Department of Health Care Access and Information

Healthcare Payments Data Program (HPD)
Data Release Committee Manual

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"A healthier California where all receive equitable, affordable, and quality health care."

Version History

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Section I. Purpose, Background and Authority

Manual Purpose

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

HPD

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

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

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

HPD Statute and Regulations

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

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

HCAI was required to adopt emergency regulations to implement the HPD by December 31, 2021. The HPD emergency regulations were approved by the Office of Administrative Law (OAL) on December 20, 2021, and are now permanently adopted as of November 17, 2023. View the text of the HPD Program regulations using this link: https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I019558135B6211EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default).

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

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

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

HPD Data Access and Release Objectives
Developed in partnership with the advisory committee and based on statute.

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

Section II: HPD Data Release Committee

Purpose

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

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

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

Authority, Roles, and Responsibilities

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

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

Membership

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

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

In addition:

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

Member Expectations

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

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

In addition:

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

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

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

Committee Chair and Vice Chair

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

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

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

Appointment and Terms
The HCAI Director appoints the Vice Chair, however, prior to selection, the Director may consult with the DRC Chair regarding the Vice Chair position.

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

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

Travel and Reimbursement

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

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

Section III. Application Review Process

HCAI Internal Review Process

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

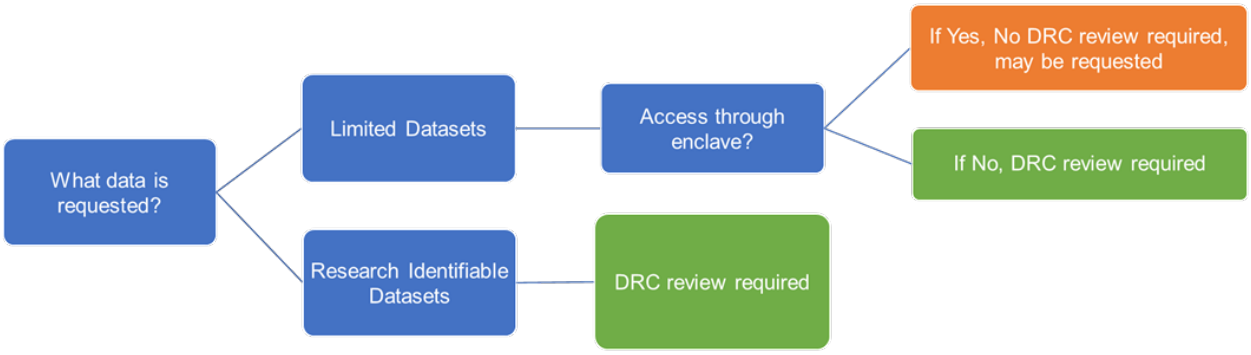
The HCAI Data Request Portal will be used to receive, process and route electronic applications for HPD data to appropriate staff for initial review. Responsibilities of HCAI staff in the early stages of the HPD application review process include:

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

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

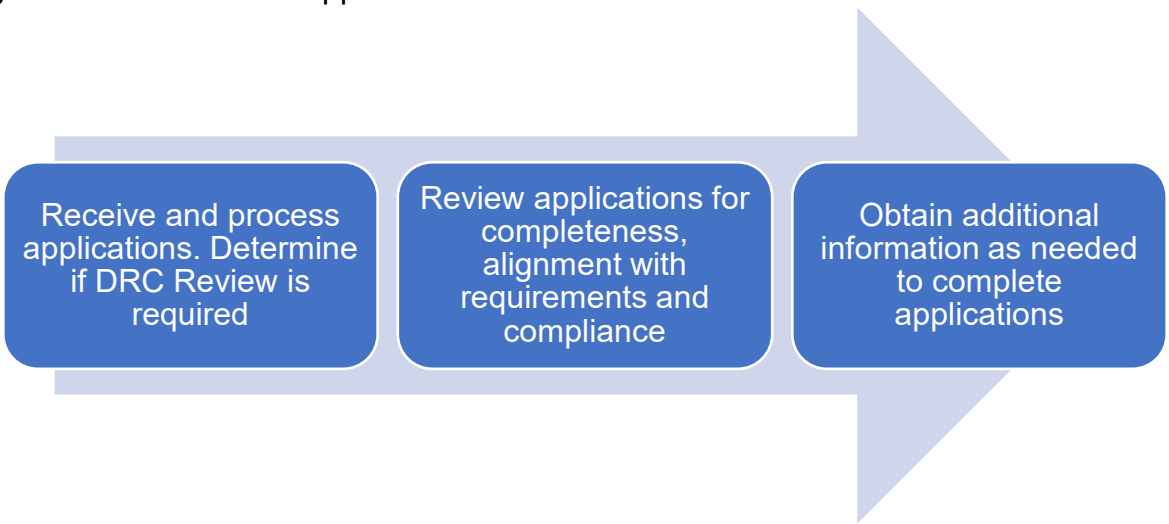
HCAI Staff Role	Responsibilities
Analyst	Assess application completeness. Perform initial review and obtain additional information from the requestor, if needed, to create a complete application.
Supervisor	Confirm application completeness and that project is feasible with the requested data. Check application 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.

Figure III.2: Request Process Flow



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

Figure III.3: Initial HCAI Application Review



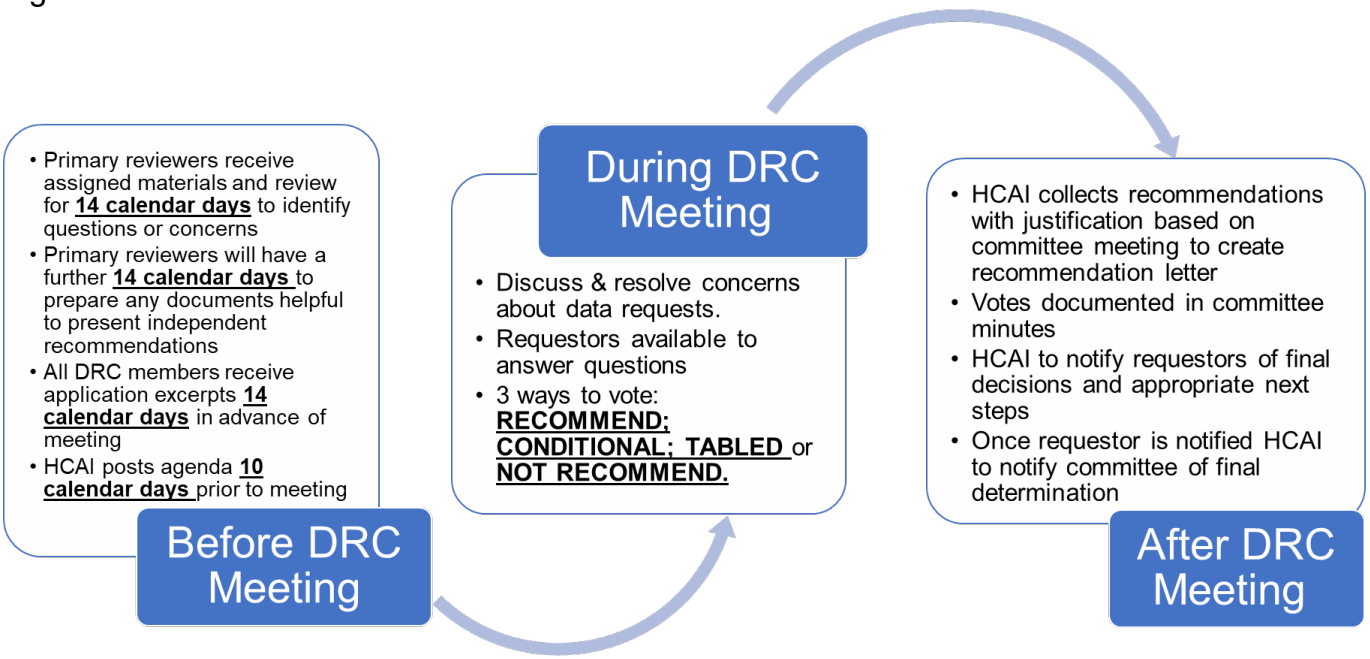
Once the applications are ready for DRC review, HCAI staff will:

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

After DRC Review, HCAI staff will:

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

Figure III.4: Review Process Flow



DRC Review Process

DRC members will access applications and related materials through a secure portal created by HCAI. HCAI will support the Chair in selecting two primary reviewers for each application who will then complete concurrent reviews. Applications, at discretion of the committee, will be submitted for DRC review at least six weeks prior to a given meeting to be included on the agenda for that meeting. Each primary reviewer will have 14 calendar days to review an application. The primary reviewers will review the application in the HCAI data request portal and have a further 14 calendar days to prepare any documents helpful to present their independent recommendations to the committee at the meeting. Each primary reviewers will receive a template that can be used to organize their materials in preparation for committee meetings. The template is a tool, and not a requirement to be used.

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

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

DRC Considerations for Application Review

Statutory and Regulatory Considerations

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

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

Additional DRC Considerations

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

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

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?

Proposed DRC Recommendation Options

Four recommendation options are available to the DRC:

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

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

Bagley-Keene Open Meeting Act

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

Section IV: DRC Meetings and Governance

Meeting Agendas and Distribution of Materials

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

Meeting Conduct: Quorum and Voting

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

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

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

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

Bagley-Keene Public Meeting Requirements

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

Implications of Bagley-Keene Open Meeting Requirements for DRC Operations

- Materials shared with a quorum of committee members must be accessible to the public.
- Communications between a quorum of the committee are subject to Bagley-Keene requirements, regardless of the forum or form of communication (example, e-mail).
- If a member of the public files a Public Records Act request, they will receive most of the same information the DRC reviewers receive. HCAI may withhold certain information to protect confidential data security policies and procedures and/or privacy.
- Shared materials prepared by the DRC must be made available to the public during or before the meeting. Shared Materials from external sources will be made available to the public after the meeting.

- Meeting minutes that document actions taken, and votes will be posted on the DRC website.
- Members of the public must have an opportunity to provide public comment on each application that is discussed, prior to the committee members taking a vote on the application.

DRC Conflict of Interest, Member Recusal, and Form 700

Conflict of Interest

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

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

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

Recusal

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

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

Form 700

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

Section V. Appendices

HPD Statute

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

Data Access and Release Rules

Regulations for HPD Data Access and Release are currently under development.

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
Los Angeles General Medical Center	Nuriel	Moghavem	Neurologist	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	Physician Consultant, Researcher, Writer	December 2022
RAND	Jan	Hanley	Director of Research Programming	December 2023

Representative Organization	First Name of DRC Representative	Last Name of DRC Representative	Title	Start of 2-Year Term
AltaMed	Daniel	Ruiz	Vice President, Operations Quality	December 2022
Inland Empire Health Plan	Genia	Fick	Vice President, Quality	December 2023

Application Examples/Snapshots

TBD

DRC Recommendation Letter Template

TBD

Data Use Agreement

TBD

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.apcdcouncil.org/apcd-common-data-layout-apcd-cdl%E2%84%A2

Acronym or Short Name	Full or Common Name	Description
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."
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.

Acronym or Short Name	Full or Common Name	Description
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.
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.

Acronym or Short Name	Full or Common Name	Description
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	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. 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.
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.

Acronym or Short Name	Full or Common Name	Description
ODP	Open Data Portal	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. 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.
Onpoint	Onpoint Health Data	Contracted HPD Data Collection Platform and Enclave Vendor.
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."

Acronym or Short Name	Full or Common Name	Description
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.