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

January 22, 2026
MEETING MINUTES

Members Attending: Ken Stuart, California Health Care Coalition; Charles Bacchi, California Association of Health Plans; William Barcellona, America's Physician Groups; Kiran Savage-Sangwan, California Pan-Ethnic Health Network (CPEHN); 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; Barrie Cheung, PerformRx

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: Elizabeth Landsberg, Director, HCAI; Michael Valle, Deputy Director, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Dionne Evans-Dean, Chief Data Programs Officer, HCAI; Andy Potter, PhD, Research Scientist Supervisor II, HCAI; Alyssa Borders, PhD, Research Scientist III, HCAI; Margareta Brandt, MPH, Assistant Deputy Director, HCAI

Public Attendance: 65

Agenda Item # 1: Welcome and Meeting Minutes
Ken Stuart, Chair

Welcome and review of meeting ground rules and procedures. Review and approval of October 23, 2025, meeting minutes.

The committee voted and approved the October 23, 2025, meeting minutes. The minutes were approved unanimously.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 2: Oath of Office
Elizabeth Landsberg, Director, HCAI

Swearing in new committee member Barrie Cheung representing pharmacy benefit managers.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 3: Department Updates
Elizabeth Landsberg, Director, HCAI

Presentation on department and program updates.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 4: Deputy Director Updates
Michael Valle, MPA, Deputy Director, HCAI

Presentation on division policy and program activities of interest.

Questions or Comments from the Committee:
The committee inquired when non-claims payment (NCP) data would be available after data collection begins. HCAI explained that, consistent with other data releases, time will be needed to assess data quality, completeness, and potential reporting uses. HCAI noted that having a full year of data is important and anticipates developing a clear understanding of the NCP data and its potential applications in the latter half of 2028. HCAI stated that updates on NCP data and reporting opportunities would be shared at a future fall Advisory Committee meeting as part of the public reporting portfolio discussion.

The committee also asked how many plans are submitting testing files for NCP data. HCAI reported that approximately 20 plans are submitting testing files, with expectations of closer to 30 total participants, indicating a strong participation rate.

No Public Comments.

Agenda Item # 5: HPD Program Updates
Dionne Evans-Dean, MHA, Chief Data Programs Officer, HCAI;
Chris Krawczyk, PhD, Chief Analytics Officer, HCAI

Presentation on progress and initiatives for data collection and data release. This presentation included announcement that HCAI was ending the year-one 20% discount of the pricing schedule for accessing HPD data in the secure data enclave, which was intended as a one-time offer to encourage early adoption.

Questions and Comments from the Committee:
The committee inquired about the term "research identifiable," which HCAI clarified refers to data containing direct identifiers that require DRC review. The committee also asked how many plans are submitting testing files for NCP data. HCAI reported that approximately 20 plans are submitting testing files, with expectations of closer to 30 total participants, indicating a strong participation rate

The committee asked whether entities with existing enclave access through 2023 would follow the same process to add 2024 data and whether fees would change. HCAI explained that an expedited supplemental data request process is available on the website, with processing timelines depending on project configuration, users, or data use; straightforward requests are generally processed more quickly. Pricing depends on the mode of access: enclave access is based on project configuration, while direct transmission includes additional costs for the data files. The committee also requested a table identifying fields added or removed in the 2024 data, which HCAI confirmed will be provided.

In discussing user support and feedback, the Committee asked how enclave users should submit comments. HCAI requested that non-technical feedback be directed to the Data and Reports Help Desk (DataAndReports@hcai.ca.gov). Technical assistance requests submitted through the enclave will continue to be triaged by OnPoint in coordination with HCAI.

The committee asked about the typical timeline from data request submission to approval. HCAI stated that its goal is to process data requests in as timely a manner as possible. HCAI explained that timelines currently range from approximately four to five months to over a year, depending on several factors, including the complexity of the use case, whether additional reviews are required, requester responsiveness, and administrative considerations. HCAI noted that delays have occurred when funding is not secured, payment methods are unclear, vendor registration is required, or organizational requirements for executing data use agreements are not identified early. Requests generally proceed on schedule when all parties are responsive.

The committee inquired whether an approved data request remains active while a requester is securing funding. HCAI confirmed that approvals remain active as long as the requester continues to communicate with HCAI and respond to inquiries. HCAI noted that requests without secured funding tend to account for longer approval timelines.

The committee asked why the HPD Data Release Committee (DRC) had not been meeting regularly. HCAI explained that approximately 80% of approved requests use the secure data enclave, which does not require DRC review unless direct transmission or research-identifiable data is involved. HCAI noted that this reflects the program's success in promoting privacy-protective access, which may lead to reevaluating the frequency of DRC meetings, while remaining mindful of Bagley-Keene Open Meeting Act requirements and member time commitments.

The committee asked whether external requesters could access Medicare fee-for-service (FFS) data. HCAI confirmed that, under current agreements with the Centers for Medicare & Medicaid Services (CMS), Medicare FFS data cannot be re-released by HCAI at this time. HCAI stated that requesters are encouraged to work directly with CMS and to note any interactions in their request for data. The committee expressed interest in continued collaboration to address this limitation.

In response to member questions about university data requests, HCAI reported that 20-25% of university data requests come from graduate students, with the remainder from university researchers. The committee also asked whether supplemental requests, including time extensions or additional data for existing projects, take as long as initial applications. HCAI explained that the supplemental process was designed to be more efficient than initial requests, though timelines remain dependent on the specific use case. Users receive automated notifications prior to project expiration and are encouraged to work directly with their HCAI analyst to reapply.

The committee asked how researchers would be notified of new tools or updates, such as provider files. HCAI explained that general updates are typically communicated during annual data releases, accompanied by documentation and communication plans. Project-specific changes are communicated directly to affected users.

The committee expressed appreciation for the progress made on university-led data requests and thanked HCAI and DHCS staff for their collaboration, noting enthusiasm for using the data to support equity-focused analyses.

The committee also referenced recent legislation related to the Data Exchange Framework that requires a new Data Exchange Framework advisory committee to make recommendations on demographic data collection. The committee expressed interest in aligning equity and social drivers of health-related data with these legislative efforts and offered support in advancing this work.

No committee discussion on the HPD pricing schedule.

No Public Comments

Agenda Item # 6: Annual Review of HPD Program Strategy
Michael Valle, MPA, Deputy Director, HCAI

Presentation on HPD program strategy, key accomplishments to date, and planned priorities and initiatives for 2026.

Questions or Comments from the Committee:
The committee commended HCAI on program accomplishments and suggested incorporating end-user experience as a strategic focus across data collection, public reporting, and data release activities. The Committee noted that, based on experience working in the secure data enclave, certain workflow requirements, such as data uploads and downloads, can reduce research efficiency. The committee recommended gathering systematic feedback from enclave users to identify friction points and potential improvements as the number of users increases.

The committee emphasized the importance of providing appropriate context when comparing data from different sources, such as All Payers Claims Database (APCD) data and data collected by the Office of Health Care Affordability (OHCA). The committee noted that differences between datasets should be clearly explained to readers to avoid misinterpretation when drawing conclusions.

The committee expressed support for the public reporting direction and noted active use of HPD reports. Members highlighted the value of existing levels of analysis and encouraged adding legislative district-level reporting to assist policymakers. They also recommended more outreach to educate state and federal policymakers about HPD data, observing that legislative staff and congressional committees are seeking greater understanding of healthcare spending drivers. HCAI acknowledged the suggestion and noted ongoing webinar efforts for state legislative staff, as well as interest in exploring additional outreach to federal stakeholders. The committee appreciated recent behavioral health public reports and suggested more localized reporting to assist policymakers and constituents in understanding healthcare trends and planning.

No Public Comments.

Agenda Item # 7: HCAI Health of Primary Care in California Snapshot
Andy Potter, PhD, Research Scientist Supervisor II;
Alyssa Borders, PhD, Research Scientist III, HCAI;
Margareta Brandt, MPH, Assistant Deputy Director, HCAI

Presentation on accomplishments to date and new product releases.

Questions or Comments from the Committee:
The committee suggested that future primary care reports examine payer mix, particularly differences across commercial, Medi-Cal, and Medicare populations. Members referenced existing HCAI reports showing higher rates of avoidable emergency department (ED) visits among Medi-Cal members and noted concerns from hospitals that lack of access to primary care contributes to emergency room utilization. The committee emphasized that shifting care to appropriate settings such as primary care or urgent care could help reduce costs, alleviate ED crowding, and support affordability goals. HCAI responded that, where feasible, primary care analyses will stratify data by market, including commercial, Medi-Cal, and Medicare.

The committee underscored the importance of primary care access and noted that utilization patterns may change in the future due to H.R.1 and anticipated Medi-Cal eligibility changes.

Members encouraged HCAI to consider how these shifts could affect ED use and primary care demand. The committee also expressed appreciation that the proposed work would not require submission of new data to the APCD, noting resource constraints faced by health plans amid workforce reductions and affordability pressures.

The committee expressed support for the primary care workstream and asked whether analyses could distinguish between care delivered by physicians, nurse practitioners, and physician assistants, given national workforce trends and the growing role of non-physician providers. They noted that understanding these dynamics could provide valuable insight into primary care delivery.

The committee recommended making metrics for primary care dashboards or analyses widely available through public posting or data enclave access. Members noted that sharing these metrics would allow researchers to conduct additional analyses, including examining relationships between investments in primary care and outcomes. They reiterated the importance of recognizing care delivered by nurse practitioners and physician assistants, particularly in rural markets, where such providers deliver a substantial share of primary care services. Members noted that these services are often not visible in claims data due to billing under physician National Provider Identifiers (NPIs), limiting the ability to accurately reflect care patterns.

The committee raised concerns regarding the use of OHCA's primary care definition, particularly the exclusion of obstetrician-gynecologists (OB-GYNs), noting that this exclusion conflicts with state statute and omits primary care received by many women. Members urged that any reliance on this definition be limited in duration and encouraged efforts to include primary care services delivered by OB-GYNs to ensure a more complete Primary Care Snapshot.

The committee suggested including consumer experience elements in the Primary Care Snapshot, such as difficulty finding a primary care provider. Members acknowledged

that such information may not come directly from HPD data but suggested incorporating relevant consumer survey or access-related data where possible.

HCAI welcomed the suggestion and discussed potential alignment with access measures such as timely access and network adequacy. The committee noted that, even if data sources differ, consumer experience information could provide important context for understanding primary care access.

No Public Comments.

Agenda Item # 8: Pharmacy Benefit Manager Data Collection
Dionne Evans-Dean, MHA, Chief Data Programs Officer, HCAI

Overview of the planning process, stakeholder engagement efforts, coordination with Department of Managed Health Care (DMHC).

Questions or Comments from the Committee:
The committee asked whether the department's review of existing pharmacy benefit manager (PBM) reporting has focused solely on DMHC and CMS reports, or whether additional reporting frameworks are being considered. Members referenced the CMS Rx Drug Cost reporting as a potential resource and described it as a comprehensive commercial-line reporting program that includes multiple detailed reports, rebate information, and top-drug analyses.

HCAI responded that discussions with DMHC have been introductory and focused on understanding statutory requirements and respective roles. HCAI indicated that more targeted discussions will occur as the work progresses and noted that DMHC will be a key partner given HCAI's relative newness in this area. HCAI also stated that a PBM vendor will be engaged to support the environmental scan and to help develop questions for stakeholders.

The committee expressed strong interest in the PBM workstream and recommended engaging national subject matter experts to support the effort, particularly individuals with extensive experience in PBM practices and drug pricing transparency

The committee emphasized the importance of data transparency to track the flow of funds across manufacturers, PBMs, health plans, employers, pharmacies, and consumers. Committee members highlighted the need to understand rebate negotiations, how rebates are distributed, pharmacy related fees paid to PBMs, and the final prices paid by consumers, noting that consumer costs are often not net of discounts. The committee suggested that expert guidance could help HCAI identify key data elements needed to meaningfully assess these dynamics.

The committee suggested including additional data elements in PBM reporting, such as manufacturer cost-sharing assistance and applicable taxes, where feasible. Members noted that these metrics are included in some existing reporting frameworks and could enhance transparency.

The committee also emphasized the significant impact of the Inflation Reduction Act on drug pricing and PBM relationships, noting that the legislation is reshaping financial flows and data patterns. Committee members encouraged consideration of how historical data may differ from future trends and reiterated that expert input could help interpret these changes and inform reporting design.

No Public Comments.

Agenda Item # 9: Provider Organization Index
Jill Yegian, PhD, HPD Consultant, HCAI

Update on progress on developing an HCAI-wide data utility on California provider organizations.

Questions or Comments from the Committee:
The committee asked whether the provider organization (PO) index hierarchy includes residential facilities such as substance use disorder and other residential treatment facilities, noting that consolidation among these entities is contributing to increased healthcare costs. Committee members highlighted that both licensed and unlicensed residential facilities are often owned or acquired under broader organizational umbrellas and may function as profit centers.

HCAI responded that all licensed facilities included in the underlying data sources are incorporated into the index and invited further guidance from the committee on which facility types should be prioritized and why. The committee indicated it would provide additional information and emphasized the policy relevance of tracking consolidation across a broader range of facility types.

The committee acknowledged the complexity of developing a PO index and discussed challenges stemming from the absence of a publicly funded Agency for Healthcare Research and Quality (AHRQ) Compendium. Committee members asked whether CMS Provider Enrollment, Chain, and Ownership System (PECOS) data were available for use and suggested exploring conversations with CMS to expand access, particularly for institutional providers.

The committee emphasized that there is no unique national identifier for health systems and asked whether California could develop a state-specific system identifier to support mapping and analysis. The committee suggested supplementing existing data sources with IRS Form 990 filings to help identify health care organizations not captured

elsewhere and raised the possibility of having provider entities review and attest to organizational mappings.

The committee outlined several analytical use cases, including examining how vertical integration affects referral patterns, costs, and utilization. Committee members recommended expanding future versions of the index to include physician group tax identification numbers (IDs), individual physicians, risk-bearing arrangements, clinically integrated networks, joint ventures, management agreements, and other non-ownership relationships that influence market behavior and spending.

The committee supported inclusion of risk bearing organization (RBO) information and suggested linking to management services organization data to better understand organizational relationships. Members noted that hospital ownership data from HCAI's annual utilization reporting may capture newer ownership structures more effectively than national datasets.

HCAI explained that Version 1 of the index focuses on ownership relationships and reflects only what is present in the contributing data sources. Joint ventures and similar arrangements appear only if they are captured in those sources. HCAI requested feedback on which additional relationship types would be most valuable to include in future versions. The committee emphasized the importance of California specific data sources, encouraged continued iteration beyond Version 1, and reiterated the need for a unique system identifier to support implementation of state laws and policy analysis.

The committee asked for clarification on the definition of a "health system," noting that the adopted definition could classify independently owned hospitals with affiliated physician groups as systems. Committee members expressed concern that this definition may conflict with statutory uses of the term "system" in California law and could create confusion for users. HCAI explained that the definition is adopted for purposes of the hierarchy and PO index and may differ from how users or statutes define systems. The Committee stressed the importance of clearly communicating the definition to avoid misinterpretation, particularly given the wide range of affiliations, management agreements, and partnerships that exist in practice.

The committee suggested that capturing more nuanced relationships may be a longer-term effort and recommended convening subject-matter experts to help define which affiliations should be included and how they should be categorized.

The committee discussed potential use cases for the PO index related to the Data Exchange Framework and data sharing agreements noting that plans often struggle to identify provider affiliations when processing claims, determining contract applicability, or enforcing data sharing obligations.

The committee cautioned against attempting to collect detailed contracted rate information, given the complexity involved, and instead emphasized the value of

enabling plans to determine whether a provider is affiliated with an entity that already has a contract or data sharing agreement in place.

Committee members highlighted challenges in tracking mergers, acquisitions, and licensing changes, noting that changes to NPIs following acquisitions can obscure historical comparisons and complicate cost and affordability analyses. The committee suggested documenting points of change in identifiers to support research and oversight.

The committee emphasized that inclusion of tax IDs is critical to understanding financial flows within the healthcare system and achieving the goals of the data program with members noting that following the money through tax IDs is essential for linking entities in a meaningful way. HCAI acknowledged the scope and difficulty of the work and emphasized that the project is being carried out by a large, collaborative team. The committee discussed examples of shared-risk and three-party contractual arrangements that create significant financial and utilization impacts but are not captured as discrete entities in existing datasets.

Committee members reiterated that working backward from tax IDs may be more effective than attempting to build organizational structures from fragmented identifiers. The committee also offered support for testing the data and flagged additional complexities such as fully-integrated delivery system models, and the structure of the UC system, that may affect system-level mapping.

The committee thanked staff for the significant amount of work involved in developing the project and expressed appreciation for the effort.

No Public Comments.

Agenda Item # 10: Anticipated Next Meeting Topics
Ken Stuart, Chair

The committee suggested future agenda topics including status updates on all ongoing items, updates on data access and data release activities, and a report on the DRC. The committee also requested consideration of a future agenda discussion regarding outpatient visit capture rates in HPD, noting recent information presented at an OHCA Board meeting.

No Public Comments.

Agenda Item # 11: Public Comment
Morgan Clair, Facilitator

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 12: Adjournment
Ken Stuart, Chair

Ken Stuart thanked the committee and HCAI staff and adjourned the meeting.

No Questions or Comments from the Committee.

No Public Comments.