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California Department of Health Care Access and Information (HCAI)

Healthcare Payments Data Program (HPD)

Data Release Committee Manual

(Need HCAI Cover Page)

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27 Version History

28

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76 Section I. Purpose, Background and Authority

77 Manual Purpose

78 This manual is intended as a guide and reference for Data Release Committee (DRC) members advising
79 the Department of Health Care Access and Information (HCAI) and making decisions on requests to
80 access the Healthcare Payments Database (HPD) non-public data. The manual summarizes relevant
81 information on the HPD Program and defines and describes the authority, policies, and procedures for
82 DRC governance. This manual is a living document and must be reviewed by the committee every two
83 years. For an amendment to the manual to be adopted, it must be agendized, voted on and approved by
84 a majority vote at a DRC public meeting.

85 HPD

86 The HPD is California’s All-Payer Claims Database or APCD. The HPD is a research database comprised of
87 health care administrative data: claims and encounters generated by transactions among payers and
88 providers on behalf of insured individuals. The HPD collects claim and encounter data as submitted by
89 California payers.

90 The information from the HPD is intended to support greater health care transparency and will be used
91 to inform policy decisions regarding the provision of quality health care, and to reduce health care costs
92 and disparities. It is also intended to be used to develop innovative approaches, services, and programs
93 that have the potential to deliver health care that is both cost effective and responsive to the needs of
94 all Californians.

95 HCAI is required to produce publicly available information from the database, including data products
96 and analytic reports, to support the goals of the Program. HCAI is also required to develop a
97 comprehensive data access and release program and convene a Data Release Committee (DRC) to
98 advise HCAI and review requests for access to non-public data.

99 HPD Statute and Regulations

100 AB 80 (Chapter 12, Statutes of 2020) provides HCAI the authority to establish the Healthcare Payments
101 Data (HPD) Program. This enabling legislation expands the mandate provided by AB 1810 (Chapter 34,
102 Statutes of 2018), which included a one-time appropriation for HCAI to develop and administer the
103 Program and required HCAI to convene a Review Committee of stakeholders and experts to advise the
104 department on the establishment, implementation, sustainability, and ongoing administration of the
105 HPD Program. The Review Committee’s recommendations were included in a report submitted to the
106 California Legislature on March 9, 2020. The Review Committee sunsetted in 2020. The HPD Program
107 Report to the Legislature is available here: [https://hcai.ca.gov/wp-content/uploads/2020/12/HPD-
108 Legislative-Report-20200306.pdf](https://hcai.ca.gov/wp-content/uploads/2020/12/HPD-Legislative-Report-20200306.pdf).

109 Health and Safety Code, Division 107, Part 2, Section 8.5 establishes the HPD Program to collect health
110 care data from health care plans, health insurers, government agencies and others (Health and Safety
111 Code (HSC) Section 127671.1). Health and Safety Code, Chapter 8.5, Health Care Payments Data
112 Program, Sections 127671 – 127674.1 can be accessed here:
113 [https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=107.&title=&p
114 art=2.&chapter=8.5.&article=.](https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=107.&title=&part=2.&chapter=8.5.&article=)

115 HCAI was required to adopt emergency regulations to implement the HPD by December 31, 2021. The
116 HPD emergency regulations were approved by the Office of Administrative Law (OAL) on December 20,
117 2021, and are now permanently adopted as of November 17, 2023. View the text of the HPD Program
118 regulations using this link:

119 [https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I019558](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I019558135B6211EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
120 [135B6211EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextD](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I019558135B6211EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
121 [ata=\(sc.Default\).](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I019558135B6211EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

122 HCAI is currently working to complete rulemaking to establish data access and release regulations.

123 HPD Program Goals

124 Per statute the DRC is required to consider whether the use of the data is consistent with the goals of
125 the system. The HPD Program Goals were developed based on legislative intent in partnership with
126 stakeholders. They are also referenced in the forthcoming HPD Data Access and Release Regulations.

- 127 1. Provide public benefit for Californians and the state while protecting consumer privacy.
- 128 2. Increase transparency about health care costs, utilization, quality, and equity.
- 129 3. Inform policy decisions on topics including the provision of quality health care, improving public
130 health, reducing disparities, advancing health coverage, reducing health care costs, and
131 oversight of the health care system and health care companies.
- 132 4. Support the development of approaches, services and programs that deliver health care that is
133 cost effective, responsive to the needs of enrollees, and recognizes the diversity of California
134 and the impacts of social determinants of health.
- 135 5. Improve data transparency to achieve a sustainable health care system and more equitable
136 access to affordable and quality health care for all.
- 137 6. Learn about and seek to improve public health, population health, social determinants of health,
138 and the health care system, not about individual patients.

139 HPD Data Access and Release Objectives

140 Developed in partnership with the advisory committee and based on statute.

- 141 1. Protect consumer and patient privacy.
- 142 2. Support Program Goals.
- 143 3. Ensure appropriate data users, uses, methodologies, and compliance with all requirements.
- 144 4. Provide timely access to qualified applicants and make decisions in a consistent manner.
- 145 5. Enable and support diverse users, representing multiple audiences and levels of expertise.
- 146 6. Complement the HPD public reporting program.
- 147 7. Support sustainability through user fees that balance Program support and affordability.

148

149 Section II: HPD Data Release Committee

150 Purpose

151 The purpose of the DRC is to facilitate public transparency, act as an additional safeguard to releasing
152 information, and bring outside perspectives to HCAI on the most sensitive data requests, while ensuring
153 privacy, data security, efficiency, and the effectiveness of the review process. The DRC is an integral part
154 of the HPD Program and will support HCAI to:

- 155 • Create a foundation for HPD data access and release and contribute to an effective and credible
156 data release program.
- 157 • Advise HCAI on criteria, policies, and procedures for access to and release of HPD data.
- 158 • Participate in thoughtful deliberation to weigh broad use of HPD data and public benefit to
159 Californians with protection of patient privacy.
- 160 • Review and make recommendations to HCAI on access to and release of non-public HPD data.

161 Serve as a forum for public comment and user feedback to ensure that the DRC functions in accordance
162 with HPD goals. Additional information including upcoming meeting dates, a list of current committee
163 members, and an archive of presentations and background materials from previous DRC meetings is
164 available on the HCAI website: [https://hcai.ca.gov/data-and-reports/cost-transparency/healthcare-
165 payments/health-care-payments-database-program-hpd-data-release-committee/](https://hcai.ca.gov/data-and-reports/cost-transparency/healthcare-payments/health-care-payments-database-program-hpd-data-release-committee/).

166 Authority, Roles, and Responsibilities

167 HCAI is required to convene a DRC to advise on requests for access to HPD data. Specifically, HSC Section
168 127673.84 specifies that HCAI establish a DRC. The DRC is statutorily required to:

- 169 • Advise on criteria, policies, and procedures for access to and release of HPD data (HSC section
170 127673.82(e)).
- 171 • Make recommendations about applications seeking HPD data with direct personal identifiers or
172 transmission of standard datasets, except for data requests from state agencies (HSC section
173 127673.84(d)(1)).
- 174 • When making recommendations, consider whether the use of the data is consistent with the
175 goals of the HPD Program, whether it provides greater transparency regarding health care costs,
176 utilization, quality, or equity, or how the information may be used to inform policy decisions
177 regarding the provision of quality health care, improving public health, reducing health
178 disparities, advancing health coverage, or reducing health care costs (HSC section
179 127673.84(d)(2)).
- 180 • Upon request, advise the HCAI Director about privacy and security matters related to the
181 Program and provide feedback on the Program’s data application review processes and other
182 matters (HSC section 127673.84(e)).

183 [Membership](#)

184 As required under HSC Section 127673.84, the DRC is comprised of at least 7 and no more than 11
185 members. Membership must include representatives of health care payers, providers, suppliers,
186 purchasers, researchers, consumers, and labor with knowledge and experience with health care data,
187 privacy, and security. Section 127673.84 further specifies that:

- 188 • DRC members are appointed by the Director.
- 189 • A member may be removed by the Director for cause.
- 190 • A quorum consists of one fewer member than one-half of the full membership.
- 191 • Members serve staggered one- or two-year terms; following the initial term, the standard term
192 is for two years. (See [Members and Term Lengths](#))

193 In addition:

- 194 • Per law, members must sign an Oath of Office before performing any duties as a member.
- 195 • At the end of a member’s two-year term, they are eligible to be re-appointed to continue serving
196 in their role:
 - 197 ○ If a member cannot complete their term, HCAI will solicit nominations for candidates
198 when a position becomes vacant, and the selected candidate will serve out the
199 remainder of the unexpired term.
 - 200 ○ Each candidate is required to submit a resume and statement of interest to be
201 considered for membership.
- 202 • Members are subject to the Department’s Conflict of Interest Code and must annually complete
203 a Statement of Economic Interests (Form 700)

204 [Member Expectations](#)

205 Members shall contribute their perspectives, expertise, and data insights throughout the committee’s
206 work. Because the DRC will play an essential role in creating HPD value through appropriate data access
207 and release, members are expected to:

- 208 • Be physically present at meetings to participate in discussions and vote on application
209 recommendations.
- 210 • Be prepared to discuss and make a recommendation on assigned (see [DRC Review Process](#)
211 section) applications considered at a meeting.
- 212 • Review materials and submit questions to HCAI staff and identify potential concerns in advance
213 of DRC meetings.

214 In addition:

- 215 • Members may not appoint other individuals such as designees, substitutes, or proxies to act or
216 vote on their behalf.
- 217 • A member with a disclosed or discovered conflict of interest will be recused (see [Recusal](#) section)
218 from any discussion of the application and not allowed to vote on the DRC’s recommendation.

219 Members may be removed from the DRC for failing to adhere to the expectations listed above.

220 Media Inquiries

221 Direct media inquiries to the Office of Legislative and Public Affairs, Phone: (916) 326-3606

222 Committee Chair and Vice Chair

223 Role

224 HSC Section 127673.84(f) specifies that the HCAI Director will appoint the DRC chairperson from among
225 the members of the committee. The Chair will:

- 226 • Serve as the committee's representative in meeting planning and follow up with HCAI staff.
- 227 • Create meeting agendas with support from HCAI.
- 228 • Preside over meetings.
- 229 • Coordinate committee discussion periods and public comment during meetings
- 230 • Review draft meeting minutes and other documents related to meeting follow-up and action
- 231 items.
- 232 • Assign application reviews with support of HCAI.

233 The HCAI Director will appoint a Vice Chair for the DRC to provide additional support and back up to the
234 Chair. The Vice Chair will assume all the same responsibilities as outlined for the chair when the Chair is
235 unavailable. The Vice Chair will also assume all responsibilities of the Chair if the Chair position becomes
236 vacant until a new Chair is appointed.

237 *Appointment and Terms*

238 The HCAI Director appoints the Vice Chair, however, prior to selection, the Director may consult with the
239 DRC Chair regarding the Vice Chair position.

240 If a vacancy occurs before the end of the Chair or Vice Chair term, the Director may appoint a
241 replacement to fulfill the remainder of that term. The appointment of the Chair or Vice Chair must be
242 agendized with HCAI leadership announcing the appointment. The Director has discretion to remove the
243 Chair or Vice Chair prior to expiration of their term.

244 The Chair and Vice Chair shall serve a term aligned with their appointed term lengths on the committee
245 and shall serve on the committee for at least one year prior to appointment, displaying in-depth
246 knowledge of the committee's purpose and functions. The Director may extend their committee
247 membership terms and may also reappoint the Chair or Vice Chair at that time.

248 Travel and Reimbursement

249 DRC members from outside state government serve without compensation but may receive a \$100 per
250 diem for each day's attendance at a DRC meeting.

251 Members may also be reimbursed for any actual and necessary expenses incurred in connection with
252 their duties as DRC member (127673.84(g)), in accordance with state travel policies.

253

254 Section III. Application Review Process

255 HCAI Internal Review Process

256 HCAI analysts will perform a thorough evaluation of applications for completeness and alignment with
257 all statutory, regulatory, and other requirements before referring any request to the DRC.

258 The HCAI Data Request Portal will be used to receive, process and route electronic applications for HPD
259 data to appropriate staff for initial review. Responsibilities of HCAI staff in the early stages of the HPD
260 application review process include:

- 261 • Receive and process electronic applications in the HCAI Data Request Portal.
- 262 • Categorize applications and determine if DRC review is required (or will be requested).
- 263 • Review applications for completeness and alignment with application information requirements
264 specified in the Data Use, Access, and Release Regulations (Regulations).
- 265 • Review applications for compliance with HPD statutory and regulatory requirements.
- 266 • Obtain additional information from requestors as necessary to develop complete applications
267 that meet all requirements before referring applications to the DRC for reviews

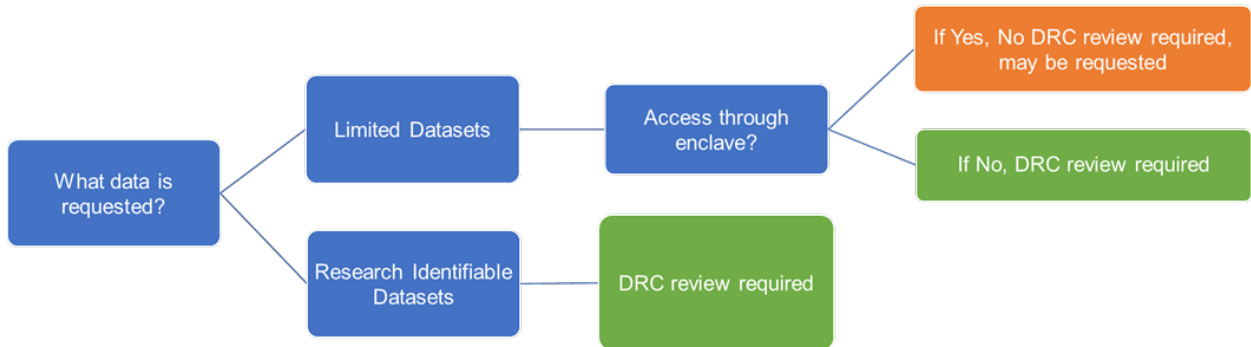
268

269 Table III.1: HCAI Staff Roles & Responsibilities for Application Review

HCAI Staff Role	Responsibilities
Analyst	Assess application completeness. Perform initial review and obtain additional information from the requestor, if needed, to create a complete application.
Supervisor	Confirm application completeness and that project is feasible with the requested data. Check application and all related documents for compliance.
Privacy Officer & Risk Management	Review request for compliance with HCAI Security Regulations and HPD statute.
HCAI Director or Delegate	Final application approval and signature.

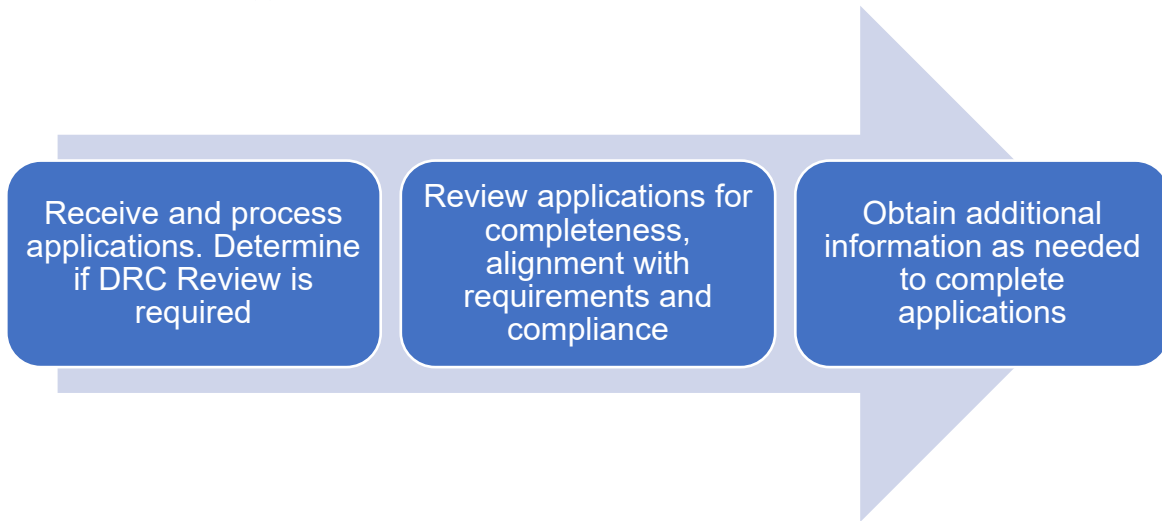
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271 Figure II.1: Request Process Flow



272

273 This figure shows a high-level flow of the type of datasets the DRC is expected to review.



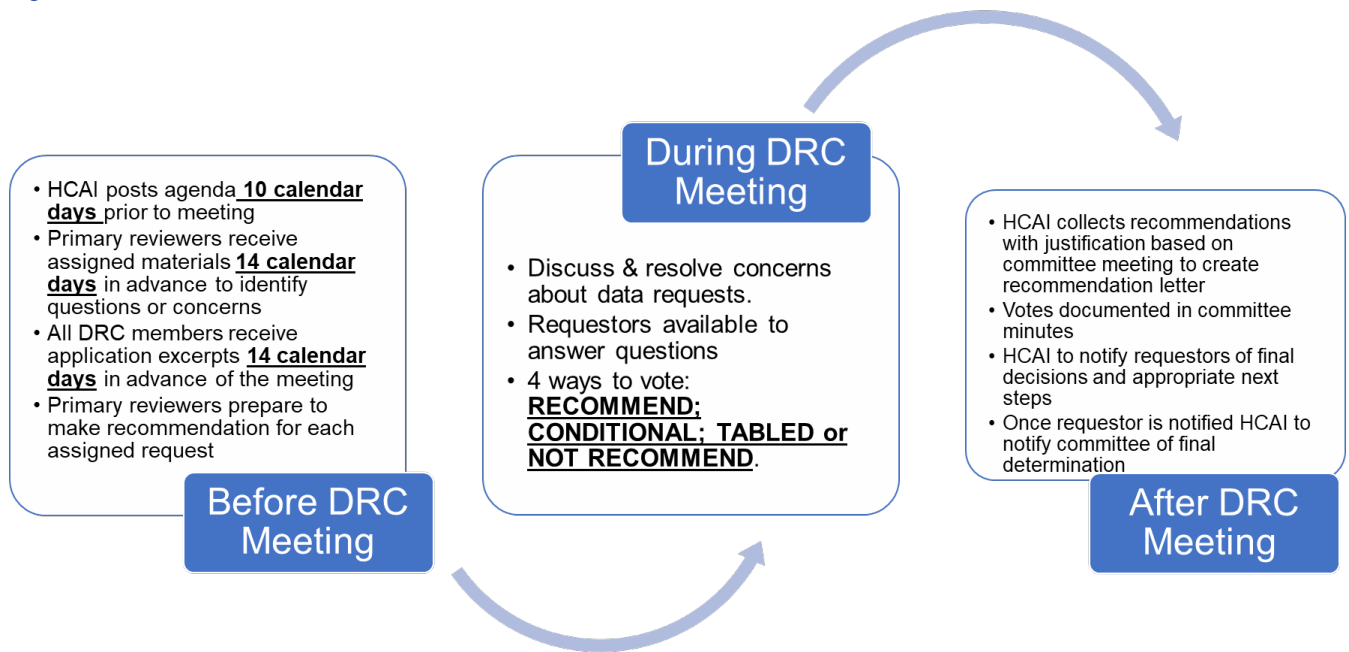
275

276 Once the applications are ready for DRC review, HCAI staff will:

- 277 • Coordinate all communications from the DRC and the applicant.
- 278 • Distribute applications to reviewers through the HCAI Data Request Portal
- 279 • Support the DRC chair in preparing and distributing DRC meeting agendas and related
- 280 background materials.
- 281 • Prepare and provide application excerpts to committee members in advance of the meeting.
- 282 • Support the DRC in facilitating DRC meetings, managing meeting minutes, and documenting
- 283 committee recommendations with a recommendation letter.

284 After DRC Review, HCAI staff will:

- 285 • Produce decision letters, collect data user fees, and execute a Data Use Agreement (DUA).
- 286 • Coordinate with the applicant to fulfill the data request, if applicable.
- 287 • Review reports, presentations, and other information products intended for public dissemination
- 288 for compliance with deidentification and other requirements.
- 289 • Disable Enclave access or ensure data files are destroyed at the time of project completion.



291

292 **DRC Review Process**

293 DRC members will access applications and related materials through a secure portal created by HCAI.
 294 HCAI will support the chair in selecting two primary reviewers for each application who will then
 295 complete concurrent reviews. Applications, at discretion of the committee, will be submitted for DRC
 296 review at least six weeks prior to a given meeting to be included on the agenda for that meeting. Each
 297 primary reviewer will have 14 calendar days to review an application. The primary reviewers will review
 298 the application in the HCAI data request portal and have a further 14 calendar days to prepare any
 299 necessary documents needed to present their recommendations to the Committee at the meeting.

300 The remaining DRC members will receive an application excerpt, prepared by HCAI, which includes fields
 301 of the application related to the Principals Investigator's (PIs) name and organization, project title,
 302 purpose and goals, and explanation of adherence to HPD goals at least 14 calendar days prior to the
 303 meeting. The primary reviewers will make a recommendation that will then be discussed by the
 304 committee, minus those with conflicts of interest, and voted on.

305
 306 The DRC may request input on specific issues and questions from external sources, such as but not
 307 limited to applications that involve complex analysis methods or that raise novel research issues.
 308 Applications for HPD data will not be shared with the external sources, only specific questions. If
 309 needed, external source input must be provided at public DRC meetings.

310

311 [DRC Considerations for Application Review](#)

312 [Statutory and Regulatory Considerations](#)

313 In reviewing applications for HPD data and making recommendations, HSC Section 127673.84(d)(2)
314 requires the DRC to consider:

- 315 • Whether and to what extent the data use will contribute to achieving HPD Program Goals.
- 316 • Whether the proposed use of the data provides greater transparency regarding health care
317 costs, utilization, quality, or equity.
- 318 • How the information may be used to inform policy decisions regarding the provision of quality
319 health care, improving public health, reducing health disparities, advancing health coverage, or
320 reducing health care costs.

321 [Additional DRC Considerations](#)

322 In addition to statutory and regulatory requirements, the DRC may consider other factors in the review
323 of applications related to their experiences as health care payers, providers, purchasers, researchers,
324 consumers, and other stakeholders.

325
326 The DRC may also consider whether the proposed use of the data is “consistent” with the goals; the
327 requestor’s ability to balance the possible anticompetitive and/or commercial risks; and for requests
328 that include direct personal identifiers, whether there are “significant opportunities to achieve Program
329 Goals.” The table below outlines some key questions committee members can consider when reviewing
330 applications.

331

Category	Consideration
Privacy	What are the reasons or justifications provided for all confidential or sensitive data elements requested? These include direct identifiers, indirect identifiers (dates, 5-digit ZIP), and sensitive diagnoses and procedures.
	How does the request meet minimum data necessary standards?
Results and Information Products	What are the expected findings/outputs? Will they be made available to policymakers or the public? What level of aggregation will be applied to reports, presentations, and other information products intended for public dissemination?
	How does the proposed project generate a public benefit for California?
Anticompetitive Use & Commercialization of HPD Data	What are the risks for commercialization or marketing created by this request? And what is the state’s involvement if any?
	What are the risks for anticompetitive use of the data?

332

333 [Proposed DRC Recommendation Options](#)

334 Four recommendation options are available to the DRC:

- 335 • Recommended: The committee votes to recommend approval of the application. If
336 recommended, HCAI will make a final determination and provide information on data user fees,
337 the method of data access (Enclave, direct transmission), and the Data Use Agreement (DUA)
338 with the written notification. However, even if the committee recommends approval, HCAI may
339 still deny the application.
- 340 • Conditional: The committee can recommend conditional approval for applications that require
341 additional information to address minor issues or deficiencies. In these cases, conditional
342 approval letters listing the issues and deficiencies will be provided to the requestor and HCAI will
343 work with the requestor to modify the application or obtain additional information to address
344 the DRC’s concerns. These applications will not need to return to the DRC for review.
- 345 • Tabled: The committee can recommend tabling applications that require substantive changes or
346 if a recommendation does not receive a majority vote. In these cases, tabled letters listing the
347 substantive changes will be provided to the requestor and HCAI will work with the requestor to
348 modify the application to address the DRC’s concerns prior to the application returning to the
349 primary reviewers and subsequently the committee.
- 350 • Not Recommended: The committee does not recommend approval of the application. In these
351 cases, denial letters listing the reasons for denial will be provided to the requestor.

352 There is no appeal process for recommendations. HCAI will make a final determination on approval on
353 all applications and shall notify the DRC of its final determinations.

354 [Bagley-Keene Open Meeting Act](#)

355 DRC meetings are subject to the Bagley-Keene Open Meeting Act (Gov. Code Section 11123(a)) and must
356 be open and public. The Act also applies to any subcommittee created, except advisory subcommittees
357 consisting of 2 persons (Gov. Code section 11121). More information on the Bagley-Keene Open
358 Meeting Act and implications for DRC operations can be found in Section IV.

359 Section IV: DRC Meetings and Governance

360 Meeting Agendas and Distribution of Materials

361 HCAI will support the chair in developing DRC meeting agendas and preparing all background materials.

362 Meeting Conduct: Quorum and Voting

363 The minimum number of members to establish quorum for the DRC is one fewer member than one-half
364 of the full membership, for example, with a total of 11 members, five would establish quorum. A
365 quorum must be legally present for the committee to act.

366 When a motion or action is put forward, the Chair will call for a vote via roll call. Abstentions from voting
367 may affect the passing of the motion. Committee members with a conflict of interest must recuse
368 themselves from discussion and voting. Proxy or absentee voting is not permitted. All votes and
369 outcomes will be recorded in the meeting minutes. For a motion to pass, a majority of the members
370 present must vote in favor.

371 HCAI staff will document all agenda items discussed and motions made. Draft minutes are circulated and
372 posted on the HCAI website for committee review. The minutes are discussed and approved by a vote of
373 the committee at a following meeting.

374 After the DRC has reached a decision, HCAI staff will create the DRC Recommendation Letter, which will
375 be provided to the chair for signature. The letter should address all criteria for approval and any public
376 comments on the application.

377 Bagley-Keene Public Meeting Requirements

378 For information regarding Bagley-Keene Public Meeting Requirements, see the guide provided by the
379 Department of Consumer Affairs here:
380 https://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf

381 Implications of Bagley-Keene Open Meeting Requirements for DRC Operations

- 382 • Materials shared with a quorum of committee members must be accessible to the public.
- 383 • Communications between a quorum of the committee are subject to Bagley-Keene requirements,
384 regardless of the forum or form of communication (example, e-mail).
- 385 • If a member of the public files a Public Records Act request, they will receive most of the same
386 information the DRC reviewers receive. HCAI may withhold certain information to protect
387 confidential data security policies and procedures and/or privacy.
- 388 • Shared materials prepared by the DRC must be made available to the public during or before the
389 meeting. Shared Materials from external sources will be made available to the public after the
390 meeting.
- 391 • Meeting minutes that document actions taken, and votes will be posted on the DRC website.
- 392 • Members of the public must have an opportunity to provide public comment on each application
393 that is discussed, prior to the committee members taking a vote on the application.

394 [DRC Conflict of Interest, Member Recusal, and Form 700](#)

395 [Conflict of Interest](#)

396 Upon reviewing an application (if a primary reviewer) or application summary, DRC members are
397 required to notify the DRC Chair of any discovered conflict of interest and may be excused from
398 discussion of the application. If a primary reviewer has a conflict, the application will be reassigned.
399 Conflict of interest include the following:

- 400 • [Financial Conflicts](#): A DRC member “shall not make, participate in making, or in any way attempt
401 to use the [their] official position to influence a governmental decision in which the [member]
402 knows or has reason to know the [member] has a financial interest.”
- 403 • [Common Law Doctrine](#): A DRC member is “prohibit[ed] from placing themselves in a position
404 where their private, personal interests may conflict with their official duties.”
- 405 • [Incompatible Activities](#): A DRC member “shall not engage in any employment, activity, or
406 enterprise which is clearly inconsistent, incompatible, in conflict with, or inimical to his or her
407 duties as a state officer.”

408 The State of California is concerned with not just actual conflicts of interest, but also the appearance of
409 impropriety. This is to instill confidence and build public trust in government and that its decisions are
410 legitimate.

411 [Recusal](#)

412 A DRC member disqualified from making or participating in decision for a financial conflict of interest
413 must not take part in the decision, and the member’s recusal from the decision must meet the following
414 requirements (Cal. Code Regs., title 2, section 18707(b)):

- 415 • The member’s determination of a conflict of interest may be accompanied by an oral or written
416 disclosure of the conflicting interest.
- 417 • The member’s presence will not be counted toward achieving a quorum.
- 418 • During a closed session, a disqualified member must not be present when the decision is
419 considered or knowingly obtain or review a recording or any other nonpublic information
420 regarding the governmental decision.
- 421 • The DRC may adopt a rule requiring the member to step down from the dais or leave the
422 chambers.

423 [Form 700](#)

424 HCAI is required to have a Conflict-of-Interest Code which identifies its positions that involve the making
425 or participation in the making of decisions that may have financial effects. These positions are required
426 to file a “Statement of Economic Interests,” also known as the “Form 700.” DRC members are included
427 in HCAI’s Conflict of Interest Code and are required to file Form 700s about relevant financial interests.
428 Generally, Form 700s require a member to disclose foreseeable conflicts of interest, which HCAI
429 specifically identified in its Conflict-of-Interest Code. This serves to provide transparency to the public
430 and acts as a reminder to members of potential conflicts of interest.

431

432

433 V. Appendices

434 HPD Statute

435 [Health and Safety Code, Division 107, Part 2, Section 8.5](#) provides HCAI the authority to implement the
436 HPD Program to collect health care data from health care plans, health insurers, government agencies
437 and others (Health and Safety Code Section 127671.1).

438 Data Access and Release Rules

439 [Regulations for HPD Data Access and Release](#) are currently under development.

440 Members and Term Lengths

Representative Organization	First Name of DRC Representative	Last Name of DRC Representative	Title	Start of 2-Year Term
Centene/ HealthNet/WellCare	Koh	Kerdsri	VP, Risk Adjustment Operations, Compliance, and IT	December 2022
Cedar Sinai	Paul	Bouganim	Executive Director, Finance Operations	December 2023
Keck School of Medicine	Nuriel	Moghavem	Clinical Instructor	December 2022
University of California Health, University of California Office of the President	Cora	Han	Chief Health Data Officer	December 2023
UC San Francisco	Janet	Coffman	Professor	December 2023
Recently Retired	Barbara	Koenig	Professor Emerita of Bioethics	December 2022
UC Berkeley Labor Center	Miranda	Dietz	Project Director	December 2022
Self Employed	Terry	Hill		December 2022
RAND	Jan	Hanley	Director of Research Programming	December 2023
AltaMed	Daniel	Ruiz	Vice President, Operations Quality	December 2022
Inland Empire Health Plan	Genia	Fick		December 2023

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442 Application Examples/Snapshots

443 TBD

444 DRC Recommendation Letter Template

445 TBD

446 Data Use Agreement

447 TBD

448 HPD Definitions and Acronyms

Acronym or Short Name	Full or Common Name	Description
AC	HPD Advisory Committee	Comprised of healthcare stakeholders and experts, created by statute to assist, and advise the HCAI Director in formulating program policies regarding data collection, management, use, access, and development of public information to meet the goals of the HPD Program. The committee does not have decision-making authority related to the administration of the database but will serve as a forum for stakeholder and public engagement on policy decisions, while fostering accountability and transparency.
Aggregated Data		Data that does not have any record-level information about individuals, and only has collective data that relates to a group or category of services or individuals.
APCD	All-Payer Claims Database	All-Payer Claims Databases (APCDs) are large state databases that include medical claims, pharmacy claims, dental claims, and member eligibility and provider files collected from private and public payers. APCD data are reported by insurers to states, usually under a legislative mandate.
APCD-CDL™	Common Data Layout	The All-Payer Claims Database Common Data Layout (APCD-CDL™) is the data submission standard adopted by HCAI and consists of technical specifications for multiple files and data elements including data types, maximum field lengths, descriptions, valid values, and references to industry standards. The APCD-CDL™ supports collection adjudicated medical, pharmacy, and dental claims data along with member eligibility and provider information. The purpose of the APCD-CDL™ is to harmonize the claims collection effort across states and reduce the burden of data submission. The overall goals of this effort are to improve efficiency, reduce administrative costs, and improve accuracy in claims data collection. https://www.apcdouncil.org/apcd-common-data-layout-apcd-cdl%E2%84%A2
BK	Bagley-Keene Open Meeting Act	Specifies compliance requirements for public meetings held by California state government agencies including HCAI for purposes of the HPD. The Bagley-Keene Open Meeting Act is a California law governing all "state" boards and commissions. It generally requires these bodies to publicly notice their meetings, prepare agendas, accept public testimony, and conduct meetings in public unless specifically authorized to meet in closed session.
CalHHS / Agency	California Health and Human Services Agency	The California Health and Human Services Agency, the parent agency of HCAI, is tasked with administration and oversight of "state and federal programs for health care, social services, public assistance and rehabilitation."

Acronym or Short Name	Full or Common Name	Description
Capitation	Capitation / Capitated Payment Data	Capitation is a fixed amount paid per patient per unit of time to providers for the delivery of health care services.
Claims Data	Administrative Data	Administrative data in health care refers to information that is collected, processed, and stored in automated information systems by payers. Administrative data include enrollment or eligibility information, provider information, medical, pharmacy and dental claims information, and managed care encounters. California statute requires payers to submit Administrative Data to the HCAI for purposes of the Health Care Payments Database (HPD).
CMS	Centers for Medicare & Medicaid Services	Federal body that administers the Medicare and Medicaid programs. HCAI and the HPD acquire Medicare fee-for-service (FFS) data for California beneficiaries through the CMS state agency research program.
Confidential Data	Confidential Data	Contains record level data with direct and/or indirect patient identifiers. This includes Protected Health Information (PHI) and Personally Identifiable Information (PII), that can be accessed through the HPD by researchers.
Custom Limited Dataset		Datasets other than standard limited datasets, with confidential data that do not include any of the direct personal identifiers listed in Section 164.514(e) of Title 45 of the Code of Federal Regulations.
DHCS	Department of Health Care Services	California agency that administers the California Medicaid program (known as Medi-Cal)
Direct Identifier	Direct Identifier	Information that identifies or can be used to directly identify a specific person. (e.g., name and address)
DMHC	Department of Managed Health Care	Regulatory body that governs managed health care plans in California.
DRC	Data Release Committee	HCAI is required to convene a Data Release Committee (DRC) made up of subject matter experts to advise on requests for access to non-public HPD data. The DRC will advise HCAI on relevant policies and processes and make recommendations to HCAI on access to and release of certain types of HPD data.
DUA	Data Use Agreement	A contractual document defining specific terms and conditions of data use for approved users. DUAs often include information from the approved data request application by reference.
EFI	Entity and Financial Information	Refers broadly to provider and payer (health plan) identifiers and detailed information on payments for specific health care services, e.g., allowed and plan paid amounts, patient responsibility (copay, coinsurance, and deductible), charged amounts.
Enclave	Data Enclave	A secure analytic environment through which approved users may access and analyze HPD data.

Acronym or Short Name	Full or Common Name	Description
FFS	Fee-For-Service	A payment arrangement through which doctors and other health care providers are paid for each service performed. Examples of services include tests and office visits.
HCAI	Department of Health Care Access and Information	HCAI, formerly the Office of Statewide Health Planning and Development (OSHPD), is responsible for administration of the HPD. HCAI is committed to expanding equitable access to health care for all Californians—ensuring every community has the health workforce they need, safe and reliable health care facilities, and health information that can help make care more effective and affordable.
HITRUST	HITRUST Common Security Framework	A comprehensive and certifiable security framework used by healthcare organizations and their business associates to efficiently approach regulatory compliance and risk management. HITRUST unifies recognized standards and regulatory requirements from NIST, HIPAA/HITECH, ISO 27001, PCI DSS, FTC, COBIT, and can be completed according to SOC2 criteria, making it the most widely adopted security framework in the U.S. health care industry. Onpoint, the HPD platform and enclave vendor, is HITRUST certified.
HPD	Health Care Payments Data Program	AB 80 (Chapter 12, Statutes of 2020) provides HCAI with authority to establish the HPD Program, often referred to as an All-Payer Claims Database (APCD). The information from the HPD System is intended to support greater health care cost transparency and inform policy decisions regarding the provision of quality health care, and to reduce health care costs and disparities. The information is also intended to be used to develop innovative approaches, services, and programs that may have the potential to deliver health care that is both cost effective and responsive to the needs of all Californians.
HSC	California Health and Safety Code	The California Health and Safety Code (HSC) is the codification of general statutory law covering the subject areas of health and safety in the state of California. The HSC includes AB 80 (Chapter 12, Statutes of 2020) providing HCAI with authority to establish the HPD Program.
Indirect Identifier	Indirect Identifier	Indirect identifiers refer to data that could be used in combination with other information to determine the identity of a specific person. (e.g., ZIP code)
LDs	Limited Dataset	A limited dataset includes some PHI or PII data elements and specifically excludes direct identifiers unique to individuals, e.g., name, street address, social security number, etc. Dates specific to individuals with DD/MM/CCYY detail and 5-digit ZIP Code are allowed under terms and conditions of use specified in a Data Use Agreement.

Acronym or Short Name	Full or Common Name	Description
Mandatory Submitters	Mandatory Submitters	Refers to health care payer entities that are required to submit data to the HPD. These include health care service plans (including specialty plans), licensed insurers as defined in Section 106 of the Insurance Code, self-insured plans subject to HSC Section 1349.2, and DHCS.
NAHDO	National Association of Health Data Organizations	<p>The National Association of Health Data Organizations (NAHDO) is a national non-profit membership and educational association dedicated to improving health care data collection and use. NAHDO's members include state and private health care data organizations that maintain statewide databases and their stakeholders.</p> <p>NAHDO is a cofounder of the All-Payer Claims Database (APCD) Council, a program operated in partnership with the Institute for Health Policy and Practice at the University of New Hampshire. The APCD Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state based APCDs. The APCD Council is supported by NAHDO membership and partners.</p>
Non-Claims Data	Non-Claims Data	Non-claims payments are reimbursements for health care services made through arrangements other than FFS. Examples include alternative payments, capitation, shared savings/risk, and performance bonuses/penalties. Data on non-claims payments are not captured in the core files submitted to the HPD by California payers.
Non-Confidential Data	Non-Confidential Data	HPD data that does not contain record level data, direct or indirect identifiers (PHI and PII), and can be accessed through the Enclave or direct file transfer by any approved applicant.
ODP	Open Data Portal	<p>CalHHS launched its Open Data Portal initiative to increase public access to one of the state's most valuable assets – non-confidential health and human services data. Its goals are to spark innovation, promote research and economic opportunities, engage public participation in government, increase transparency, and inform decision-making. "Open Data" describes data that are freely available, machine-readable, and formatted according to national technical standards to facilitate visibility and reuse of published data.</p> <p>The portal offers access to standard data that can be easily retrieved, combined, downloaded, sorted, searched, analyzed, redistributed, and re-used by individuals, business, researchers, journalists, developers, and government to process, trend, and innovate.</p>
Onpoint	Onpoint Health Data	Contracted HPD Data Collection Platform and Enclave Vendor.

Acronym or Short Name	Full or Common Name	Description
PHI	Protected Health Information	Protected health information (PHI) is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed while providing a health care service such as diagnosis or treatment. PHI is a subset of the broader PII.
PII	Personally Identifiable Information	Personally identifiable information (PII) includes information that can be used to distinguish or trace an individual's identity either directly or indirectly through linkages with other information.
Product	Data Product	Data Product means information derived, in whole or in part, from program data, including, but not limited to, visualizations, summary data tables, report findings, listings, or publications.
QHP	Qualified Health Plan	An insurance plan certified by the Health Insurance Marketplace [®] that provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act (ACA). All qualified health plans must meet the ACA requirement for having health coverage, known as "minimum essential coverage."
REALD	Race, Ethnicity, Language and Disability	REALD stands for Race, Ethnicity, Language and Disability data which are demographic information that is collected by health care providers. Collecting this information helps to identify health inequities for populations.
Research Identifiable Data	Research Identifiable Data	Record level HPD data that contains direct and indirect identifiers (PHI and PII) that can be accessed by approved researchers. These requests are subject to DRC review and approval recommendation.
SLDs	Standard Limited Dataset	Standard limited datasets that include record level data with indirect identifiers (PHI or PII) and that can be accessed through the Enclave or via direct file transfer by approved applicants. Requests for direct file transfer are subject to DRC review and approval recommendation.
SLDs+	Standard Limited Dataset Plus	Standard limited datasets that include record level data with indirect identifiers (PHI or PII) and payer and provider identifiers (actual values, not codes). This dataset will be offered for access through the Enclave only.
SOGI	Sexual Orientation and Gender Identity	Information related to an individual's sexual orientation and gender identity.