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**NOTICE OF PUBLIC MEETING:
HEALTH CARE PAYMENTS DATA PROGRAM (HPD) ADVISORY COMMITTEE**

**January 23, 2025
MEETING MINUTES**

Members Attending: Amber Ott, California Hospital Association; Ken Stuart, California Health Care Coalition; William Barcellona, America's Physician Groups; Steffanie Watkins, Association of California Life and Health Insurance Companies; Kiran Savage-Sangwan, California Pan-Ethnic Health Network (CPEHN); Charles Bacchi, California Association of Health Plans; Emma Hoo, Purchaser Business Group on Health; Janice Rocco, California Medical Association; Joan Allen, Service Employees International Union- United Healthcare Workers West

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

Members in virtual attendance: Cheryl Damberg, RAND Corporation.

Members not in attendance: John Kabateck, National Federation of Independent Business.

Presenters: Elizabeth Landsberg, Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Dionne Evans-Dean, Chief Data Programs Officer, HCAI; Anna Dito, Cost Transparency Section Manager, HCAI; Jill Yegian, HPD Consultant, HCAI

Public Attendance: 73

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

Welcome and review of meeting ground rules and procedures. Review and approval of October 24, 2024, meeting minutes.

The committee voted and approved the October 24, 2024, meeting minutes. Bill Barcellona moved to approve them, and Steffanie Watkins seconded. The minutes were approved 10-0.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 2: Department Updates

Elizabeth Landsberg, Director, HCAI

Presentation on department and program updates.

Questions or Comments from the Committee:

The committee raised two key questions during the discussion. First, they asked whether the California Health Data and Planning Fund fees on hospitals would increase to support the Health Care Payments Data (HPD) Program. HCAI said that it does not expect to increase fees but would monitor the stability of the fund over time. Second, the committee inquired whether the Office of Health Care Affordability's (OHCA's) budget could contribute to HPD funding, given ongoing discussions about using HPD data for analytical purposes. HCAI confirmed that OHCA is already allocating funds to support HPD-related activities, with OHCA-funded staff actively contributing to data analysis efforts dedicated to OHCA.

No Public Comments.

Agenda Item # 3: Deputy Director Update

Michael Valle, Chief Information Officer and Deputy Director, HCAI

Presentation on division policy and program activities of interest.

Questions or Comments from the Committee:

The committee inquired about the timeline for HPD collection of capitated payments and other alternative payments from submitters. HCAI explained that the non-claims payment data regulations package is still in process and should be submitted for adoption by the Office of Administrative Law by early February. After adoption, plans will test the data files before submitting them to HCAI, with the data collection process expected to begin in the fall of 2026.

No Public Comments.

Agenda Item # 4: HPD Data Collection Program Updates

Dionne Evans-Dean, Chief Data Programs Officer, HCAI

Presentation on progress and initiatives.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 5: HPD Data Release Program Updates

Chris Krawczyk, Chief Analytics Officer, HCAI

Presentation on progress and initiatives.

Questions or Comments from the Committee:

Committee members noted that the webinar conducted for potential data requestors on January 15, 2025 was very helpful. The committee inquired about the questions from the webinar that were not able to be answered during the event, asking whether they would be sent directly to the registrants or posted on the website. HCAI responded that all registrants would receive direct responses to their questions and that the responses would be posted on the website and also incorporated into other documentation. The committee then asked if any requests had been received since the HPD data request portal opened and how HCAI plans to share the themes of HPD Data requests with the committee. HCAI confirmed that requests have been received and noted that HCAI will provide a summary of received requests, their status, and what has been approved or released with the Data Release Committee (DRC); that information will be publicly available in the DRC meeting minutes and HCAI will consider the best method for sharing such information with the Advisory Committee as well.

No Public Comments.

Agenda Item # 6: Program review and summary of strategy for 2025

Michael Valle, Chief Information Officer and Deputy Director, HCAI

Questions or Comments from the Committee:

The committee thanked HCAI for the information and asked for clarification on whether the billions of claims reported in HPD (such as the HPD Snapshot's 1.7 billion claims) include encounters as well as claims. HCAI clarified that the 1.7 billion claims include all utilization reported, both claims and encounters. Currently, payment data is available for fee-for-service claims but not for managed care encounters; encounters are "zero pay" because the provider is paid through an alternative payment arrangement such as capitation. Once the HPD begins to collect non-claims payment data, capitation amounts and other non-claims payments will be available for data reporting as well.

No Public Comments.

Agenda Item # 7: Program Strategy: Provider data discussion including data completeness and gaps and challenges, and provider organization index pilot activities.

Anna Dito, Cost Transparency Section Manager, HCAI;

Questions or Comments from the Committee:

The committee inquired about variance requests related to incomplete race and ethnicity data, to which HCAI confirmed that any data below the required threshold, including cases with little to no data, would result in a variance request. The committee also requested a summary of variance requests, explicitly focusing on race and ethnicity data, and information on how HCAI is working to improve data submission.

The committee highlighted the importance of analyzing contractual relationships among provider organizations, distinct from ownership, specifically focusing on narrow networks and ACO-contracted networks, to assess their performance in terms of cost-effectiveness and quality. The committee pointed out that even the same entities may have different contracts under various product lines, which should be identifiable in the data.

The committee also suggested providing a de-identified example of claims data, such as 10 or 20 records, for those unfamiliar with how it appears when submitted. This would help those outside of payer organizations better understand the data.

The committee sought clarification on the "payer-assigned provider ID" included in the presentation material. HCAI explained that this ID is a unique identifier created by the payers themselves and used within their systems, which they then provide to HCAI.

The committee expressed support for HCAI's efforts, emphasizing the importance of understanding various relationships between providers beyond just ownership, such as management or contractual relationships. These relationships can affect access, cost, and quality, which are critical to analyzing the data effectively. When examining the data, the committee encouraged HCAI to consider a broader range of provider relationships.

The committee emphasized longstanding challenges with claims data completeness, noting that providers often complete only the minimum required fields for payment, and cautioned against striving for perfection given the inherent limitations of claims data. Payers are also prioritizing adjudicating claims and making prompt payments to providers, rather than exacting all the provider data included the HPD data specifications.

Regarding contractual relationships, the committee acknowledged the complexities of tracking historical and changing agreements between providers and health plans, suggesting that such efforts may be too intricate to execute fully; the goal should be to improve the data to better connect services to providers and patients.

The committee discussed the challenges of obtaining comprehensive provider data, noting that network data collected by the Department of Managed Health Care is collected for a specific compliance function and does not allow aggregation at the contract level. The committee suggested exploring the California Medical Board's

database to link provider entities to tax ID numbers and discussed the difficulty in aggregating provider data due to the use of Doing Business As (DBAs) and varying contract structures among health plans. The committee acknowledged that claims data may be incomplete and that there are limitations in retrieving every data field from the vast volume of claims processed annually.

The committee discussed the complexities of hospital claims submission, particularly the use of Tax Identification Numbers (TINs) and National Provider Identifiers (NPIs). While hospitals must submit a TIN with each claim, NPIs are not always required, adding challenges in tracking providers, especially in outpatient settings with multiple NPIs. The committee noted that the source assigning NPIs may offer the most reliable data for provider organization identification.

The committee suggested exploring a state-run version of the CMS Provider Enrollment, Chain, and Ownership System (PECOS) for California to collect more comprehensive data, including annual reports from all providers on their relationships. HCAI noted that such an approach would likely be costly and add administrative burdens to both the state and providers. The committee also noted that provider data is currently most often exchanged via Excel spreadsheets, which introduces variations in organization names and other errors; a better system for collecting and validating provider information is needed. The committee pointed out that purchasers may lease PPO networks from medical groups, creating an additional layer of complexity for millions of lives. The committee emphasized the need for unique identifiers for health systems, as the current lack of standardization across databases makes it difficult to track them accurately, while acknowledging that this would be a long-term effort. The committee suggested refining DMHC's existing regulations for data submission, to capture better data tied to contracted entities and improve overall data quality.

The committee highlighted a federal proposal requiring hospital-based outpatient departments to use unique NPIs to improve service data and evaluate cost-effective alternatives, which may be help with California's efforts.

Agenda Item # 8: Program Strategy: Benefit design data discussion on use cases and data collection design.

Jill Yegian, HPD Consultant, HCAI (or designees)

Questions or Comments from the Committee:

The committee discussed the importance of collecting data on health plan designs to understand how out-of-pocket costs and benefit structures affect care usage, including low-value care and overall reductions in necessary care. A question was raised about why the rate of submission of premium data is not higher and HCAI explained that premium is an "as available" element, meaning that submitters are required to provide the data to HPD if available, but the submission will not be rejected if it is not.

The committee highlighted that benefit design decisions are often influenced by regulatory compliance, competition, and the need to maximize subsidies rather than purely aiming to improve patient outcomes. The committee cautioned that while

understanding a benefit design's impact on the delivery system has value, it is complicated by the variety of motivations behind benefit design choices and the complexity of tracking benefits across different plans, regions, and employers, making detailed analysis challenging and potentially less useful in specific contexts.

Evaluation of value-based insurance designs and creating a full picture of affordability were viewed as the more important use cases, compared to modeling and benchmarking benefit design. In addition, the committee emphasized that benchmarking benefit design is more valuable than collecting premium data, as premiums can be highly variable due to factors like employer risk categorization, geographic dispersion, and work-from-home trends post-COVID. Premiums may not allow for straightforward comparisons due to differences in employer contributions, and therefore, focusing on benefit design components and out-of-pocket limitations would provide more valuable insights. The committee inquired about data completeness across HMO and PPO segments, but HCAI had not yet differentiated the completeness of data between the two types of plans.

The committee raised concerns about the challenges of tracking health outcomes and equity scores tied to benefit design, noting that frequent plan switching based on consumer needs makes it harder to track coverage levels and their impact on utilization without understanding the generosity of each plan.

The committee discussed how the variation in benefit design, such as people switching plans, can be used to measure health outcomes for research. The committee asked about linking the HPD to commercial plans and network data. HCAI clarified that while the HPD includes product categories (e.g. HMO and PPO), it lacks specific identifiers for direct mapping to detailed network files, making it challenging to connect product-specific data with network files and limiting the granularity of analysis.

The committee emphasized the importance of analyzing how cost-sharing affects utilization, especially for preventive services, and how benefit design influences claim patterns, such as those related to chronic conditions. The committee highlighted the potential impact of the ongoing challenge to the Affordable Care Act provision prohibiting cost sharing for preventive services, suggesting that this data could assist policymakers and health plans in deciding whether to continue offering such coverage, even if it is no longer legally required.

The committee discussed the limited variation in benefit designs between exchange plans and their lookalike individual or small group products, noting that most small group plans are standardized. The committee emphasized that the large group market features more customization, including riders for specific coverage provisions. Looking beyond benefit design data, provider network design provides an additional area of exploration with extensive variation.

Vishaal Pegany, OHCA Deputy Director, inquired about the availability of deductible amounts in the data, noting their potential value for comparing benefit designs, particularly with Covered California plans that exempt outpatient services from deductibles. HCAI clarified that while deductible amounts in the consumer's benefit

design are not directly available, HPD does have data on consumers' financial responsibility (cost-sharing). Deputy Director Pegany suggested exploring how other states like Massachusetts collect benefit design information.

Agenda Item # 9: Anticipated Next Meeting Topics

Ken Stuart, Chair

No Questions or Comments from the Committee.

For the April meeting, which will be held at the new May Lee State Office Complex, the focus will be status updates on data access and release, including updates from the chair or designee of the Data Release Committee.

No Public Comments.

Agenda Item #10: Public Comment for Items Not on the Agenda

Ken Stuart, Chair

The committee may not discuss or act on any matter raised during this public comment section that is not included on this agenda, except to place the matter on a future meeting agenda.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item #11: Adjournment

Ken Stuart, Chair

No Questions or Comments from the Committee.

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

No Public Comments.