Healthcare Payments Data Program
Review Committee Meeting

February 20, 2020

Meeting Minutes

Members Attending: Charles Bacchi, California Association of Health Plans (CAHP); Terry Hill, California Medical Association (CMA); Amber Ott, California Hospital Association (CHA); Emma Hoo, Pacific Business Group on Health (PBGH); John Kabateck, National Federation of Independent Businesses (NFIB); Ken Stuart, California Health Care Coalition; Anthony Wright, Health Access California; Joan Allen, Service Employees International Union- United Healthcare Workers West (SEIU-UHW); Cheryl Damberg, RAND Corporation; William Barcellona, America's Physician Groups.

Attending by Phone: No members attended by phone.

Not Attending: Anne Eowan, Association of California Life and Health Insurance Companies (ACLHIC).

Presenters: Michael Valle, Acting Chief Information Officer and Deputy Director, OSHPD; Jill Yegian, Consultant, OSHPD; Bobbie Wunsch, Consultant, OSHPD.

Others: Denise Love, National Association of Health Data Organizations (NAHDO); Linda Green, Vice President- Programs, Freedman HealthCare.

Public Attendance: 10 members of the public attended.

<u>Welcome and Meeting Minutes</u>

> The Review Committee Chair, Ken Stuart, brought the meeting to order and facilitated introductions. The committee reviewed and approved the December 19 and January 16 Review Committee meeting minutes. The committee also agreed that the chair, Ken Stuart, will review and approve the February 20 meeting minutes on behalf of the committee, as this is the final meeting of the Review Committee.

> Ken Stuart provided some opening comments, thanking the committee for their collaboration and collegiality in this work over the last year. Bobbie Wunsch went over the ground rules for the meeting.

<u>Deputy Director's Report</u>
> Michael Valle noted that the OSHPD team is continuing to work with plans and

insurers on developing a proposed Alternative Payment Methodology data standard. The next phase of this work will be completed in April. He also noted that the team is working diligently to compile the materials and resources needed for the Legislative Report. He commented that there will be a tremendous amount of interest in the report, and the team is looking forward to incorporating the finalized recommendations from today to complete the report.

He also noted that Review Committee members have been asked to present on HPD in different venues. He commented that the OSHPD team is available to provide presentation materials, if helpful.

Ken Stuart, California Health Care Coalition, reinforced the importance of Review Committee members working with OSHPD if asked to present on HPD in order to keep messaging consistent and to keep OSHPD updated.

Terry Hill, CMA, commented that he will be presenting at the Master Plan for Aging Research Committee.

Cheryl Damberg, RAND, commented that she has been invited to present at the Assembly Health Informational Hearing on Cost Containment, along with other regional and national experts on cost containment.

Michael Valle concluded his comments by assuring the committee that OSHPD plans to keep them informed as the report is published and the department plans for implementation.

Final Review of the Recommendations

The committee went through each recommendation and voted on the proposed edits, shown in track changes below.

Recommendation 1 as presented to the committee:

1. **Three Sources of Data:** ~~The Review Committee recommends that~~ the HPD ~~System~~ Program should establish collection methods and processes specific to three sources of ~~claims and enrollment~~ data: 1) Department of Health Care Services ~~DHCS~~ (DHCS, for Medi-Cal), 2) Centers for Medicare & Medicaid Services ~~CMS~~ (CMS, for Medicare FFS), and 3) ~~All other.~~ commercial health plans and insurers for those with employer-based, individual, Medicare Advantage, or dental coverage.

Charles Bacchi, CAHP, made a motion to approve the recommendation.

Bill Barcellona, America's Physician Group, seconded Charles Bacchi's motion.

Anthony Wright, Health Access, inquired if the updated wording to clarify "all other" is inclusive of the universe of potential data sources – including CalPERS

and Covered California. Jill Yegian noted that the term "commercial" should be capturing all of the commercial market including the governmental entities that hold these commercial data.

Charles Bacchi, CAHP, also noted that in a subsequent recommendation the committee calls out Covered California plans to submit data.

Emma Hoo, PBGH, suggested saying "all other including but not limited to…" since the committee has not spent time vetting this list of suggested sources as the complete universe of data submissions.

Charles Bacchi, CAHP, noted that as written this does capture most everything in the commercial market. He noted that he feels that the wording works either way, with this greater clarity, or just going back to the term "all other."

Anthony Wright, Health Access, noted that he prefers the specificity but would like it to not be a limiter, therefore he agreed with Emma Hoo's suggestion of adding "including but not limited to…" He also suggested removing "three" from before "sources of data" as that is also a limiter.

Charles Bacchi, CAHP, noted that he is not quite sure what the "not limited to" captures as the term "all other" as a standalone has the same effect.

Terry Hill, CMA, noted that he is slightly uncomfortable with the lack of clarity in what "all other" could capture. Jill Yegian commented that the team was parsimonious about changes, however as they considered this first recommendation they felt it would be helpful to provide some clarity and grounding as to what the HPD would be capturing as sources of data, and the "all other" left it too open.

Joan Allen, SEIU-UHW, reminded the committee that the reason "all other" was agreed on was because the committee as a whole did not necessarily agree with a specific list.

Charles Bacchi, CAHP, agreed with Joan's reminder, and suggested amending the motion to put back "all other" and then add "including…" and keep the suggested list.

The committee approved the amended recommendation with a vote of 10-0.

Recommendation 1 as approved by committee:

~~Three~~ Sources of Data:
> ~~The Review Committee recommends that the~~ The HPD ~~System~~ Program should establish collection methods and processes specific to ~~three~~ sources of ~~claims and enrollment~~ data: 1) Department of Health Care

Services ~~DHCS~~ (DHCS, for Medi-Cal), 2) Centers for Medicare & Medicaid Services ~~CMS~~ (CMS, for Medicare FFS), and 3) All other, including ~~.~~ commercial health plans and insurers for those with employer-based, individual, Medicare Advantage, or dental coverage.

Recommendation 2 as presented to the committee:

> **Collect Medi-Cal Data:** ~~The Review Committee recommends that~~ the HPD ~~System~~ Program should pursue the collection of Medi-Cal data directly from DHCS.

Jill Yegian noted that an edit that will be seen throughout the recommendation is standardizing the language to "HPD System" when reference is made to the IT system that will house the data and be used for analysis, and standardizing language to "HPD Program" when reference is made to the overall program, including state staff, outreach, planning, processes, etc.

Bill Barcellona, America's Physician Group, made a motion to approve the recommendation.

Terry Hill, CMA, seconded Bill Barcellona's motion.

Amber Ott, CHA, noted that in past discussions, the Review Committee had established that for Medi-Cal it is helpful to specify both Fee for Service (FFS) and managed care, as DHCS has at times interpreted Medi-Cal to just mean FFS.

Cheryl Damberg, RAND, agreed with Amber's comments.

Anthony Wright, Health Access, inquired if adding FFS and managed care will limit what DHCS will provide to OSHPD.

Cheryl Damberg, RAND, suggested adding "all" in front of Medi-Cal.

Bill Barcellona, America's Physician Group, noted that if the recommendation said "all Medi-Cal data" that would be much more data than is relevant to the HPD.

The committee approved the amended recommendation with a vote of 10-0

Recommendation 2 as approved by committee:

Collect Medi-Cal Data:
~~The Review Committee recommends that the~~ The HPD ~~System~~ Program should pursue the collection of Medi-Cal Fee for Service and Managed Care data directly from DHCS.

Recommendation 3 as presented to the committee:

Incorporate Medicare Data: ~~The Review Committee recommends that~~ the HPD Program should pursue the collection of Medicare FFS data, in the formats specified by CMS.

Charles Bacchi, CAHP, made a motion to approve the recommendation.

Joan Allen, SEIU-UHW, seconded Charles Bacchi's motion.

Anthony Wright, Health Access, confirmed that the assumption is that Medicare FFS comes from CMS while Medicare Advantage will come from the plans.

Emma Hoo, PBGH, inquired if the recommendation should specify beneficiary and enrollment data here or is it just focused on claims. Ted Calvert clarified that subsequent recommendations define the type of data. Recommendation 4 specifies the format which will include the content of the data that will be collected, while recommendation 5 spells out generally that the data collected will be enrollment, claims and encounters, and provider data.

The committee approved the recommendation as written with a vote of 10-0.

Recommendation 4 as presented to the committee:

APCD-CDL™: ~~The Review Committee recommends that~~ the HPD System should use the APCD-CDL™ for all ~~other~~ submitters except CMS~~.~~

Jill Yegian noted that the only substantive change here was to make clear that all entities that are submitting data to the HPD, will need to use the APCD-CDL™ except for CMS, as the state is not able to mandate how the data comes in from CMS.

Terry Hill, CMA, made a motion to approve the recommendation.

Cheryl Damberg, RAND, seconded Terry Hill's motion.

Charles Bacchi, CAHP, inquired if by writing the recommendation as such does that set the expectation that DHCS will also submit their data in the APCD-CDL™. Ted Calvert noted that the OSHPD team has met with DHCS and based on preliminary discussions they have agreed to submit the data in this format.

Amber Ott, CHA, inquired if it was an intentional choice to utilize "HPD System" for this recommendation. Jill Yegian commented that it was as this recommendation is discussion the technology not the program as a whole.

The committee approved the recommendation as written with a vote of 10-0.

Recommendation 5 as presented to the committee:

Three Years of Historical Data: ~~The Review Committee recommends that~~ the HPD Program should initially pursue three years~~' worth~~ of historical ~~Tier I "core"~~ data (enrollment, claims and encounters, and provider) from submitters.

Anthony Wright, Health Access, made a motion to approve the recommendation.

Joan Allen, SEIU-UHW, seconded Anthony Wright's motion.

Jill Yegian commented that the rationale behind removing the term "Tier 1" was that it was a term that made sense in the context of the discussion but does not make sense as a standalone term.

The committee approved the recommendation as written with a vote of 10-0.

Recommendation 6 as presented to the committee:

Non-Claims Based Payments: ~~The Review Committee recommends that~~ the HPD System should collect non-claims-based payments, in order to capture the total cost of care. Since these payments are not included in the APCD-CDL™, the Office of Statewide Health Planning and Development (OSHPD) will work with stakeholders to specify the format(s) and source(s) of the supplemental file(s).

Charles Bacchi, CAHP, made a motion to approve the recommendation

Anthony Wright, Health Access, seconded Charles Bacchi's motion.

Terry Hill, CMA, commented on the challenges of defining and capturing the "total cost of care." Michael Valle noted that this is something the team has already started to work to try and figure out how to address, and that this data would not be a part of the initial HPD data collection and would be collected further down the road once the system and processes are more mature.

Cheryl Damberg, RAND, also commented that there is movement at the national level to move this work forward and bring about greater standardization which will help in the development of the HPD. Michael Valle agreed and noted that stakeholder input and participation will be a critical part of this process.

The committee approved the recommendation as written with a vote of 10-0.

Recommendation 7 as presented to the committee:

Ensure broad authority for OSHPD to securely collect available personally identifiable Information. Legislation should ensure authority for OSHPD to collect detailed patient identifiers such as first and last name, date of birth, sex,

street address, and Social Security numberN. These identifiers are necessary in order to use methodologies, such as a master patient index, to support analyses of the same individuals over time and the impacts from social determinants of health. The Legislative Report will include detailed descriptions of methods and processes to manage and protect such information. OSHPD will ensure data collected is in compliance with California and federal law.

Cheryl Damberg, RAND, made a motion to approve the recommendation

John Kabateck, NFIB, seconded Cheryl Damberg's recommendation

Anthony Wright, Health Access, noted that the title contains the term "securely collected" and then that term is not mentioned elsewhere in the description of the recommendation.

Cheryl Damberg, RAND, suggested adding "securely" before "…collect detailed patient identifiers…"

Anthony Wright, Health Access, agreed with the suggestion and added that the last sentence in the recommendation also provides an opportunity to drive home the idea that this data will be protected. He suggested adding "and protected" after the term "data collected" in the last sentence. The last sentence would read "OSHPD will ensure data is collected and protected in compliance with California and federal law."

Bill Barcellona, America's Physician Group, inquired if the interagency agreement includes CDPH, which Michael Valle confirmed it does.

Charles Bacchi, CAHP, noted that there are multiple points at which data needs to be protected. He noted that as written the last line is not fully clear, as the California laws and HIPAA are not only about holding information securely, but also about releasing data.

Bill Barcellona, America's Physician Group, noted that all of OSHPD activities will need to ensure they are in compliance with California and federal laws. However, since this recommendation is dealing with OSHPD's collection methodologies, he suggested re-writing the last sentence to read "OSHPD will ensure that its data collection is protected in compliance with California and federal law."

Joan Allen, SEIU-UHW, noted that there is a set of recommendations dedicated to privacy and security, and she recommends that this recommendation should be focused on collection, rather than broadening it to capture all parts of data protection. She noted that since there are other recommendations (21-23) that specifically address data security and privacy, she would be hesitant to open up this recommendation and potentially move it in a different direction than the previously approved recommendations.

Jill Yegian clarified that the intention of this recommendation is around linkages, and without collecting the protected information those linkages are not possible.

Bobbie Wunsch suggested changing the word sex to gender.

Anthony Wright, Health Access, noted that sex and gender are different, and it should be opened up to include sexual orientation and gender identity (SOGI).

Charles Bacchi, CAHP, noted that health plans only collect what is reported to them, therefore if the person and their physicians assign a "sex" that is what will be submitted to the HPD. He noted that health plans will not have a "biological sex" and then also a separate "gender identity.' Jill Yegian commented that the list in this recommendation is a such as list to show examples, and it is not the expectation that every single one of these characteristics will be collected. Amber Ott inquired how the APCD-CDL™ captures sex. Wade Iuele noted that the data element is "sex" with three options – male, female, non-binary.

Bill Barcellona, America's Physician Group, noted that based on Joan Allen's prior comments the word "protected" should be taken out of the last sentence. The last sentence would read "OSHDP will ensure that its data collection is in compliance with California and federal law."

Joan Allen, SEIU-UHW, noted that this is the only recommendation that makes mention of the legislative report and since this recommendation will be in the legislative report, the second to last sentence feels unnecessary. She suggested removing that reference to the legislative report, to which the committee agreed.

The committee approved the amended recommendation with a vote of 10-0.

Recommendation 7 as approved by the committee:

Ensure broad authority for OSHPD to securely collect available personally identifiable information. Legislation should ensure authority for OSHPD to securely collect detailed patient identifiers such as first and last name, date of birth, sex, street address, and Social Security numberN. These identifiers are necessary in order to use methodologies, such as a master patient index, to support analyses of the same individuals over time and the impacts from social determinants of health. ~~The Legislative Report will include detailed descriptions of methods and processes to manage and protect such information.~~ OSHPD will ensure that its data collection is ~~collected is~~ in compliance with California and federal law.

Recommendation 8 as presented to the committee:

The HPD Program should use robust methodologies to match patients, providers, and payers across datasets. OSHPD should build and maintain a

master person index, master provider index, and master payer index as part of the HPD System implementation. These indexes should be supplemented with data from other sources (e.g., vital statistics, state-wide provider directory information when available, and OSHPD facility data) to improve matching success and the analytic value of the HPD System.

Charles Bacchi, CAHP, made a motion to move the recommendation.

Anthony Wright, Health Access, seconded Charles Bacchi's motion.

Terry Hill, CMA, inquired if the development of the master patient, provider and plan indices was a methodology OSHPD already has or if it is something that will need to get developed. Michael Valle noted that the current methodology will need to evolve and expand to support this current program, and once developed will eventually serve as a standardized index across OSHPD programs.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 9 as presented to the committee

Mandatory Data Submitters: The Review Committee recommends that definitions for the types of organizations required to submit data as previously defined to the HPD System ("mandatory submitters") should be based on federal and existing California laws and definitions, and initially include:

1. Health care service plans and health insurers

2. DHCS The California Department of Health Care Services, for Medi-Cal managed care plan and fee for service data

3. Self-insured entities as permitted under federal regulation (currently, public payer plans such as state, county, and local governments that are not subject to ERISA) not subject to ERISA

4. Third party administrators of plans (not otherwise preempted by ERISA)

5. Dental plans and insurers

Joan Allen, SEIU-UHW, made a motion to approve this recommendation.

Anthony Wright, Health Access, seconded Joan Allen's motion.

Jill Yegian noted that the intention behind the proposed edits to number 3 above is that should there be any changes at the federal level, the data could flow into the HPD without the need for new California legislation to require HPD submissions by those additional self-insured entities.

Emma Hoo, PBGH, inquired what the rationale was to use "HPD System" versus "HPD Program." Jill Yegian noted that in this case the system will be collecting the data from the mandatory submitters. She also noted that the first paragraph seems awkward. She suggested in the first paragraph removing "definitions for" and starting the sentence with "The types of organizations…" She also suggested changing "previously defined **to** the HPD System" to say "previously defined for the HPD System…"

Jill Yegian noted that the term "as previously defined" in the first sentence was referring to the data, therefore if that is confusing, she suggested removing "as previously defined," to which the committee agreed. The first sentence now reads "The types of organizations required to submit data to the HPD System (mandatory submitters) should be based on federal and existing California laws and definitions, and initially include…"

Charles Bacchi, CAHP, inquired if OSHPD has received any commentary regarding the inclusion of Third-Party Administrators (TPA) in the list of mandatory submitters. OSHPD confirmed that they have not heard from any TPAs.

The committee discussed that the usage of "federal law" rather than "federal regulation" was that the concept of federal law is broader than regulations and captures any potential changes at the federal level including regulatory changes, statutory changes, judicial changes etc.

The committee voted 10-0 to approve the recommendation as edited.

Recommendation 9 as approved by the committee:
~~The Review Committee recommends~~ ~~that definitions~~ <u>Definitions</u> for t<u>T</u>he types of organizations required to submit data ~~as previously defined~~ to the HPD <u>System</u> ("mandatory submitters") should be based on federal and existing California laws and definitions, and initially include:
1. Health care service plans and health insurers

2. <u>DHCS</u> ~~The California Department of Health Care Services~~, for Medi-Cal managed care plan and fee for service data

3. Self-insured entities <u>as permitted under federal</u> ~~regulation~~<u>law</u> <u>(currently, public payer plans such as state, county, and local governments that are not subject to ERISA)</u> ~~not subject to ERISA~~

4. Third party administrators of plans (not otherwise preempted by ERISA)

5. Dental plans and insurers

Recommendation 10 as presented to the committee.

Standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows (applies to recommendations 10-15):

Required Lines of Business: ~~The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:~~

~~Required Lines of Business~~

1. Commercial: individual, small group, large group, Medicare Advantage

2. Self-insured plans as permitted under federal regulation (currently, public payer plans such as state, county, and local governments that are not subject to ERISA) ~~not subject to ERISA~~

3. Dental

4. Medi-Cal

Bill Barcellona, America's Physician Group, made a motion to approve this recommendation.

Charles Bacchi, CAHP, seconded Bill Barcellona's motion.

Emma Hoo, PBGH, inquired if schools and universities who are a large portion of the ERISA self-funded population should be included. Jill Yegian noted that this is just a subset signified under 'such as.' She also noted that if that is changed in recommendation 10, it should also be changed in recommendation 9.

Amber Ott, CHA, suggested to again clarify that Medi-Cal is for both FFS and managed care.

The committee agreed to Amber Ott's suggestion.

Cheryl Damberg, RAND, inquired why Medicare FFS is not a mandatory submitter. Jill Yegian noted that this data would come from CMS, and the HPD Program is not able to compel CMS to submit data, that process is a data acquisition process not a mandatory submission.

The committee voted 10-0 to approve the recommendation as edited.

Recommendation 10 as approved by committee:
Standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows (applies to recommendations 10-15):

Required Lines of Business:

~~The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:~~
~~Required Lines of Business~~

1. Commercial: individual, small group, large group, Medicare Advantage

2. Self-insured plans as permitted under federal ~~regulation~~law (currently, public payer plans such as state, county, and local governments that are not subject to ERISA) ~~not subject to ERISA~~

3. Dental

4. Medi-Cal Fee for Service and Managed Care

Recommendation 11 as presented to the committee:

Coordination of Submission: ~~The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:~~

~~Coordination of submission:~~ The mandatory submitters are responsible for submitting complete and accurate data directly and facilitating data submissions from appropriate data owners, including data feeds from pharmacy benefit management companies, behavioral health organizations, subsidiaries, and other services carved out to a subcontracting organization.

Cheryl Damberg, RAND, made a motion to approve the recommendation as written.

Anthony Wright, Health Access, seconded Cheryl Damberg's recommendation

The committee voted 10-0 to approve the recommendation as written.

Recommendation 12 as presented to the committee:

Excluded Lines of Business: ~~The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:~~

~~Excluded lines of business:~~ all those listed in Insurance Code section 106b as excluded from the definition of health insurance, plus the following:

1. Supplemental insurance (including Medicare supplemental)

2. Stop-loss plans

3. Student health insurance

4. Chiropractic-only, discount, and vision-only insurance

Charles Bacchi, CAHP, made a motion to approve the recommendation as written.

Amber Ott, CHA, seconded Charles Bacchi's recommendation.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 13 as presented to the committee:

Plan Size: The Review Committee recommends that standards for mandatory submission should be broadly specified in statute and clearly defined in regulations, with initial guidance as follows:

1. Exemption for plans below a threshold not to exceed 50,000 covered lives to be defined and overseen by OSHPD with consideration given to feasibility, cost, and value of data procurement, for:

   a. Combined Medicare Advantage, commercial, and self-insured plans not subject to ERISA

   b. Dental

2. Given that DHCS will be submitting Medi-Cal data, there is no plan size threshold for Medi-Cal Fee for Service or Managed Care.

3. With consultation between OSHPD and Covered California, all Qualified Health Plans (plans participating in Covered California) are required to submit either directly or through Covered California.

Charles Bacchi, CAHP, made a motion to approve the recommendation as written.

Amber Ott, CHA, seconded Charles Bacchi's recommendation.

Cheryl Damberg, RAND, noted that she feels the 50,000 covered lives threshold is still high. She commented that smaller health plans tend to have lower quality performance and if they are not captured in the HPD data, they may be overlooked in quality improvement efforts. She recommended shifting threshold down to 25,000.

Charles Bacchi, CAHP, noted that he is resistant to changing the threshold, as the committee had previously discussed the rationale for setting the threshold as it was. He reminded the committee that the compromise that was made was to have 50,000 covered lives be the highest threshold possible, and for OSHPD to

have the ability to lower the threshold for certain situations if appropriate.

Anthony Wright, Health Access, noted that he understood the compromise to be that OSHPD can set the threshold differently, but we absolutely need to capture all plans with covered lives over 50,000.

Cheryl Damberg, RAND, noted that as written the language is confusing.

Ken Stuart, California Health Care Coalition, noted that he recalled that the lowering of the threshold would only increase the percentage of covered lives being captured by about 2% which is not a huge change.

Emma Hoo, PBGH, reminded the committee that there had been specific discussion regarding Medicare Advantage plans who may have low covered lives numbers, but will have high claim volume, and would be an important demographic to capture in the HPD.

Bill Barcellona, America's Physician Groups, inquired if the state is able to compel Medicare Advantage plans to submit data. Jill Yegian confirmed that this is a practice that is happening in 19 other state APCDs and has not been an issue.

Joan Allen, SEIU-UHW, noted that given that even amongst the committee members there was confusion in how this recommendation was worded, she suggested re-wording the recommendation to say "The HPD program shall establish an exemption for plans below 50,000…"

Ken Stuart, California Health Care Coalition, suggested that instead of using HPD Program, for consistency purposes the recommendation should use the term OSHPD.

Terry Hill, CMA, noted that the 50,000 covered lives refers to the aggregation across all of the products of that plan (Medicare Advantage, commercial, and self-insured).

Cheryl Damberg, RAND, inquired if the term "combined" refers to all the business lines an insurance entity has. Jill Yegian noted that the team looked at the reporting to DMHC and CDI, which is aggregated up to the company level and the product line level, which then determined the aggregate threshold numbers shared with the Review Committee. Charles Bacchi noted that when aggregated across all of the lines of business the majority of the commercial market is captured. Cheryl Damberg noted that recommendation 13 uses the term "plan size" but she clarified that it is getting aggregated up to the insurance entity.

Charles Bacchi, CAHP, noted that he agrees with Joan Allen's suggested edits to the first sentences, however as there is not agreement across the committee

to lower the threshold, he felt that the threshold should be kept at 50,000 because the committee was able to reach consensus the first time around, and it would reflect poorly to have a split vote this round.

Public Comment:

Adam Francis, California Academy of Family Physicians, noted that the way number 1 is currently written is very convoluted. He suggested rewriting the first sentence to read "OSHPD shall establish an exemption for plans below 50,000 covered lives with consideration given to feasibility, cost, and value of data procurement…"

Bill Barcellona, America's Physician Group, noted that aggregating lives up to one entity does make sense, however many plans have plan to plan arrangements in California and there can be issues of double counting.

Charles Bacchi, CAHP, responded to Bill Barcellona's comment by noting that recommendation 11 addresses that issue since the named mandatory submitters will be responsible for coordinating submission for all of their contracted entities.

Amber Ott, CHA, also noted that with the Medi-Cal managed care data this won't be an issue since the plans already submit data at the parent company level to DHCS.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 14 as presented to the committee:

Frequency: ~~The Review Committee recommends~~ that specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:

>> a. monthly <u>submission </u>for all core data (claims, encounters, eligibility, and provider files)

>> b. <u>submission at least </u>annually for non-claims-payments data files

Jill Yegian noted that the rationalization for the proposed change here is that "at least annually" allows for more flexibility, in case it makes sense to collect capitation or other non-claims data more frequently than annually.

Anthony Wright, Health Access, made a motion to approve the recommendation as written.

Cheryl Damberg, RAND, seconded Anthony Wright's motion.

The committee voted 10-0 to approve the recommendation as written

Recommendation 15 as presented to the committee:

Population: ~~The Review Committee recommends that specific requirements associated with submission should be broadly defined in statute and clearly defined in regulation, with initial guidance as follows:~~

    a. The population for data submission is defined as residents of California

Joan Allen, SEIU-UHW, made a motion to approve the recommendation as written.

Anthony Wright, Health Access, seconded Joan Allen's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 16 as presented to the committee:
Voluntary Submitters: ~~The Review Committee recommends that:~~

    a. The HPD Program should be statutorily authorized to receive data from   voluntary submitters.

    b. The HPD Program shall develop an appropriate process to encourage voluntary data submission.

Cheryl Damberg, RAND, made a motion to approve the recommendation as written.

John Kabateck, NFIB, seconded Cheryl Damberg's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 17 as presented to the committee:

Transparent Data Quality Processes: ~~The Review Committee recommends that~~ the HPD Program should develop transparent data quality and improvement processes. In developing the program, OSHPD shall review and leverage known and effective data improvement processes and experiences

Anthony Wright, Health Access, made a motion to approve the recommendation as written.

Charles Bacchi, CAHP, seconded Anthony Wright's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 18 as presented to the committee:

Data Quality at Each Part of the Life Cycle: ~~The Review Committee recommends that~~ data quality processes should be applied to each major phase of the HPD System data life-cycle, including:

    a. Source data intake

    b. Data conversion and processing

    c. Data analysis, reporting, and release

Terry Hill, CMA, made a motion to approve the recommendation as written.

Anthony Wright, CMA, seconded Terry Hill's recommendation.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 19 as presented to the committee:

Stakeholder Access to Data Quality: ~~The Review Committee recommends that~~ the HPD Program should provide stakeholders with accessible information on data quality, including:

    a. Descriptions of processes and methodologies

    b. Periodic updates on known issues and their implications.

John Kabateck, NFIB, made a motion to approve the recommendation as written.

Terry Hill, CMA, seconded Anthony Wright's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 20 as presented to the committee:

Privacy Principles: ~~The Review Committee recommends~~ the HPD Program should adopt the following patient privacy principles:

    a. The HPD Program shall protect individual patient privacy in compliance with applicable federal and state laws.

    b. The HPD Program is established to learn about the health care system and populations, not about individual patients.

Anthony Wright, Health Access, made a motion to approve the recommendation as written.

Cheryl Damberg, RAND, seconded Anthony Wright's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 21 as presented to the committee:

Authority to Submit and Collect Personal Information: ~~The Review Committee recommends that~~ legislation should clearly authorize data submitters to send, and OSHPD to receive, personal information to meet the legislative intent of the HPD Program. To support the submission of data by voluntary submitters, legislation should clearly specify public health as one of the intended uses of the HPD System.

Amber Ott, CHA, made a motion to approve the recommendation as written.

Joan Allen, SEIU-UHW, seconded Amber Ott's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 22 as presented to the committee:

Access to Non- Public Data: ~~The Review Committee recommends that~~ only aggregate de-identified information will be publicly accessible. OSHPD should develop a program governing access to non-public HPD System data, including a data request process overseen by a data access committee.

Amber Ott, CHA, made a motion to approve the recommendation as written.

Anthony Wright, Health Access, seconded Amber Ott's motion.

Terry Hill, CMA, noted that this recommendation references a data access committee while recommendation 32 uses the terms data release committee. He inquired if the two are referring to the same committee why are there 2 different names. Jill Yegian noted that recommendation 22 references a more generic committee while recommendation 32 specifies the data release committee. She noted that the team did not present this as a proposed change to the committee since the two did not necessarily conflict with one another and the goal was to minimize the amount of proposed changes. Ken Stuart agreed with Terry Hill that the suggested change should be made in order to keep the recommendations consistent. Jill Yegian suggested keeping data release committee in this recommendation all lower case, in order to keep it more generic, while recommendation 32 can specify, upper case, Data Release Committee.

Anthony Wright, Health Access, noted that the title of this recommendation says, "Access to Non-Public Data", however the context of the recommendation is more about the guardrails to non-public data. He suggested changing title to "Limits on Access to Non-Public Data."

Amber Ott, CHA, asked if the "titles" of the recommendations are included in the report, which they are.

Joan Allen, SEIU-UHW, suggested that the recommendation is less about the access and more about the data, so she suggested "Safeguarding Non-Public Data"

Amber Ott, CHA, disagreed with Joan Allen's suggestion and noted that since the body of the recommendation discusses access to non-public data, access should still be in the title. She suggested "Limiting on Access to Non-Public Data."

Cheryl Damberg, RAND, noted that it seems like there is some redundancy with this recommendation and recommendation 31. Jill Yegian noted that since the two recommendations are not in conflict with one another, the team felt that it was not an issue to have two somewhat redundant recommendation. Ken Stuart inquired if the legislature would get caught up on the redundancy. Jill Yegian noted that she did not think that it will be an issue, and it actually may be helpful for this concept to be repeated since it is an important component of developing a functional HPD Program.

Charles Bacchi, CAHP, noted that he is also fine with keeping both recommendation 22 and recommendation 31. He noted that the discussion around recommendation 22 was about the data that comes out of the APCD and is publicly available and what the safeguards are for non-public data, while recommendation 31 was about having a comprehensive system to protect everything.

The committee approved the recommendation 10-0 as edited.

Final recommendation approved by the committee:

Limiting Access to Non- Public Data: ~~The Review Committee recommends that only~~ Only aggregate de-identified information will be publicly accessible. OSHPD should develop a program governing access to non-public HPD System data, including a data request process overseen by a data ~~access~~ release committee.

Recommendation 23 as presented to the committee:

Information Security Program: ~~The Review Committee recommends~~ the HPD Program should ~~program~~ develop an information security program that uses existing state standards and complies with applicable federal and state laws.

Cheryl Damberg, RAND, made a motion to approve the recommendation as written.

Charles Bacchi, CAHP, seconded Charles Bacchi's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 24 as presented to the committee:

Leverage Resources and Expertise: ~~The Review Committee recommends~~ that OSHPD should leverage existing resources and expertise to facilitate a faster time to implement, maximize the early capabilities of the system, and learn from subject matter experts in the all-payer and multi-payer database industry.

Charles Bacchi, CAHP, made a motion to approve the recommendation as written.

Terry Hill, CMA, seconded Charles Bacchi's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 25 as presented to the committee:

Modular Approach: ~~The Review Committee recommends~~ the HPD ~~S~~system should be implemented with a modular approach, with each module performing a discrete system function.

Cheryl Damberg, RAND, made a motion to approve the recommendation as written.

Bill Barcellona, America's Physician Group, seconded Cheryl Damberg's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 26 as presented to the committee:

Data Collection Vendor: ~~The Review Committee recommends that~~ commercial healthcare data should be initially collected by a vendor with established submitter management and data quality processes, and that is experienced in aggregating/synthesizing/standardizing commercial claims data files from multiple payer sources. It is preferred that the vendor have experience with state APCD programs.

Charles Bacchi, CAHP, made a motion to approve the recommendation as written.

John Kabateck, seconded Charles Bacchi's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 27 as presented to the committee:

Entity to Operate the Healthcare Payments Data ~~(HPD) Program~~base: ~~The Review Committee recommends that~~ OSHPD should operate the ~~HPD Program~~ Healthcare Payments Database.

Terry Hill, CMA, made a motion to approve the recommendation as written.

Joan Allen, SEIU-UHW, seconded Terry Hill's motion.

Anthony Wright, Health Access, inquired about the use of HPD Program over HPD System in this recommendation. Jill Yegian noted that this recommendation is suggesting that OSHPD will be responsible for the entire program including stakeholders, governance, as well as the HPD System itself. Anthony followed up inquiring if the future HPD vendor will be part of the system or the program. Jill Yegian noted that it will depend on the scope of the vendor's contract. In other states vendor's have been used for a variety of services, and OSHPD will need to determine the scope and assess if the duties of the vendor are just for the HPD System or if they will span into any parts of the HPD program.

Ken Stuart, California Health Care Coalition, inquired if there is an expectation that the Legislature will delegate to OSHPD the authority to bring in a third-party vendor. Michael Valle noted that in AB 1810 there was some ambiguity, therefore this recommendation is designed to provide greater clarity that OSHPD will be in charge of developing the program and have all of the programmatic responsibility to make contracting decisions, etc.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 28 as presented to the committee:

Healthcare Data Policy Advisory Committee: ~~The Review Committee recommends that~~ OSHPD should be authorized to convene a Healthcare Data Policy Advisory Committee of stakeholders with expertise to provide guidance on the HPD ~~ealthcare Payments Data~~ Program. Over time, OSHPD may expand the scope of the Advisory Committee to obtain guidance on other data assets in the OSHPD portfolio.

Cheryl Damberg, RAND, made a motion to approve the recommendation as written.

Anthony Wright, Health Access, seconded Cheryl Damberg's motion.

Terry Hill, CMA, noted he argued strongly that OSHPD should have the ability to appoint the Advisory Committee. However, he contemplated changes in leadership that could possibly take the committee in a different direction. He inquired if there is another convenient way to appoint this committee other than having OSHPD Director appoint. Michael Valle noted that there are other methods, however the goal of the committee is to take in input from stakeholders,

and stakeholders will also be involved in the appointment process.

Charles Bacchi, CAHP, noted that he is supportive of OSHPD appointing membership, since the department is usually closest to the issues and has the greatest subject matter expertise to appoint a well-rounded and effective committee.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 29 as presented to the committee:

Committees to Support Effective Governance: ~~The Review Committee recommends~~ ~~that~~ OSHPD should create other committees or workgroups to support effective governance as needed, at the discretion of the Director, either as standing bodies or as time-limited ad hoc workgroups.

Anthony Wright, Health Access, made a motion to approve the recommendation as written.

Charles Bacchi, CAHP, seconded Anthony Wright's motion.

Joan Allen, SEIU-UHW, clarified that these committees would not be subject to the Bagley-Keene Open Meeting Act since the recommendation says OSHPD "may create" rather than forcing them to be in statute. The OSHPD team confirmed that was true.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 30 as presented to the committee:

Leverage Regulatory Structures for Enforcement: ~~The Review Committee recommends~~ ~~that~~ OSHPD should establish processes for the enforcement of data submission, leveraging existing regulatory structures. Statutory authority should be provided to establish specific processes.

Cheryl Damberg, RAND, made a motion to approve the recommendation as written.

Anthony Wright, Health Access, seconded Cheryl Damberg's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 31 as presented to the committee:

Comprehensive Program for Data Use, Access, and Release: ~~The Review Committee recommends~~ ~~that~~ OSHPD should have statutory authority to implement a comprehensive program for data use, access, and release for the

HPD Program. This program will emphasize both the creation of publicly available information and ensuring only appropriate, secure access to confidential information. The healthcare payments database should be exempt from the disclosure requirements of the Public Records Act.

Charles Bacchi, CAHP, made a motion to approve the recommendation as written.

Anthony Wright, Health Access, seconded Charles Bacchi's motion.

The committee voted 10-0 to approve the recommendation as written

Recommendation 32 as presented to the committee:

Data Release Committee: ~~The Review Committee recommends that~~ OSHPD should be required to establish a Data Release Committee to advise OSHPD on requests for access to non-public data. The Data Release Committee members should be appointed by the OSHPD Director and include a diverse range of stakeholder representatives with expertise in issues that need to be considered in the release of non-public data. OSHPD will maintain information about requests and disposition of requests. OSHPD and the Data Release Committee should develop processes for the timely consideration and release of data.

Cheryl Damberg, RAND, made a motion to approve the recommendation as written.

John Kabateck, NFIB, seconded Cheryl Damberg's motion.

Terry Hill, CMA, noted that he does not have a specific suggestion for updates to the recommendation, but inquired if the legislative report highlights that there will be standards for analyses as there is nothing in the recommendation that captures that. Michael Valle noted that is certainly feasible and OSHPD is keeping on record all of the commentary made my committee members even if they didn't end up in a direct recommendation. Jill Yegian commented that the team has taken Terry's comments to heart and the data release process will be developed by the data release committee to ensure those standards are met.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 33 as presented to the committee:

Special ~~Restricted Revenue~~ Fund for the HPD Program: ~~The Review Committee recommends~~ a special ~~restricted revenue~~ fund ~~or account~~ should be created for the HPD Program, and revenue to support the HPD Program should be directed to that fund. Any funds not used during a given year will be available in future years, upon appropriation by the Legislature.

Jill Yegian noted that based on the discussion at the January Review Committee meeting, when the team reviewed this recommendation, it was determined that the term "special fund" made more sense than a "restricted revenue fund."

Anthony Wright, Health Access, made a motion to approve the recommendation as written.

Joan Allen, SEIU-UHW, seconded Anthony Wright's motion.

The committee voted 10-0 to approve the recommendation as written.

Recommendation 34 as presented to the committee:

Pursue CMS Medicaid Matching Funds: ~~The Review Committee recommends pursuing m~~Maximum possible CMS Medicaid matching funds, or other federal funds, should be pursued to support the HPD Program.

Charles Bacchi, CAHP, made a motion to approve the recommendation as written.

Cheryl Damberg, RAND, seconded Charles Bacchi's motion.

The committee voted 10-0 to approve the recommendation as written

Recommendation 35 as presented to the committee:
Charge Data User Fees to Support the HPD Program: ~~The Review Committee recommends~~ developing a fee schedule and charging data user fees for data products to support the HPD Program and stakeholder access to data.

Charles Bacchi, CAHP, made a motion to approve the recommendation as written.

Amber Ott, CHA, seconded Charles Bacchi's motion.

Charles Bacchi, CAHP, commented that the spirit of the conversation around this recommendation included ensuring that smaller organizations, who may not have the funding available to pay licensure fees, would still have opportunities to access the data. He commented that the committee did not approve this recommendation as a way to set barriers to access, but rather to create a balance between the need to fund the program, from larger institutions that could afford the data user fees, while providing equitable access to the data. He did note that it got a bit convoluted and that spirit may have not come through directly in the recommendation, therefore he wanted it noted in the minutes that this was a consideration discussed.

Joan Allen, SEIU-UHW, noted that the title currently states "charge fees" which is pretty directive, while the intent of the recommendation is around establishing a

fee schedule.

Charles Bacchi, CAHP, suggested amending the title to say User Fee Schedule to Support the HPD Program. Joan Allen noted that what she wants to communicate is that for some entities that user fee may be zero, so choosing a title that signifies that it is a fee schedule and not a directive to charge fees. Charles Bacchi suggested to change the title to say "Establish User Fee Schedule to Support the HPD program" and then to make the recommendation clearer say "develop" instead of "developing," and "charge" instead of "charging."

Anthony Wright, Health Access, suggested the committee could add a sentence about the fee schedules being different across different entities. He suggested "OSHPD should explore different options for organizations dependent on their means." Charles Bacchi noted that he appreciated the suggestion, as that was in spirit with the Review Committee discussion, however he is hesitant to open the issue and start a cascade of exemptions. He noted that OSHPD staff has heard the concerns of the committee and understands what the goals of this recommendation are.

The committee approved the recommendation 10-0 as edited.

  Final recommendation approved by the committee:
—Charge Data **Establish User Fee~~s~~ Schedule to Support the HPD Program:** ~~The Review Committee recommends~~ ~~developing~~ Develop a fee schedule and charg~~eing~~ data user fees for data products to support the HPD Program and stakeholder access to data.

Recommendation 36 as presented to the committee:

Explore Other Revenue Sources: ~~The Review Committee recommends that~~ for the remainder of HPD Program operational expenditures, other revenue sources should be considered in collaboration with stakeholders.

Anthony Wright, Health Access, made a motion to approve the recommendation as written.

Emma Hoo, PBGH, seconded Anthony Wright's motion.

Cheryl Damberg, RAND, inquired if the first clause "for the remainder of the HPD program operational expenditures" is needed. She suggested rewording the recommendation to read "Other revenue sources should be considered in collaboration with stakeholders and pursued to support the operation of the HPD."

Joan Allen, SEIU-UHW, noted that recommendation 34 and 35 flow together to paint the picture of other sources, and 36 references the remainder. Jill Yegian agreed and noted that all of the sustainability recommendations come as a

package. Joan Allen noted that recommendation 36 feels like an awkward clean up and wondered if there is a better way to capture the intent.

Charles Bacchi, CAHP, noted that the recommendations map to the conversation that the committee had regarding sustainability. He noted that if the clause was removed, there could be an interpretation that more sources are needed to be found, but rather it is just to stay within the budget.

The committee voted 10-0 to approve the recommendation as written.

Ken Stuart, California Health Care Coalition, inquired how the committee's work will be portrayed in the legislative report. Michael Valle noted that the report will communicate that all of the recommendations were vetted and approved by the committee.

Close out of Review Committee

Michael Valle communicated his thank you to all of the Review Committee members for their engaged participation over the past year. He commented his hope that Review Committee members will continue to be engaged in this work moving forward. In particular he thanked Ken Stuart and Cheryl Damberg for their leadership as Chair and Vice Chair respectively. He also noted that this is the last official Review Committee meeting, which concludes the work of the Review Committee. The committee members will receive their leaving office notices and are required to fill those out and doing a final filing to conclude their service as Review Committee members.

Anthony Wright, Health Access, clarified how quick is the turnaround between filing the leaving office notice and the Bagley-Keene restrictions being lifted off committee members. Beth Herse commented that this is the last meeting of the public body and the committee is relieved of their Bagley-Keene requirements. Committee members are responsible individually to file their leaving office statements, but this meeting is the last official action of this body.

Charles Bacchi, CAHP, inquired what the timeline of next steps regarding the release of the legislative report and HPD implementation. Michael Valle noted that there has been tremendous interest from a number of stakeholders to have the content of the legislative report and the Review Committee out as soon as possible. He noted that OSHPD is not in the position to make any commitments as to when that will be, but OSHPD is working diligently to take these final recommendations into the report and to release it. OSHPD is also working closely with the Administration to coordinate the release.

Ken Stuart, California Health Care Coalition, inquired if it would be appropriate to request a copy of the legislative report once the Administration has released the report. Michael Valle confirmed that will happen and that the Review Committee

will be kept looped in from a communications perspective, as well as providing any feedback regarding the report.

Joan Allen, SEIU-UHW, asked if once the meeting minutes and final recommendations are finalized they will be posted on to the website, which the OSHPD team confirmed to be true.

Charles Bacchi, CAHP, suggested a helpful option could be to have the committee provide statements in support of the legislative report. He noted that if the committee got the report in advance, they would be able to provide these statements which could be of value and demonstrate the collaborative spirit.

Amber Ott, CHA, inquired if the workgroup members are listed in the report. Michael Valle noted that yes there is an acknowledgments section that names the Review Committee members. She also followed up with a second question inquiring what the next procedural steps are. Michael Valle noted that there is a legislative component, OSHPD will be involved with that by answering questions and clarifying the report. Additionally, operationally there are a number of things OSHPD plans to continue working on, including working with NAHDO on the APCD-CDL^{TM} and working with the California Department of Technology on their approval process.

Terry Hill, CMA, gave a shout out to Adam Francis from the California Association of Family Physicians and Catrina Reyes from CMA who have been deeply engaged in this work and attended every single Review Committee meeting.

Charles Bacchi, CAHP, thanked everyone who has participated in the public commentary, and noted the importance of the public process. He also thanked Christina Wu from CAHP who has also been deeply engaged in this work and participated in the HPD Review Committee meetings.

Emma Hoo, PBGH, commented that this process was a great opportunity to bring stakeholders together provide input on an important issue.

Anthony Wright, Health Access, noted that he appreciated everyone's involvement and noted his commitment to this work.

Joan Allen, SEIU-UHW, echoed the prior comments made and noted her appreciation of the collaborative nature and problem-solving approach the Review Committee brought to this work.

Amber Ott, CHA, noted that it was very impressive how collegiate this committee has acted. She noted that there was great teamwork and that she was very pleased to participate.

Bill Barcellona, America's Physician Group, commented his gratitude to the staff and consultants for their contributions to this process and noted that it was a very smooth process overall.

John Kabateck, NFIB, also thanked the staff and the consultants as well as commending Ken Stuart and Cheryl Damberg on their leadership. He commented that healthcare can be divisive and challenging work, and the collaborative spirit of this committee made it a smoother process.

Cheryl Damberg, RAND, commented her thank you to everyone who has been involved in this process. She communicated that there have been researchers working with so many disparate data sets over the years to try and address health care costs. She communicated that this work will help to improve upon that work and is supportive of getting this done. She also encouraged OSHPD to do a lot of messaging to the residents of the state of California about this important work.

Public Comment
There was no public comment at this time.

Adjournment & Closing Statements

Ken Stuart thanked the committee and OSHPD Staff.