Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

NOTICE OF PUBLIC MEETING:
HEALTH CARE PAYMENTS DATA PROGRAM (HPD) ADVISORY COMMITTEE
July 24, 2025
MEETING MINUTES

Members Attending: Ken Stuart, California Health Care Coalition; William Barcellona, America's Physician Groups; Kiran Savage-Sangwan California Pan-Ethnic Health Network (CPEHN); Charles Bacchi, California Association of Health Plans; Emma Hoo, Purchaser Business Group on Health; Joan Allen, Service Employees International Union- United Healthcare Workers West; Janice Rocco, California Medical Association

HPD Advisory Committee Ex-Officio Members Attending: Michael Valle, Department of Health Care Access and Information (HCAI); Dr. Linette Scott, California Department of Health Care Services (DHCS); Isaac Menashe, Covered California

Members not in attendance: Cheryl Damberg, RAND Corporation; Amber Ott, California Hospital Association; John Kabateck, National Federation of Independent Business; Steffanie Watkins, Association of California Life and Health Insurance Companies

Presenters: Elizabeth Landsberg, Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Alyssa Borders, Research Scientist III, HCAI; Dionne Evans-Dean, Chief Data Programs Officer, HCAI; Anthony Tapney, Assistant Branch Chief, HCAI; Anna Dito, Cost Transparency Section Manager, HCAI; Anna Kiruchokova, Research Data Specialist II HCAI; David Winston, Research Data Specialist II, HCAI

Public Attendance: 64

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

Welcome and review of meeting ground rules and procedures. Review and approval of January 24, 2025, meeting minutes.

The committee voted and approved the January 24, 2025, meeting minutes. Janice Rocco raised a motion to approve, and Emma Hoo seconded it. The minutes were approved, 6-0, with one abstention.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 2: Department Updates
Elizabeth Landsberg, Director, HCAI

Presentation on department and program updates including the upcoming integration of the Data Exchange Framework and Office of Patient Advocacy teams into HCAI.

Questions or Comments from the Committee:

The committee expressed enthusiasm about the upcoming Pharmacy Benefit Manager (PBM), data, emphasizing its value in improving transparency and oversight.

The committee expressed appreciation to HCAI for securing HPD funding from various sources to maintain operations.

The committee also expressed interest in how the Data Exchange Framework (DxF) and the Office of the Patient Advocate (OPA) might interact with the Health Care Payments Data (HPD) program. HCAI confirmed there are meaningful connections across these efforts. The OPA is responsible for publishing report cards on health plans and medical groups and has long conducted statewide consumer complaint analyses using data from multiple agencies. HCAI welcomes feedback on the utility of this work and is committed to improving its impact.

The Committee acknowledged the strong alignment between the DxF and evolving federal interoperability requirements, noting the importance of continued coordination to support seamless data sharing across the healthcare system. Members expressed appreciation for HCAI's leadership in assuming responsibility for the DxF and recognized the significant progress made since the initiative's early development. HCAI highlighted the broader challenges facing the healthcare landscape, particularly in light of the anticipated changes under federal legislation. HCAI emphasized the need for collective planning and collaboration to address these shifts and indicated that further guidance and resources will be forthcoming.

No Public Comments.

Agenda Item # 3: Deputy Director Updates
Michael Valle, Chief Information Officer and Deputy Director, HCAI

Presentation on division policy and program activities of interest.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 4: HPD Data Release and Program Reporting Updates
Chris Krawczyk, PhD, Chief Analytics Officer, HCAI;
Alyssa Borders, PhD, Research Scientist III, HCAI

Presentation on progress and initiatives.

Questions or Comments from the Committee:

The committee emphasized the importance of having a clear, high-level overview of the HPD system and easier access to foundational metrics such as total claim volumes and contributing payers, noting that this context is essential for interpreting detailed analyses. The committee suggested that HCAI develop a user-friendly dashboard. HCAI responded that much of the requested data is available through the HPD Snapshot tool and welcomed feedback on how to improve its accessibility and design.

In response to a request for feedback on initial thinking about tradeoffs between additional filters and data suppression, and whether the report should include diagnosis-related groups with complications and comorbidities and major comorbidities, the committee recommended that reporting reflect rural and urban differences across Northern and Southern California, suggesting data aggregation where needed to address issues with small numbers. They also supported including more detailed clinical groupings to enhance understanding of volume and impact and supported including (rather than excluding) complications and comorbidities. In terms of data categorization, the committee advised HCAI begin with a streamlined set of product types to ensure clarity and consistency in early reporting before introducing additional complexity. On geographic reporting, the committee expressed a preference for using Covered California's rating regions, citing alignment with regional healthcare cost variation and actuarial standards. The committee also noted the challenge of reconciling those regions with Medi-Cal's county-based rate setting, particularly in counties served by multiple plans, emphasizing the importance of recognizing where datasets may not fully align. The committee suggested HCAI consider providing researchers who meet data standards access to a more detailed unmasked dataset within the secure environment to enable deeper analysis, such as commercial adult data by county. For public reports, the committee stressed retaining key clinical details like major complications, which are critical to understanding cost differences across hospital types.

The committee encouraged distinguishing Medicare Advantage from Medicare fee-for-service, acknowledging the complexity but emphasizing the value of analyzing variation. On Medi-Cal data, the committee advised against separating managed care from fee for

service given the small size of the latter, suggesting any split be clearly disclosed. The committee noted the evolving landscape due to budget shifts and emphasized the need for adaptable reporting.

Public Comments:

A member of the public expressed support for reporting data at a level of granularity that allows for accurate and meaningful conclusions. They recommended including breakdowns by CC (complications or comorbidities) and MCC (major complications or comorbidities) to reflect the range of clinical acuity being managed. They suggested using quartiles to better illustrate cost variation and supported including age breakdowns. Regarding geographic breakdowns, they encouraged alignment with other agencies and regulatory bodies, particularly the Office of Health Care Affordability and its potential approach to geographic reporting, such as the use of Covered California regions. They emphasized the importance of consistency across reporting frameworks.

Agenda Item # 5: HPD Data Collection Program Updates
Dionne Evans-Dean, MHA, Chief Data Programs Officer, HCAI; Anthony Tapney, MBA, Assistant Branch Chief, HCAI; Anna Dito, Cost Transparency Section Manager, HCAI; Anna Kriuchkova, MSc, Research Data Specialist II, HCAI; David Winston, MSc, Research Data Specialist II, HCAI

Presentation on progress and initiatives, including data quality and completeness, expansion of race categories in the data layout, voluntary self-funded data collection, and dental data submission.

Questions or Comments from the Committee:

<u>Provider Identifier Completeness and Provider Type Classification</u>
The committee noted lower National Provider Identifier (NPI) data completeness within the Medi-Cal fee-for-service category, possibly due to In Home Supportive Services (IHSS) providers using alternative provider identifiers instead of NPIs. Additionally, many IHSS providers are non-licensed, providing care to family members and caregivers. Given the large number of individuals receiving IHSS, approximately 500,000, this may account for the lower completeness rate compared to the 100 percent NPI reporting seen in Medi-Cal managed care. Further analysis was recommended to confirm this theory.

The committee inquired about the progress on grouping providers by type and distinguishing between facilities and individuals in the provider file. HCAI clarified that this is a separate effort, and the current focus is on assessing data file completeness to provide researchers with information on data availability for specific topics via the data

release website.

Race and Ethnicity Data Collection

The committee inquired about best practices for improving race and ethnicity data collection by health plans. HCAI explained that earlier gaps were likely due to limited category options and unclear reporting guidance but noted data completeness improvements with expanded reporting categories and improved structures. HCAI also highlighted its continued collaboration with data submitters, including proactive outreach when anomalies are identified, and noted that the 2023-2024 analysis will explore these improvements further. The committee emphasized the value of sharing effective strategies, particularly to help provider organizations with reporting challenges.

The committee emphasized the value of gathering more detailed information from plans about how race and ethnicity data is collected, such as whether fields are optional, required with opt-out, or missing for other reasons. HCAI agreed and plans to incorporate this into future outreach and clarified that the process involves using race and ethnicity data already reported in medical records, not inferring from external factors, and distinguished this from self-reported data provided directly by patients.

Pharmacy Data and PBM Integration

The committee asked about the integration and accuracy of pharmacy data, particularly when carriers use multiple vendors for mail order, retail, and claims processing. HCAI replied that work is underway to define new data specifications for PBMs, modeled after previous stakeholder engagement efforts. HCAI also noted that non-claims payment files will include pharmacy rebate data, offering additional opportunities for integration and analysis. The committee emphasized that PBM data could improve rebate valuation accuracy and provide more timely financial insights. HCAI noted ongoing efforts to develop a comprehensive framework for collecting, integrating, and utilizing pharmacy-related data.

Discussion on Self-Funded Plans

The committee inquired about tracking membership from out-of-state self-funded health plans, and HCAI responded they would look into the possibility of engaging these plans. For post-Gobeille self-funded data collection, HCAI noted that states like Colorado initially saw success through employer outreach and value-added reporting, but participation declined significantly after the decision, highlighting the challenges of sustaining voluntary contributions.

The committee expressed concerns about challenges in collecting self-funded data, noting that some health plans charge employers high fees to access their own data. Committee members also highlighted frustration that self-insured employers, who choose not to purchase fully insured plans, are reluctant to support reporting and resist new administrative burden or else may be prone to pass costs on to others in the

system. The discussion highlighted the complexity of engaging the self-funded market and the need for careful strategies going forward.

No Public Comments.

Agenda Item # 6: HPD Non-Claims Payment Data Collection
Dionne Evans-Dean, MHA, Chief Data Programs Officer, HCAI; Anna Dito, Cost Transparency Manager, HCAI; David Winston, MSc, Research Data Specialist II, HCAI

Updates on data collection, regulation status, and collaboration efforts along with a walkthrough of NCP file types and key fields.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 7: Anticipated Next Meeting Topics
Ken Stuart, Chair

No Questions or Comments from the Committee.

Public Comments:

A member of the public expressed appreciation for the ongoing work on public reporting but emphasized the importance of ensuring the effort is worthwhile. They noted the challenge in visualizing tangible benefits amid the extensive work involved and look forward to participating in future discussions to help make the process valuable.

Agenda Item # 8: Public Comment for Items Not on the Agenda
Ken Stuart, Chair

The committee may not discuss or act on any matter raised during this public comment section that is not included on this agenda, except to place the matter on a future meeting agenda.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 9: Adjournment
Ken Stuart, Chair

No Questions or Comments from the Committee.

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

No Public Comments.