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

**January 25, 2024  
Draft MEETING MINUTES**

**Members Attending:** Ken Stuart, California Health Care Coalition; Steffanie Watkins, Association of California Life and Health Insurance Companies; Charles Bacchi, California Association of Health Plans; Amber Ott, California Hospital Association; Anthony Wright, Health Access California; Joan Allen, Service Employees International Union- United Healthcare Workers West; William (Bill) Barcellona, America's Physician Groups

**Members Attending Virtually:** Emma Hoo, Purchaser Business Group on Health; Cheryl Damberg, RAND Corporation; John Kabateck, National Federation of Independent Business

**Members not in attendance:** Janice Rocco, California Medical Association

**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 (CA)

**Presenters:** Scott Christman, Chief Deputy Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Robyn Strong, Chief Data Programs Officer, HCAI; Tara Zimonjic, Chief Planning Officer, HCAI; 'Alim Beveridge, Research Scientist Supervisor, HCAI; Jill Yegian, HPD Consultant, HCAI; Ted Calvert, HPD Consultant, HCAI

**Public Attendance:** 71

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

Welcome and review of meeting ground rules and procedures. Review and approval of October 26, 2023, meeting minutes.

The committee voted and approved the October 26, 2023, meeting minutes. Bill Barcellona raised a motion to approve, and Anthony Wright seconded it. The minutes were approved, 10-0.

No Public Comments.

**Agenda Item # 2: Department Updates**

*Scott Christman, Chief Deputy Director, HCAI*

Presentation on department and program updates including committee member reappointment announcement.

*No Questions and 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 inquired if HCAI planned to share a data dictionary online for users to plan analyses, HCAI confirmed it will be published along with other materials as part of the HPD Data Release Program.

HCAI shared that existing products like the HPD Snapshot and Measures Dashboard provide an introduction to current database content, serving as a starting point for users to provide feedback to enhance the public reports or potentially make a request for non-public data. The committee expressed willingness to assist in disseminating information about the upcoming data release to diverse associations, particularly focusing on business and ethnic chambers. HCAI expressed appreciation for the idea, acknowledging the need for a communications campaign, and expressed interest in collaborating to develop a plan as the program progresses.

The committee inquired about outreach to self-funded plans for data submission. HCAI informed the committee that the topic would be discussed in meetings with data submitters as part of the department's data quality assurance activities and is agenzized for discussion with the committee at the July meeting.

*Public Comments:*

A public attendee emphasized the significance of addressing self-insured plans in the data collection process. They noted that half of the country's population is covered by employer-sponsored insurance, with the majority in self-insured plans. They highlighted

the challenge of voluntary participation in an All-Payer Claims Database (APCD) and suggested incentives to encourage involvement, particularly for research purposes, in order to gain insights into insurance not governed by state health insurance guidelines.

**Agenda Item # 4: Data Collection, Use, and Release Updates**

*Chris Krawczyk, Chief Analytics Officer, HCAI*

*Robyn Strong, Chief Data Programs Officer, HCAI*

*'Alim Beveridge, Research Scientist Supervisor, HCAI*

Update on data collection, use, and release, and continued discussion on public reporting priorities.

*Questions and Comments from the Committee:*

The committee discussed concerns about data quality impacting usability, emphasizing the need to celebrate completeness while addressing areas for improvement. HCAI acknowledged progress in working with health plans and insurers and expressed a commitment to ongoing engagement.

The committee inquired about rulemaking plans for nonclaims data regulations and sought details on navigating the issue in the absence of a national standard and the process of engaging stakeholders like health plans. HCAI explained that the nonclaims expanded framework is with the National Association of Health Data Organizations (NAHDO) and that HCAI is actively working on drafting regulations and engaging plans for feedback.

The committee expressed gratitude for the improvements in the second round of data use and release regulations, particularly highlighting streamlining efforts. The committee expressed appreciation for the HCAI team's responsiveness to concerns that were voiced. The committee requested further consideration to ensure privacy for researchers who work from home. HCAI acknowledged the feedback and appreciated the recognition.

The committee had a robust discussion around considerations for future public reports presenting out-of-pocket costs. As a part of that discussion, they sought clarification on whether the HPD included premiums and information on a plan's benefit design. The committee suggested considering future data collection for premiums and benefit design details, emphasizing their importance for affordability analysis. HCAI has confirmed that premiums are collected as a part of the HPD, but more analysis needs to be done to assess the level of completeness of this data element to determine applicability for specific use cases. The committee recommended framing out-of-pocket costs in the context of consumer affordability, possibly as a percentage of average income within a county and highlighting the significance of high deductible plans in cost analysis.

The committee members raised questions about the definition variations of terms like "deductibles" and "co-insurance", emphasizing the need for clarity in data collection.

HCAI acknowledged the complexity and mentioned ongoing capacity building efforts. The committee also discussed the differences of out-of-pocket costs between fee-for-service (FFS) and managed care markets. The committee encouraged flexibility in seeking supplemental data outside the HPD database if necessary for a more holistic narrative on consumer affordability experiences.

The committee highlighted the work done by the Integrated Healthcare Association (IHA), including visual aids that show detailed reporting on out-of-pocket costs and benefit design differentiation by product type and HMO. They expressed a desire for comprehensive analysis, including dental claims and insights for researchers without access to FFS Medicare data. Additionally, they proposed considering system-level analysis alongside payer type, product type, setting, geography, and demographics for a more comprehensive understanding of variations within California.

The committee clarified the definition of high deductible plans and emphasized the importance of focusing on individuals buying coverage independently, especially those with limited choices and financial constraints. The committee acknowledged data limitations and highlighted the challenge of reporting on out-of-network usage and the prevalence of high deductible health plans in California.

The committee additionally raised two points: the impact of Flexible Savings Accounts (FSA) or Health Savings Accounts (HSA) contributions on plan benefits, and the allocation of pharmacy rebates. HCAI acknowledged the suggestion regarding FSA or HSA contributions as valuable and said they would take note of the feedback. Regarding pharmacy rebates, HCAI explained that they work with available data and cannot access rebate information directly. The committee also proposed considering actuarial value as a cross-cutting way to analyze out-of-pocket costs. They suggested examining different lines of business, such as Medicare, commercial, and Managed Care, noting variations in contracted rates. The committee highlighted the opportunity to explore savings and experiences across different sites of care and provider types, including behavioral health and emphasized the need for effective provider directories to classify contracted relationships for further analysis.

No Public Comments.

**Agenda Item # 5: Draft Recommendations on HPD and Public Health Data**

*Tara Zimonjic, Chief Planning Officer, HCAI*

*Jill Yegian, HPD Consultant, HCAI*

Initial discussion of draft recommendations to HCAI on how public health data functions may be integrated into the HPD system, including options for state public health data integration.

*Questions and Comments from the Committee:*

The committee appreciated the proposed recommendations and sought clarification on how the department is considering performing geocoding with HPD data. HCAI explained that geocoding aims to enhance data analysis and does not impose new reporting requirements.

The committee strongly supported geocoding, emphasizing its applicability to both patient and provider records. Regarding recommendation three, the committee suggested specifying the facilitation of linked public health data within standardized limited datasets for researchers, promoting accessibility and enhancing the user experience. The committee noted that the potential combination of this data with an accurate provider registry is useful for comprehensive risk adjustment and informed decision-making.

The committee expressed appreciation for HCAI's presentation on the crucial discussion of linking different data types and highlighted the importance of linking surveillance data, particularly in understanding the impacts of healthcare policies, such as telehealth utilization during the COVID-19 pandemic. To enhance input and communication, the committee suggested reaching out to schools of public health and medicine in California, collaborating with the American Public Health Association, and exploring potential linkages with the California Health Interview Survey from UCLA.

The committee suggested expanding collaboration beyond state entities to include federal partners like the Census Bureau and emphasized the value of incorporating external factors such as homelessness, income, transportation, and broadband access, obtained from publicly available datasets, to provide a comprehensive understanding of health outcomes at the regional level. The committee highlighted certain aspects of the public health recommendations, such as geocoding, the Healthy Places Index, and incorporating vital records, are beneficial for analysis in general, not just for public health and emphasized the need to distinguish between enhancements that are universally useful and those specifically tied to public health.

The committee expressed support for the recommendations and inquired about the role of the HPD Advisory Committee in ratifying these recommendations. HCAI clarified that the committee has a statutory requirement to make recommendations regarding public health integration into the HPD and that the committee will have a chance to vote and finalize these recommendations at the April Advisory Committee meeting. The committee highlighted the need to engage additional stakeholders, suggesting involvement from public health advocates and health providers, health systems, and plans. The committee stressed the importance of making data actionable for decision-making and improvements in healthcare systems and policies.

The committee inquired about models from other APCD states and their incorporation of similar functions. HCAI noted that while there is not a specific model for public health incorporation, visualizations from other state APCDs can be useful resources to California's efforts.

No Public Comments.

**Agenda Item # 6: HPD Status Report for the Legislature**

*Robyn Strong, Chief Data Programs Officer, HCAI*

*Ted Calvert, HPD Consultant, HCAI*

Overview of the legislative report to be submitted by March 1, 2024.

*Questions and Comments from the Committee:*

The committee expressed appreciation for the data quality comparisons HCAI included in the Legislative Report, noting the impressive alignment and clarified that the figures are derived from global count level data, not linked to individual-level details. The committee inquired about the impact of individuals covered under two plans due to family split coverage, to which HCAI clarified that the analysis treats them as separate units.

The committee expressed support for increasing voluntary submission of self-funded plan data, to enhance completeness in the HPD, and discussed which plans' self-funded data is represented in the HPD. The committee raised the importance of transparency and learning from submitters with high actionable values, suggesting a process for sharing best practices. HCAI confirmed plans to meet with submitters, learn best practices, and enhance transparency. The committee emphasized the need for improved capture of Hispanic ethnicity and emphasized the importance of addressing questions about sexual orientation and gender identity data, suggesting clear documentation and user support materials should be provided to help users understand gaps and variations in capturing data across different payer types.

No Public Comments.

**Agenda Item #7: Public Comment for Items Not on the Agenda**

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

No Questions and Comments from the Committee.

No Public Comments.