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**NOTICE OF PUBLIC MEETING**  
**HEALTH CARE PAYMENTS DATA PROGRAM (HPD)**  
**DATA RELEASE COMMITTEE (DRC)**

**Date:**

**November 20, 2024**  
**Approved Meeting Minutes**

**Members Attending:** Janet Coffman, Professor, Institute for Health Policy Studies; Miranda Dietz, Project Director, California Simulation of Insurance Markets; Genia Fick, Vice President, Quality; Cora Han, Chief Health Data Officer; Jan Hanley, Director of Research Programming; Koh Kerdsri, Vice President, Risk Adjustment, Compliance, and IT; and Nuriel Moghavem, Clinical Instructor of Neurology.

**Members not in attendance:** Paul Bouganim, Executive Director, Finance Operations; Barbara Koenig, Professor Emerita of Bioethics; and Daniel Ruiz, Vice President, Operations Quality.

**HCAI Presenters:** Chris Krawczyk, Chief Analytics Officer

Public Attendance: 67

**Agenda Item 1: Welcome and Meeting Minutes**

*Nuriel Moghavem, DRC Chair*

Nuriel Moghavem, DRC Chair, welcomed the committee and members of the public. The committee members conducted a roll call of attendance. The chair reviewed the meeting ground rules, and Koh Kerdsri read the HPD program goals and statement from the committee. Koh reflected on the significance of these goals from his perspective as a committee member, expressing appreciation for the state-level initiatives aimed at bridging data gaps and enhancing health outcomes for Californians. Paul Bouganim who previously offered to read the program goals and statement but was unable to attend the meeting will read the statement at the next public meeting.

The committee reviewed and approved the meeting minutes from the June 19, 2024, DRC Meeting. The motion to approve was made by Genia Fick and seconded by Koh Kerdsri.



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The following members voted to approve the minutes: Miranda Dietz, Janet Coffman, Genia Fick, Cora Han, Jan Hanley, Koh Kerdsri and Nuriel Moghavem.

The motion to approve the minutes was carried by a vote of seven in favor.

Questions and comments from the committee:

There were no questions from the committee.

Public comment:

There was no public comment.

**Agenda Item 2: HPD Program Updates and June Meeting Recap**

*Nuriel Moghavem, DRC Chair*

*Chris Krawczyk, Chief Analytics Officer, HCAI*

Nuriel Moghavem, DRC Chair, gave a recap of the previous meeting, including the use case scenarios, the application excerpts and the additional resources for review. The chair also gave an overview of the responses received during the feedback meetings. Members expressed appreciation for the standardized processes, respectful collaboration, and dual meeting locations, though logistical challenges such as Los Angeles traffic and regulatory delays were noted. Suggestions for improvement included enhanced reference materials, regular inter-meeting communication, and additional presentations from other All-Payer Claims Databases (APCDs).

Chris Krawczyk provided program updates, starting with the October 24 Healthcare Payments Data (HPD) Program Advisory Committee meeting, which covered recent and upcoming public reporting releases. These included recently released prescription drug costs, and refreshed, snapshot and measures, with a focus on topics such as out-of-pocket costs and health equity. Since the meeting, some of these updates have been released. The Advisory Committee also discussed the need to achieve significant strides in improving race and ethnicity data reporting were discussed, addressing gaps in current claims data, where a significant portion remains incomplete. The next HPD Advisory Committee meeting is scheduled for January 23, 2025, from 9:00 AM to 12:30 PM. The agenda includes topics such as HPD a retrospective in 2024, program strategy for 2025 activities, and an overview of the Provider Organization Index Pilot.

The program update also included progress on finalizing regulations with the Office of Administrative Law, anticipated system readiness for launching the data release



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program by the end of the year, and staffing updates within the HPD Services Unit to bolster operational capacity.

Questions and comments from the committee:

There were no questions from the committee.

Public Comment:

There was no public comment.

**Agenda Item 3. APCD Panel**

*Bradley C. Martin, PharmD, Professor, Division Head of Pharmaceutical Evaluation and Policy, University of Arkansas for Medical Sciences*

*Kenley Money, MA, MFA, Director, Information Systems Architecture for the Arkansas Center for Health Improvement (ACHI)*

*Craig Wilson, Director of Health Policy, ACHI*

*Patricia Checko, Chair of the Connecticut Data Release Committee*

*Olga Armah, Manager of Research and Planning, Connecticut Office of Health Strategy*

*Paul Brady, Lead Planning Analyst, Connecticut Office of Health Strategy*

Chris Krawczyk introduced representatives of the Arkansas and Connecticut APCDs, who provided comprehensive insights into their data collection processes, review protocols, and strategies for integrating health data for policy and research purposes. This session aimed to inform the committee's process and sparked a robust discussion about best practices, challenges, and lessons learned.

The Arkansas APCD, represented by Dr. Bradley Martin, Kenley Money, and Craig Wilson, detailed their journey from establishing a voluntary data collection system in 2013 to developing the mandated Health Care Transparency Initiative (HTI) in 2015. They highlighted the legislative framework that enabled them to collect data from both commercial insurers and public payers. Kenley Money elaborated on the operational complexities of integrating various datasets—including birth and death certificates, hospital discharge data, and cancer registries—into a single system accessible to researchers and policymakers. This integration significantly reduced barriers for data requesters by centralizing approvals and ensuring that data could be used effectively without requiring multiple permissions from different state agencies.

Dr. Martin described the nuanced process of reviewing data requests, emphasizing that every request must demonstrate a clear public benefit for Arkansans. He shared examples of requests that raised anti-competitive concerns, such as a health insurer's



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application to analyze competitor payment patterns, which was flagged due to the risk of revealing proprietary information. Dr. Martin also discussed the role of the HTI Advisory Committee, which includes representatives from academia and commercial sectors. This committee ensures a balanced approach to evaluating requests and maintaining alignment with state goals.

Craig Wilson further outlined the role of Arkansas's Data Oversight Subcommittee in vetting requests before they reach the full advisory committee. He explained that the subcommittee operates independently to identify potential concerns, such as reidentification risks or lack of alignment with public benefit requirements. For particularly complex requests, the subcommittee invites applicants to present their proposals directly, facilitating transparency and fostering a collaborative dialogue. This approach has minimized rejections and ensured that most requests align with the initiative's objectives.

Connecticut's APCD representatives, including Olga Armah, Patricia Checko, and Paul Brady, offered a contrasting model tailored to their state's legal and operational environment. Olga Armah highlighted the APCD's focus on controlling costs and improving care quality, with data releases tailored to insurers, employers, providers, and state agencies. She emphasized the importance of informational sessions for potential data requesters, which help applicants understand the available data and ensure their research aligns with the APCD's goals. This proactive approach minimizes incomplete or misaligned applications.

Patricia Checko elaborated on the APCD's unique applications, such as assisting hospitals in evaluating their community benefits programs. By leveraging APCD data, hospitals can identify underserved areas and develop targeted health improvement plans. This initiative has enabled Connecticut hospitals to refine their strategies and allocate resources effectively, addressing community needs more comprehensively.

#### Questions and comments from the committee:

The discussion that followed delved into the similarities and differences between the two APCDs. Committee members asked how each state addresses data gaps, particularly regarding ERISA plans and Medicare data. Arkansas representatives shared their approach of linking APCD data with inpatient discharge and emergency department records to approximate coverage patterns, while Connecticut representatives discussed using proxy datasets, such as state employee health plan data, to fill in gaps.



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The discussion also explored APCD requirements for research to deliver a public benefit, with Arkansas representatives highlighting their mandate to ensure data requests contribute to Arkansans' welfare. Examples included academic studies on healthcare utilization and cost trends and state agency initiatives aimed at improving healthcare transparency. Connecticut representatives emphasized their stringent de-identification protocols and collaboration with requesters to refine proposals that meet legal and ethical standards.

Both states shared insights into their respective approval processes. Arkansas has approved approximately 90% of requests, often requiring revisions to align with public benefit goals. Connecticut similarly reported high approval rates, attributing their success to the preparatory work conducted during informational sessions with applicants. The committee praised both APCDs for their transparency and effectiveness, identifying several takeaways for the implementation of HPD.

#### Public Comment:

There was no public comment.

#### **Agenda Item 4: Federal Health Care Price Transparency Requirements**

*Katherine Gudiksen, Executive Editor of The Source on Healthcare Price and Competition at University of California Law, San Francisco*

Dr. Katherine Gudiksen, an expert in healthcare price transparency and anti-competitive practices, provided a comprehensive presentation that explored the intersections of federal regulations, state policies, and market dynamics in promoting transparency and fostering competition. Her insights aimed to inform the committee's considerations for integrating price transparency data with the HPD.

Dr. Gudiksen began by outlining the evolution of federal price transparency regulations. She detailed the Hospital Price Transparency Rule, effective January 2021, and the Transparency in Coverage Final Rule, effective July 2022, both of which require hospitals and insurers to publish detailed pricing information. These federal rules aim to empower consumers, researchers, and policymakers by making data on healthcare costs accessible and actionable. Despite facing legal challenges, including claims of trade secret violations, the regulations were upheld, signaling a shift towards greater accountability in healthcare pricing.

Dr. Gudiksen discussed compliance challenges, noting that while 91% of hospitals now publish machine-readable files, data completeness and usability remain inconsistent.



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She highlighted enforcement actions by the Centers for Medicare & Medicaid Services (CMS), which have issued penalties to non-compliant hospitals. Efforts to improve compliance have included financial penalties tied to the number of enrollees affected, incentivizing more robust adherence to transparency rules.

The presentation also explored how price transparency data has been utilized in practice. Dr. Gudiksen shared examples of employers using public pricing data to audit third-party administrators (TPAs) and identify discrepancies in payment practices. These audits have led to lawsuits against TPAs for overcharging employers or failing to follow contractual agreements. While such cases are still in early stages, they underscore the potential for transparency data to hold entities accountable and promote fair pricing.

Dr. Gudiksen also addressed potential risks associated with transparency, such as providers using pricing data to negotiate higher rates. She cited the dispute between UnitedHealth and Mount Sinai which made headlines in the New York Times, where hospital cost transparency data revealed significant rate disparities between the reimbursement rates Mount Sinai was receiving compared to other hospitals in the region, prompting Mount Sinai to demand equitable treatment. This case highlighted the delicate balance between fostering competition and preventing market disruptions.

A significant portion of the discussion focused on integrating price transparency data with claims data from the HPD. Dr. Gudiksen emphasized that while existing public price transparency data provides pricing information, it lacks patient-level details critical for analyzing healthcare utilization and outcomes. By combining these datasets, researchers and policymakers could gain a more comprehensive understanding of healthcare trends, such as variations in emergency department admissions for deliveries. This integration could also reveal patterns of upcoding or other billing practices that inflate costs.

Dr. Gudiksen praised Colorado's consumer-facing price transparency tool as a model for California, noting its ability to aggregate hospital pricing data and present it in an accessible format. Such tools empower consumers to compare costs and make informed decisions while providing researchers with valuable data for policy analysis. She encouraged the committee to consider developing similar resources to enhance public trust and maximize the program's impact.

Questions and comments from the committee:



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The discussion that followed included questions about anti-competitive risks, data accuracy, and the potential for cross-referencing federal transparency data with HPD datasets. Committee members expressed interest in using complementary data sources to verify trends and improve public confidence in the data's reliability. Dr. Gudiksen reassured the committee that while transparency data could be misused in competitive markets, proper oversight could mitigate such risks.

Dr. Gudiksen concluded by emphasizing the importance of aligning transparency initiatives with the program's overarching goals of improving equity, reducing costs, and enhancing healthcare quality. She encouraged the committee to continue exploring innovative approaches to data integration and dissemination, positioning California as a leader in healthcare transparency and accountability.

Public comment:

There was no public comment.

**Agenda Item 5. Next Meeting Topics**

*Nuriel Moghavem, DRC Chair*

Nuriel Moghavem provided a preview of the next DRC meeting agenda, which will focus on data requests requiring DRC review.

The next meeting is scheduled to be held on March 19 from 1:00 p.m. – 4:00 p.m. More details will be provided closer to the meeting date.

Questions and comments from the committee:

There were no comments from the committee.

Public comment:

There was no public comment.

**Agenda Item 6: Public Comment for Items Not on the Agenda**

*Nuriel Moghavem, DRC Chair*

There was no public comment.

**Agenda Item 7: Adjournment**

*Nuriel Moghavem, DRC Chair*

The meeting was adjourned at 3:40 p.m.