of-service effects.

The committee also inquired about data processing, modifications, and supplemental application timelines for accessing the HPD data. The presenter indicated there were no significant modifications required and that supplemental requests were processed within days to weeks without delaying the project. Additional questions addressed data completeness and analytic scope, with the presenter stating that overall data completeness was sufficient but varied by field, and that the analysis was conducted at a geographic rather than hospital level. A more detailed data quality summary was offered for follow-up if needed.

The committee further discussed data sources, methodology, and usability for future research teams Data access and processing were described as generally smooth, though initial response times were noted as lengthy. While documentation and help desk support were considered helpful, much of the learning was described as project-specific, and no major gaps in data quality or usability were identified, with related site-of-service research available through separate analyses.

Questions or Comments from the Committee on b: Lessons learned from year one
HCAI began by outlining the purpose of the data release program and its role in supporting meaningful research and discussion through approved data access. To date, the program has received 58 applications, with 11 organizations actively working with the data on projects related to access, affordability, and population health. HCAI highlighted the complexity of the program and the high level of coordination required among internal teams and external partners. The organization is actively addressing challenges such as longer processing times and evolving workflows by incorporating lessons learned and implementing process improvements.

The committee discussed data request processing timelines, noting that while the program is designed around a 120-day review target, current experience indicates requests are closer to 180 days due to complexity, variability across applications, and the early stage of program implementation. HCAI explained that improvements in early communication, standardized guidance, and documentation are expected to increase efficiency over time, but that issues such as funding delays, periods of inactivity, evolving project scope, and case-specific requirements will continue to affect overall timelines. HCAI also noted that complexity is currently the primary driver of extended timelines, while request volume is expected to become a greater factor as the program matures, and indicated that a potential regulations cleanup to align the “timely” definition with observed performance (approximately 180 days) is under consideration.

Committee members asked about data use patterns, commonly requested datasets, and opportunities to improve usability and reduce duplication of effort. The committee provided suggestions to improve the data release program, including pre-building commonly used crosswalks and reference datasets, standardizing frequently used variables, and developing shared code to support more efficient analysis workflows. The committee also asked about the update scheduled for the Standard Limited Dataset, and how stakeholders could provide input ongoing for revisions and improvements to the dataset. The committee recommended loading the analytic code from the HPD public reports into the Secure Data Enclave to make it easier for researchers to start their analyses with the public reports before conducting deeper dives using the record-level data in the Enclave.

HCAI acknowledged these recommendations and noted that user feedback is actively informing ongoing enhancements, while emphasizing the need to balance improvements with privacy protections, regulatory requirements, operational constraints, and resource limitations.

The committee suggested future reporting include breakdowns of processing timelines by dataset type (e.g., Standard Limited, Standard Limited Plus, and Research Identifiable) to better identify where delays occur and assess access efficiency for different user groups, including early-career researchers. HCAI acknowledged this feedback and indicated it will be considered in future program reporting and updates as part of ongoing efforts to refine processes, improve transparency, and enhance overall program performance while maintaining compliance and data security.

Questions or Comments from the Committee on c: Policy and operational decisions
The committee provided feedback on HCAI's proposed framework for defining and structuring "projects," asking whether the approach appropriately balances privacy, security, and regulatory compliance with the practical needs of researchers and other data users. Members emphasized that research studies often include multiple related or evolving aims, particularly in center-grant or policy-responsive work and cautioned that overly rigid project definitions or fragmentation into multiple applications could create unnecessary administrative burden, increase costs, and limit the usability of the data for real-world analysis. The committee also noted that other models, such as federal approaches, allow broader study objectives without requiring separation of every research aim, and stressed the importance of flexibility as new questions emerge during the course of a project.

HCAI explained that the framework is intended to ensure compliance with statute and regulations governing minimum necessary data use, scope definition, and traceability of how data are used across approved users and purposes. HCAI noted that different levels of review may apply depending on the mode of access (e.g., secure enclave versus direct transmission), and that the current approach is still being evaluated through multiple operational scenarios, including cost, user structure, and feasibility considerations. While acknowledging concerns about potential administrative burden and reduced flexibility, HCAI reiterated that the intent is not to restrict research but to ensure appropriate safeguards, and that ideas such as user certification and more standardized access models are under consideration, subject to operational, legal, and resource constraints.

The discussion also included broader system considerations such as cost implications, enclave access structures, and user management, including whether multiple analysts could share or rotate access within a single project. The committee noted that CMS certifies some organizations as having "clean rooms", and thus safe and secure to handle and distribute data to other researchers.

HCAI noted that these options are being explored but are constrained by licensing, contractual requirements, and security considerations, with limited flexibility currently available through defined transfer processes. Overall, HCAI emphasized that the framework remains in development, with ongoing refinement informed by stakeholder feedback, and that further discussion and potential solutions will continue through the Data Release Committee as the program matures.

A committee member asked about how project definitions and other parameters affect the HPD budget. HCAI responded that the proposed 2026-27 State Budget May Revision, which includes ongoing annual funding for the HPD Program, included an assumption that HPD would generate $500,000 per year in revenue from data user fees. Because access to the Secure Data Enclave is being priced at cost to HCAI, no revenue is generated from Enclave use; therefore, as the price schedule is currently structured, all HPD revenue will need to be generated from Direct Transmission access. To date, no Direct Transmission has been approved.

The committee suggested HCAI obtain more experience with data release before revising the definition of a project.

Questions or Comments from the Committee on d: Data use agreement (DUA) considerations

The committee asked whether HCAI uses a standard DUA template or whether each agreement is fully customized, and whether the 120-day supplemental timeline is sufficient given that some supplemental requests can take several months due to volume and legal review. HCAI explained that a template DUA exists with required boilerplate language but is tailored to the specific project and requesting entity, since a single standardized agreement would not cover all use cases. HCAI also clarified that the 120-day benchmark applies to supplemental requests, that only a small number have been processed so far, and that processing time varies based on complexity and legal review, with early communication being used to improve efficiency as volume increases.

The committee compared the process to CMS and ResDAC models, noting that CMS uses a standardized non-negotiable DUA and handles updates, such as adding new data years, through streamlined administrative processes. They suggested tying effective dates to data availability rather than estimated project start dates, streamlining supplemental updates for an additional year of data , and reducing unnecessary modifications when scope and users have not changed. They also raised concern that requiring repeated legal revisions and individual signatures may create avoidable administrative burden. HCAI responded that while California law and regulatory requirements introduce additional complexity due to requirements for appropriate signatories and tailored language, the program is exploring ways to streamline “copy forward” updates for new data years and reduce redundancy while maintaining compliance and privacy safeguards.

The committee further asked how supplemental requests for new data years and 12-month extensions should be handled when data releases do not align with expiring access periods, emphasizing the risk of gaps in access and requesting more coordinated timelines for approvals and data availability. HCAI explained that the program is still maturing and is designed around 12-month project cycles, where users receive a full additional year of access when new data becomes available rather than prorated extensions or fragmented approvals. This approach is intended to simplify administration, maintain continuity, and reduce complexity while allowing future improvements such as more predictable data release schedules and clearer guidance for timing requests.

The committee suggested that future reporting include processing timeline breakdowns by dataset type (e.g., Standard Limited, Standard Limited Plus, Research Identifiable) to identify where delays are occurring. They noted that Standard Limited datasets were originally intended for relatively quick access with minimal administrative burden and emphasized the importance of understanding whether delays are concentrated in more complex data categories, particularly to ensure early-career researchers can access standard data without prolonged administrative timelines.

Public Comments:
A member of the public expressed concern about transparency in healthcare pricing, ownership structures, and the increasing use of automation and AI in billing and administrative decision-making. They emphasized that patients should have clear visibility into financial relationships between nonprofit and for-profit entities, how prices are determined, and the extent of human oversight in automated systems. The commenter also raised concerns that high list prices followed by large discounts can obscure the true cost of care, resulting in confusing and difficult to understand patient bills. They urged that as public reporting programs evolve, patient-facing transparency remain a central priority, ensuring that healthcare pricing systems are understandable, accountable, and meaningfully overseen for patients, not only for researchers and regulators.

Agenda Item # 6: Anticipated Next Meeting Topics
Morgan Clair, Facilitator

The committee suggested future agenda topics including PBM data collection updates, provider data quality, intersections with OHCA, and updates on how OHCA's analyses are using HPD data.

No Public Comments.

Agenda Item # 7: Public Comment
Morgan Clair, Facilitator

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 8: Adjournment
Morgan Clair, Facilitator

Morgan Clair thanked the committee and HCAI staff and adjourned the meeting at 12:14 pm.

No Questions or Comments from the Committee.

No Public Comments.