

Welcome to the
**Health Care Payments
Data Program
Advisory Committee
Meeting**

April 23, 2026

We will begin the meeting soon!

Agenda Item I: Welcome and Meeting Minutes

Morgan Clair, Facilitator

Ground Rules – Hybrid Meeting

- Voting committee members and members of the public may either participate in-person or virtually.
- Bagley Keene Open Meeting Act will be followed
- Public Comment on each item and at end of meeting
 - Public Comment will start with members of the public in person and then move to members of the public joining virtually
- No delegates, substitutes, or proxies for Advisory Committee members
- Meeting minutes prepared after each meeting
- Materials posted on website
- Standard voting process: motion/second/discussion (including public comment)/vote

Vote on Meeting Minutes

Public Comment

Agenda Item II: Department Updates

Elizabeth Landsberg, Director, HCAI

Public Comment

Agenda Item III: Deputy Director Update

Michael Valle, MPA, Chief Data Officer and Deputy Director,
HCAI

Public Comment

Agenda Item IV: HPD Program Updates

Dionne Evans-Dean, MHA, Chief Data Programs Officer, HCAI

Data Collection Status

Type	Status
Commercial Health	Monthly submissions continue
Commercial Dental	Monthly submissions continue
DHCS	Processed through February 2026
Medicare FFS	Annual acquired 2018-2024 Quarterly acquired 2022-Q2 2025, Q3 2025 requested, Q4 awaiting release
Annual Registration	Annual registration completed
Non-Claims Payment (NCP)	File testing continues with end date of June 30 APCD-CDL v4.0.1™ , NCP Fact Sheet , Regulation Text
<p>All Payer Claims Database - Common Data Layout (APCD-CDL™) version 4.0.1 released on February 24, 2025. HCAI received approval from OAL to update HPD data collection regulations to adopt APCD-CDL v4.0.1 which incorporates NCP file layout. The updated regulations became effective on March 4, 2026. All regulation documents including the Final Statement of Reasons maybe found on the HCAI Laws and Regulations page.</p>	

Data Collection Activities

- Submitter Group Meetings continue quarterly with last meeting held on April 9.
- Data Quality Reports and Engagement continue with health plans and insurers.
- Collaboration with DMHC on PBM data collection continue.
- Pharmacy Benefit Manager SME vendor awarded.

Public Comment

Agenda Item V: HPD Data Access and Release

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI;

Michael Valle, MPA, Chief Information Officer and Deputy Director, HCAI;

Katie Martin, MPA, Health Care Cost Institute (HCCI);

Kristal Popp, PhD, MPH, Research Scientist Supervisor, HCAI;

Jonathan Mathieu, PhD, Freedman HealthCare

Data Access and Release: Showcase of active data project - HCCI

Katie Martin, MPA, HCCI

About the Health Care Cost Institute

- Non-profit, non-partisan organization founded in 2011
- Mission: Use data and analytics to improve the US health care system
- Values:
 - Health care claims should be accessible
 - Health care information should be transparent and easy to understand
 - Robust analytics can empower all stakeholders to improve quality and value

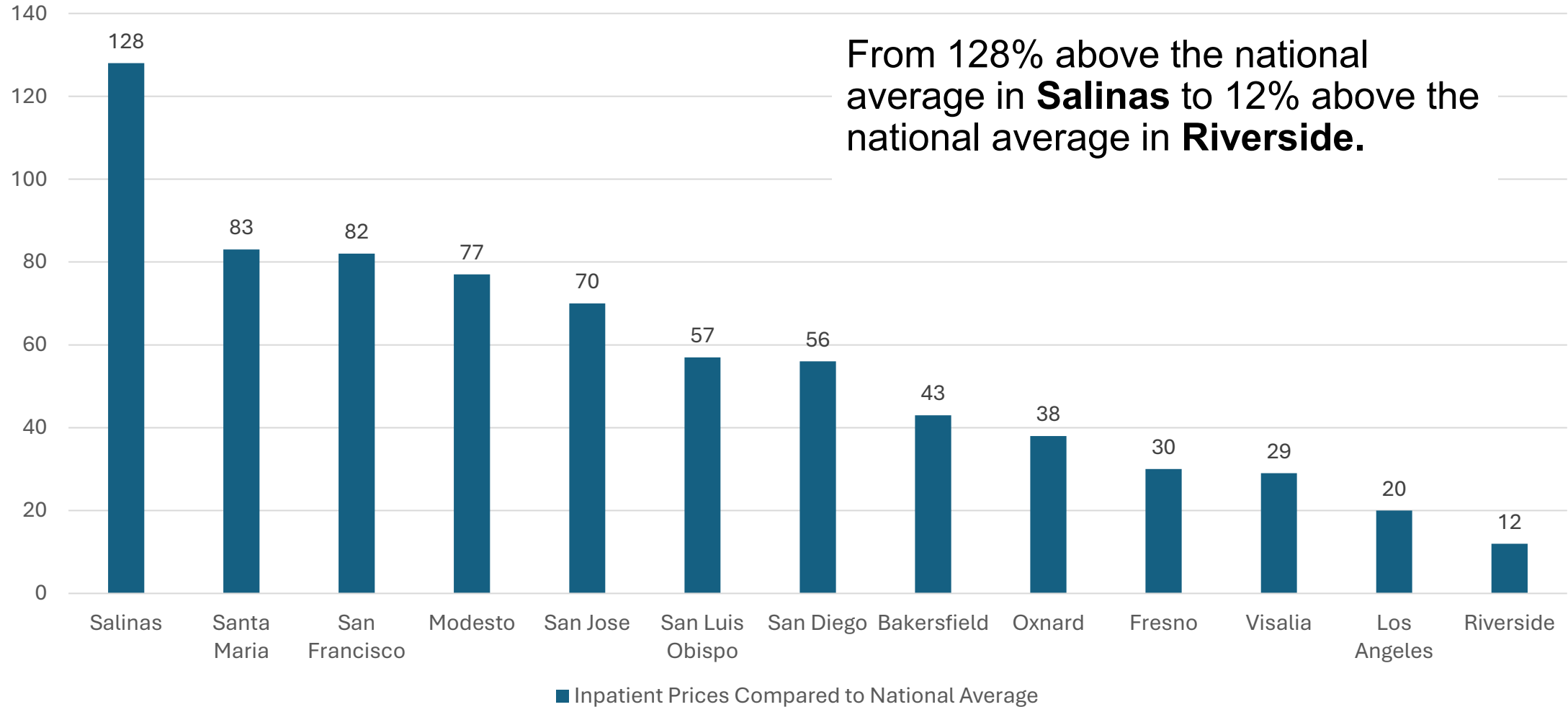


HCCI's CA Health Care Payments Database Project

- Builds on HCCI analysis of geographic variation
 - Spending and price vary widely by metro area, even within the same state
 - See next slide
- Explores private-sector price and spending variation across California



HCCI Data: Inpatient Prices were all Above the National Median but Varied Across the State



HCCL's CA Health Care Payments Database Project: Research Aims

- **Aim 1.** Assess the affordability of health care across California counties.
- **Aim 2.** Calculate prices and price variation at the state and county level.
- **Aim 3.** Examine the relationship between market characteristics, prices, and affordability.



Project Status

Progress to Date

- Completed data processing and analytic dataset construction
- Performed quality control checks
- Benchmarked HPD data to publicly available data

Next Steps

- Conduct Analysis, Prepare Data Visualizations
- Draft and Finalize Report
- Report Dissemination



Our experience so far

- Positive Overall
- Accessing the environment is simple and straightforward
 - Appreciate the shared folder that we can use for code or analytics
 - Programs we needed were already set up
- Service desk has been responsive to questions, including analytical and technical inquiries
- Some parts of the process have moved a little more slowly
 - Importing and exporting files from the environment
- Encountered some unanticipated processes/requirements
 - Importing a crosswalk and dataset required a supplemental application because we did not specify them initially



Thank you!

Questions?

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www.healthcostinstitute.org



HPD Data Release Status

Kristal Popp, PhD, MPH, Research Scientist Supervisor, HCAI

Data Release - By the Numbers*

* As of 3/24/2026

Overview:

Received	Active	Completed
58 (55 N, 3 Supplemental)	29 (28 New, 1 Supplemental)	13 (11 New, 2 Supplemental)

Access Method:

	Active	Completed
Enclave	21	13
Direct Tnsmission	8	0

Dataset Type:

	Active	Completed
Standard Limited	9	1
Standard Limitlus	6	9
Custom Limited	5	1
Research Identifie	9	2

[HPD Application Updates April 2026](#)

Summary of Active Projects: Numbers

Requestors:

Research Organization	University	State Agency	Other
5	3	1	2

Access Method:

Enclave	Direct Transmission
11	0

Dataset Type:

Standard Limited	Standard Limited +	Custom Limited	Research (SA)
1	8	1	1

[HPD Application Updates April 2026](#)

Summary of Active Projects: Topics

- **Access, Equity & Affordability**

- Geographic variations
- Out-of-pocket costs
- Novel diabetes treatments

- **Cost Drivers & Market Dynamics**

- Hospital upcoding
- Hospital spending target
- Effects of insurer-physician integration

- **Population & Behavioral Health**

- ACE (Adverse Childhood Experiences) screening
- Telehealth in explaining mental health access

[HPD Application Updates April 2026](#)

Projects in the Enclave*

* As of 3/24/2026

# of applications	# of users	# of import files	# of export files
10*	21	44	19

HPD Projects: Imports and Code

To support high quality analysis, HPD projects rely on a combination of public, internal, and proprietary datasets, with use of SAS, Stata and SQL code.

- Public and internal reference data
 - Geographic crosswalks (ZIP to County, ZIP to PUMA)
 - Provider crosswalks (NPI to CCN)
 - CMS reference tools (MS-DRG definitions)
 - AHA Survey Extract
 - FDA Drug Code directory listing
 - HCAI public datasets (e.g., Hospital Annual Financial Data)
- Proprietary datasets
 - Elixhauser ICD-10 comorbidity crosswalk
 - Hospital NPI to CCN mapping

Thank you to the Team

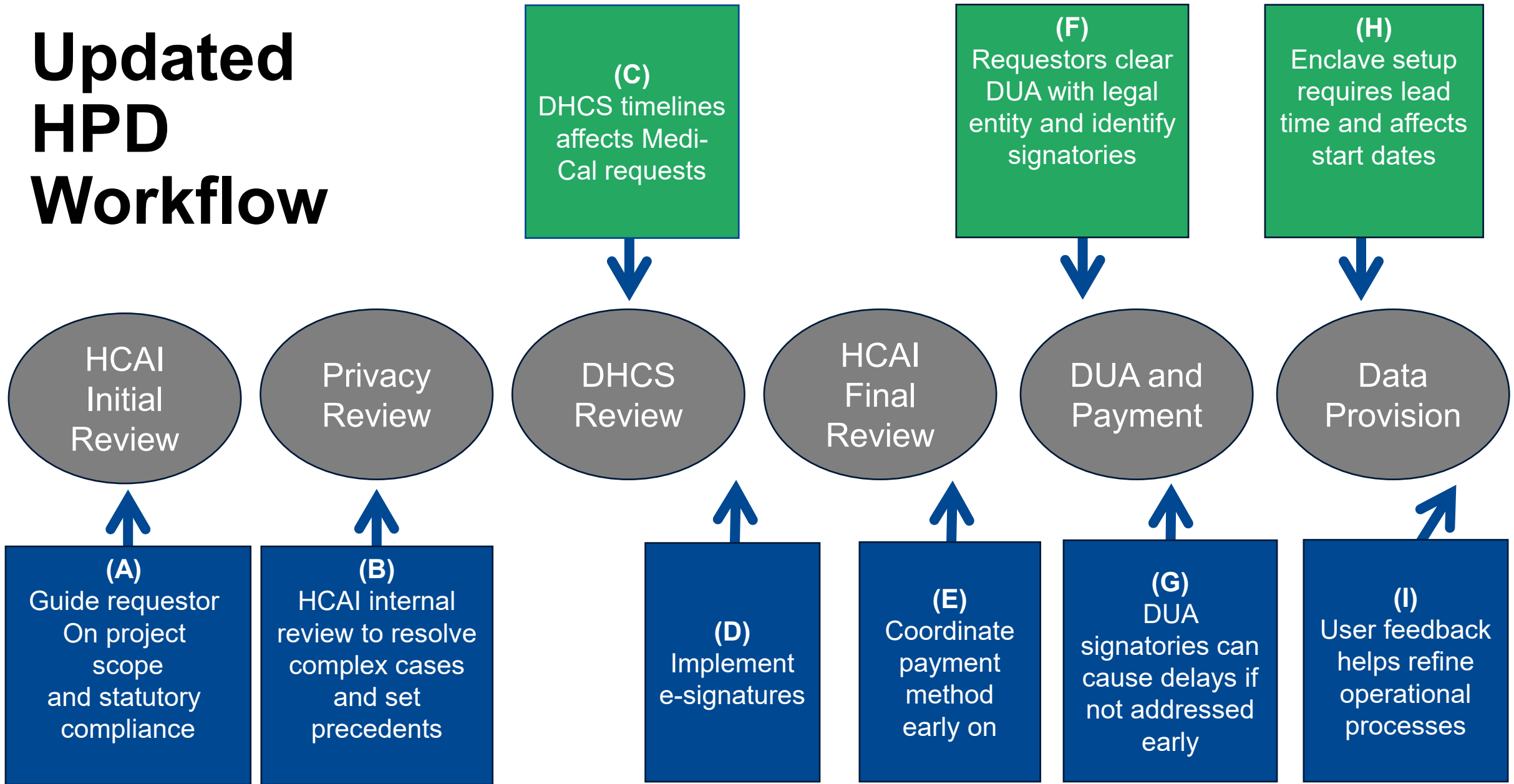
On average, for each completed new application there are:

# of messages from applicant	# of messages from HCAI to applicant	# of status update emails to applicant	# of internal notes
34	36	9	12

HPD Data Access and Release: Lessons learned from year one

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI

Updated HPD Workflow



Lesson: Projects vary widely, and decisions take longer than 120 days



The Issue:

Requests vary widely, and many include complex elements.



A Solution:

Create a cross-functional Internal Review Series (research, privacy, security, risk, legal) to resolve complex cases together rather than through slow, asynchronous steps.



The Impact:

Establishes new precedents for future cases and highlights the need for revisions in operational processes and/or regulatory frameworks.

Lesson: Single project workflows don't work for bundled projects



The Issue:

Some applications bundle multiple projects under a single broad scope, making it difficult to determine minimum-necessary data and evaluate each project's risks.



A Solution:

Define “one project” clearly at the start and guide applicants to separate or refine their scopes so each application reflects a single, coherent project.



The Impact:

Faster decisions, clearer scoping, and stronger privacy and security protections.

Lesson: Revisions/changes may need a new application and/or full review process



The Issue:

Some requestors seek changes –such as switching dataset type or access method – just before or after approval, which the supplemental process was never designed to handle.



A Solution:

Limit supplementals to minor adjustments. Require a new application when changes affect project scope, risk level, or data provisioning.



The Impact:

Keep supplementals fast and predictable while ensuring major modifications receive full review and proper governance.

Lesson: DUA dates tied to payment create delays



The Issue:

Payment timelines vary across institutions and methods. Because DUA start/end dates depend on the payment date, delays often require DUA revisions and re-routing, slowing data access.



A Solution:

Discuss payment steps with requestors immediately after approval so they can confirm internal processes and establish a realistic DUA start date.



The Impact:

Early coordination reduces unexpected revisions, improves timeline predictability, and helps ensure the DUA authorizes a full year of access.

Committee Member Questions and Discussion

HPD Data Access and Release: Policy and Operational Decisions Definitions of a project

Jonathan Mathieu, PhD, Freedman HealthCare

Why we are establishing policy on what is a project

- The HPD program receives applications that bundle multiple unrelated topics into a single request, creating review challenges and compliance risks.
- **Why policy is needed:**
 - Minimum-necessary standards become difficult to apply.
 - Review assessment becomes inconsistent.
 - Review timelines break down.
 - Data integrity and statutory compliance must be protected.
 - Better manage risk and the variation that occurs by mode of transmission, data file type, planned scope of use.
- **Overall goal:** Establish consistent, transparent criteria that support efficient review, safeguard privacy, and maintain methodological rigor.

What is a Project?

A project is:

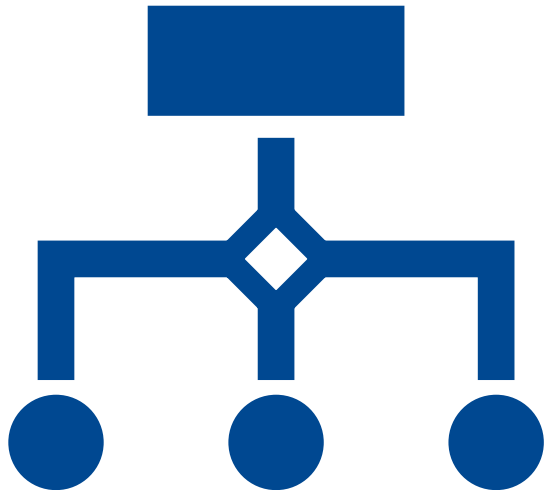
- A single, clearly defined initiative
- Anchored by a specific data request
- Designed to address one unified purpose

Projects must be coherent in:

- **Scope** – the boundaries of what the project will and will not address
- **Intent** – the purpose and objectives driving the request
- **Data use** – how each requested variable directly supports the project aim



When Should Projects Be Separated?



- Applications should be split when they include:
 - Multiple unrelated topics
 - Different objectives and research questions
 - Different populations or datasets
 - Separate analytical goals or methods
- Each project is reviewed separately to ensure appropriate data access, compliance, and oversight.

Example of a Well Defined HPD Project

Project Title: *Assessment of Total Cost of Care for Commercial vs. Medi-Cal Populations in California*

Primary Purpose:

Research: Compare total cost of care across payer types

Why This Meets the Definition:

- Has one clear objective (cost comparison across payer types)
- Defined Population (Commercial + Medi-Cal enrollees)
- Uses a cohesive dataset (HPD medical + pharmacy claims)
- Aligned outputs (report on cost variation and drivers)
- **All analyses directly support one purpose.**

Key Takeaway: One purpose, one population, one cohesive dataset



Example: Bundled Projects (Should be Split)

Project Title: *Evaluation of Prescription Drug Use, Chronic Disease Management, and Preventive Care Utilization in California*

Primary Purpose:

Research: Evaluate medication use patterns, chronic disease outcomes, and preventive service utilization by payer types

Issues Identified:

- Multiple primary objectives (prescription drug use, chronic disease management, preventive care)
- No single defined research question (multiple independent questions)
- Different populations and comparisons across analyses
- Analyses are not interdependent (each could stand alone as its own project)
- Would produce multiple independent outputs, each with its own scope and review

Key Takeaway: If aims are independent → they are separate projects

Additional Considerations for Project Definition

- **Applicant Type:** State agency needs may receive expanded scope when additional datasets or linked populations are required to meet statutory or programmatic obligations.
- **Methodological & Deliverable Requirements:** Additional variables, years, or populations may be allowed when necessary for methodological integrity or when multiple aims support one cohesive analytic purpose.
- **Other considerations:**
 - **Managing Risk:** Example, In-State vs. Out-of-State Requestors
 - **Access Method:** Enclave vs. Direct Transmission
- **Key principle:** The core requirement that every element of the request must be necessary, justified, and aligned to a coherent purpose.

Committee Member Questions and Discussion

BREAK

HPD Data Access and Release: Policy and Operational Decisions, Supplemental Applications

Kristal Popp, PhD, MPH, Research Scientist Supervisor,
HCAI

Supplemental Requests

- Early experience is informing operations and procedures
- Appropriate supplemental examples:
 - Add an additional data year within the same dataset
 - Add or replace a project user with the same role
 - Import non-identifiable reference files not previously included in approved application (e.g., ZIP-county crosswalks)
- Changes that may trigger added review:
 - Imports that introduce new linkage or identifiers, or change the project scope
 - Changes affecting Medi-Cal analyses (DHCS review may apply)
- **Key takeaway:** Supplementals support limited, in-scope changes

Operational Realities Shape Supplemental Policy

- Regulatory limits
 - Service line cannot change via supplemental
 - CPHS updates required when applicable
 - Annual compliance requirements still apply
- Workflow and capacity considerations
 - Repeated supplementals increase complexity
 - Cross functional review may be needed (privacy, security, DHCS)
- Technology and vendor constraints
 - Adding data years may require dataset re-runs
 - Licensing operates on fixed 12-month cycles
- **Key takeaway:** Supplementals offer flexibility – but within clear regulatory and operational guardrails

Definition of a Supplemental Request

- A supplemental request allows an approved project to make limited updates **without** submitting a new application, as long as the project scope and risk classification stay the same.
- Examples include:
 - Add an additional year of data
 - Add or replace project personnel
 - Add external linkage files or external datasets
 - Update the security plan or other security documentation
 - Extend the approved project period

Annual Cycle

Enclave access operates on 12-month licensing cycles. This annual cycle aligns with the other annual cycles of the HPD data release program (funding, procurement, DUAs, and annual reporting workflow). Aligning as many processes as possible to this annual cycle helps the data release unit manage more simultaneous projects.

There *are* ad-hoc data project activities that are not annualized (supplemental requests, import requests, export requests). These activities can be initiated by the user at any time.

Annual Renewal

Multi-year projects have the option to renew, via supplemental request, for an additional 12-months. Renewal is not automatic; it must be requested at least 120 days before the current 12-month licensing cycle ends and be approved by HCAI. Pricing may change from year to year.

This annual reporting process ensures:

- Ongoing security and privacy compliance
- Updated and accurate personnel rosters
- Verification that the requestor still needs the data

Supplemental Request Requirements

- Adding a new Enclave user requires a payment and a DUA for that user.
- Replacing a user is allowed once per year (no cost after 6 months of use in the project space).
- Projects with multiple supplemental requests may need a new application.
- Requestors are encouraged to allow at least 120 days for supplemental processing.

Example: Supplemental

Year 1 (Initial Agreement)

- Request includes three years of historical data (2021-2023)
- Access begins once data are provisioned
- Establishes baseline scope, terms and cost

Year 2 (Supplemental #1)

- Adds one additional year of data (2024)
- Extends access for a second year
- Reviewed separately and may have updated pricing

• Year 3 (Supplemental #2)

- Adds another year of data (2025 for a total of 5 years of data)
- Extends access for a third year
- Again reviewed and may have updated pricing

HPD Data Access and Release: Data Use Agreement (DUA) Considerations

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI

Steps to Execute DUAs

1. Apply for access and receive use-case approval.
2. Review and agree to the DUA language.
3. Ensure the correct organizational signatories are identified.
4. Complete payment according to institutional requirements.
5. HCAI provisions the dataset (custom extracts take longer).
6. Data access begins once payment and provisioning are complete.

Note: DUA start/end dates depend on payment and provisioning timelines, which may vary.

Current DUA Lessons Learned

Rigid DUA Dates require revisions

- Start/end dates depend on payment and data provisioning timelines, which vary by institution. When processing is delayed, the DUA must be revised and re-routed.

Provisioning timelines create uncertainties

- Data may not be ready by the estimated start date-especially for custom extracts-triggering additional DUA revisions.

Legal reviews can introduce delays

- Requestors' legal teams may require changes to the DUA language, sometimes multiple times.

Signatory requirements may shift mid-process

- Changes in who must sign the DUA can force the entire routing process to restart.

HCAI is Solutioning

1. How to execute 12-month DUAs that don't need to be revised if the payment is late or the data provisioning is late
2. How requestors can review and agree to the DUA language earlier in the process so it doesn't delay final approval of the request
3. How to assist requestors in better determining who needs to sign their DUA to avoid a mid-routing signatory change
4. How to make supplemental request DUA processing efficient

Next Steps – Public Reporting and Data Use

- Public Reporting Portfolio
 - [Eight public reports](#) available on the website
- Strengthening the data release program – key priorities ahead
 - Advance Direct Transmission (DT) approvals
 - Convene the Data Release Committee (DRC)
 - Expand user-experience feedback loops
 - Continue improving transparency and guidance
 - Regulations cleanup

Committee Member Questions and Discussion

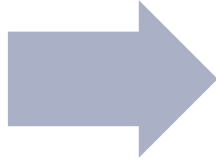
Public Comment

Agenda Item VI : Anticipated Next Meeting Topics

Advisory Committee Anticipated Topics

July 23, 2026

- Status updates on all topics as needed
- **Data Collection:**
Update on data collection, including dental, non-claims, and voluntary data



Oct. 22, 2026

- Status updates on all topics as needed
- **Public Reporting:**
Public reporting progress and priorities

Public Comment

Agenda Item VII: Public Comment

Adjournment