HCAI Department of Health Care Access and Information

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HEALTH CARE PAYMENTS DATA PROGRAM (HPD) ADVISORY COMMITTEE

DISCUSSION SUMMARY
April 24, 2025

Important Note: This meeting did not meet quorum and is not considered an official meeting under the Bagley-Keene Open Meeting Act due to procedural issues with virtual attendance notification. No formal business was conducted. These notes are provided solely to capture discussions and comments for internal continuity.

Members Attending: Ken Stuart, California Health Care Coalition; Kiran Savage-Sangwan, California Pan-Ethnic Health Network (CPEHN); Emma Hoo, Healthcare consulting firm representing purchasers; Joan Allen, Service Employees International Union- United Healthcare Workers West; Cheryl Damberg, RAND Corporation.

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

Virtual members unable to participate due to procedural error: John Kabateck, National Federation of Independent Business; William Barcellona, America's Physician Groups; Janice Rocco, California Medical Association.

Members not in attendance: Amber Ott, California Hospital Association; Charles Bacchi, California Association of Health Plans; Steffanie Watkins, Association of California Life and Health Insurance Companies.

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; Vishaal Pegany, Deputy Director, HCAI; Andrew Feher, Research Scientist Manager, HCAI; Margareta Brandt, Assistant Deputy Director, HCAI; Emily Estus, Health Program Manager III, HCAI; Nitisha Patel, Research Data Specialist II, HCAI; Miranda Dietz, DRC Chair

Public Attendance: 65

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

Welcome and review of meeting ground rules and procedures.

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.

No Questions or Comments from the Committee.

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 asked for an update on self-funded plan data. HCAI responded that the team is still in discussions with health plans about dental quality and has inquired about voluntary ERISA self-funded plan data. However, there has been no change in participation or data sharing since the last update and more information will be available at the July meeting.

No Public Comments.

Agenda Item # 4:   HPD Data Collection Program Updates
   Dionne Evans-Dean, Chief Data Programs Officer, HCAI (or designee)

Presentation on progress and initiatives.

Questions or Comments from the Committee:

The committee inquired when non-claims payment data would be available for use through the enclave. HCAI explained that testing of the new data files will begin in September 2025 and continue through June 2026. Production submissions will start in July 2026 and run through the end of that year, followed by regular monthly and annual submissions. HCAI added that data quality is a priority, and since this effort is new nationally and in California, timelines may evolve as testing progresses.

No Public Comments.

Agenda Item # 5:   HPD Data Access and Release: Program Updates

Chris Krawczyk, Chief Analytics Officer, HCAI;
Miranda Dietz, DRC Vice Chair

Presentation on progress and initiatives, milestones, the role of the HPD Advisory Committee and the Data Release Committee (DRC), committee activity updates, and the status of applications.

Questions or Comments from the Committee:

The committee clarified whether data request applications are submitted through the Public Records Act (PRA). HCAI responded that they would need to confirm but noted that regulations allow the director to withhold or redact information in PRA responses.

The committee expressed concerns about data requests lacking critical details such as hospital names, which are essential for meaningful cost and pricing research. HCAI explained that during their initial review process, analysts assess whether requested data aligns with the stated use case, and when misalignments are identified, HCAI collaborates with requesters to revise requests to match appropriate service lines. This process has been applied to several initial submissions. The committee asked if HCAI provides recommendations to requesters on what changes are needed for approval. HCAI confirmed that when making conditional recommendations, they suggest specific changes or address concerns and then reassess the request, aiming to be constructive in helping requesters meet requirements.

The committee suggested that the application process include clear guidance to help applicants understand when detailed data like hospital names requires a different request type. HCAI responded that they continuously update their website and FAQs based on common questions and experience to provide better direction.
The committee inquired about response times and HCAI explained that applicants receive email acknowledgement through the portal, but review begins only after payment of the application fee. HCAI's goal is to provide initial feedback within two weeks, though they are still deciding whether to send quick, early feedback or wait to send a full response. HCAI explained that review times vary based on data complexity, size, and whether the requester has addressed de-identification risks like small cell suppression. Simple aggregate data requests may be approved quickly while more complex requests will take longer.

The committee suggested sending acknowledgment emails with clear timing updates, similar to PRA requests, so requesters know what to expect. HCAI appreciated the feedback and said they are incorporating such insights to improve communication, including issuing warnings: if a request remains idle for 30 days, the applicant has five days to respond before withdrawal.

The committee recommended improving public-facing summaries of data proposals by including brief submitter-written descriptions highlighting the use case, audience, and objectives. The committee emphasized the importance of adding more detail when the

intended use may support private interests such as companies selling medical products. They noted that since the information is already public, greater transparency could help distinguish between requests that serve the public good, such as research on cancer care disparities, from those primarily aligned with corporate benefit. HCAI noted that while summaries could be derived from existing application content, care must be taken to balance transparency with the protection of sensitive or proprietary research information.

The committee asked about the expected turnaround time for reviewing data requests, noting that delays could slow research and increase the burden on both researchers and HCAI.

The committee noted that as user numbers grow, review volume will increase, making staffing a key issue. HCAI acknowledged this and highlighted the importance of building collaborative relationships with data users; when users demonstrate strong understanding of de-identification guidelines and submit well prepared requests, reviews can be faster, which helps maintain research momentum.

The committee inquired how large, multi-year research projects such as NIH Center Grants involving multiple study questions are handled, especially when they require broad, long-term data access. They expressed concern that such projects may be cost-prohibitive under current pricing and questioned whether HCAI considered alternative approaches. HCAI explained that the current framework is based on one request, one project, and one data release per user. While they are aware of Center Grants and organizational licensing models, any changes must comply with statutory requirements, including the minimum data necessary principle.

The committee emphasized that in their experience with CMS data, large research grants typically request 100% of relevant files over multiple years, suggesting that HCAI should consider this reality when planning for future data access needs.

No Public Comments.

Agenda Item # 6:   HPD Data Access and Release: Funding, Data Quality, and Coordination of Review.
Michael Valle, Chief Information Officer and Deputy Director, HCAI
Chris Krawczyk, Chief Analytics Officer, HCAI (or designees)

Questions or Comments from the Committee:

The committee asked for clarification on whether submitters receive findings or the actual data. HCAI confirmed they share findings such as overarching statistics, not raw data.

The committee inquired about review sequencing between HCAI and DHCS, specifically whether HCAI's review must be completed before DHCS begins its evaluation or if the

reviews occur simultaneously. HCAI clarified that their initial review centers on verifying that requests are complete and correctly categorized by service line. The committee expressed concern about lengthy review processes delaying research projects and suggested HCAI could continue processing parts of a request even if DHCS denies Medicaid data. HCAI responded that revisions must come from the requester, and they would review updated submissions accordingly.

The committee asked if institutional reviews could substitute for the Committee for the Protections of Human Subjects reviews. HCAI explained that CPHS has a reciprocity process but could not confirm when it applies. The committee also inquired if HCAI and DHCS reviews could be combined to speed up the process. HCAI responded that they are still exploring ways to improve efficiency while respecting legal and regulatory requirements.

The committee confirmed that requesters are encouraged to apply early and pay the $100 application fee before securing funding to avoid delays, though many prefer waiting until after funding is secured. HCAI encourages starting the application process as soon as possible to align data availability with research timelines.

The committee suggested adding timeline milestones like submission date, approval date, and data delivery date to the request information chart as this would help future requesters better understand the variable timelines and set realistic expectations. HCAI appreciated the idea and noted that they are already working on adding a status column to track reviews with HCAI and DHCS, and they welcome ongoing feedback.

No Public Comments.

Agenda Item # 7:   HPD Data Access and Release: State Uses of HPD Data.
> *Vishaal Pegany, Deputy Director, HCAI; Andrew Feher, Research Scientist Manager, HCAI; Margareta Brandt, Assistant Deputy Director, HCAI; Emily Estus, Health Program Manager III, HCAI; Nitisha Patel, Research Data Specialist II, HCAI (or designees)*

High level overview of data access process for HCAI and sibling departments, including current and future uses.

Questions or Comments from the Committee:

The committee inquired whether behavioral health services paid fully out-of-pocket, without generating claims, are captured in the data. HCAI confirmed such data is not included in the HPD, however, the Office of Health Care Affordability is working on a separate project to estimate out-of-pocket behavioral health spending using alternative data sources.

The committee asked about the experience using HPD data. HCAI shared that while the dataset is rich and expansive, effective use requires asking targeted questions. For

example, identifying areas with high diabetes prevalence and limited pharmacy access helped guide their data use for internal decision-making. They also emphasized the importance of ensuring data is de-identified and aligns with the minimum data necessary standard, especially if the data might eventually be made public.

The committee expressed excitement about seeing HPD data in use, particularly its ability to provide a broader view of health trends across California beyond just Medi-Cal. HCAI echoed this, noting that from the start, the goal was to build a comprehensive, actionable dataset, and it is rewarding to see it being applied

<u>Public Comment:</u>
A member of the public noted that while not discussed in the current presentation, the Office of Health Care Affordability previously had stated its intention to potentially using HPD data to track hospital outpatient spending. They emphasized that if this evolves into a payment policy, such as using HPD data to assign penalties to providers, it would differ significantly from the intent of the HPD to be used for research purposes. They urged that for such policy to be fair and credible, it must involve transparency and access. They encouraged HCAI and the Advisory Committee to begin considering what distinct processes may be needed for regulated providers if this approach moves forward.

Agenda Item # 8:   Anticipated Next Meeting Topics
Ken Stuart, Chair

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item #9:   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 #10: 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.