HCAi
Department of Health Care Access and Information

Welcome to the

Health Care Payments Data Program Advisory Committee Meeting

July 23, 2026

We will begin the meeting soon!

Agenda Item I: Welcome and Meeting Minutes

Morgan Clair, Facilitator

Ground Rules – Hybrid Meeting

- Voting committee members and members of the public may either participate in-person or virtually.
- Bagley Keene Open Meeting Act will be followed
- Public Comment on each item and at end of meeting
  - Public Comment will start with members of the public in person and then move to members of the public joining virtually
- No delegates, substitutes, or proxies for Advisory Committee members
- Meeting minutes prepared after each meeting
- Materials posted on website
- Standard voting process: motion/second/discussion (including public comment)/vote

Vote on Meeting Minutes

Committee Member Questions and Discussion

Public Comment

Agenda Item II: Department Updates

Elizabeth Landsberg, Director, HCAI

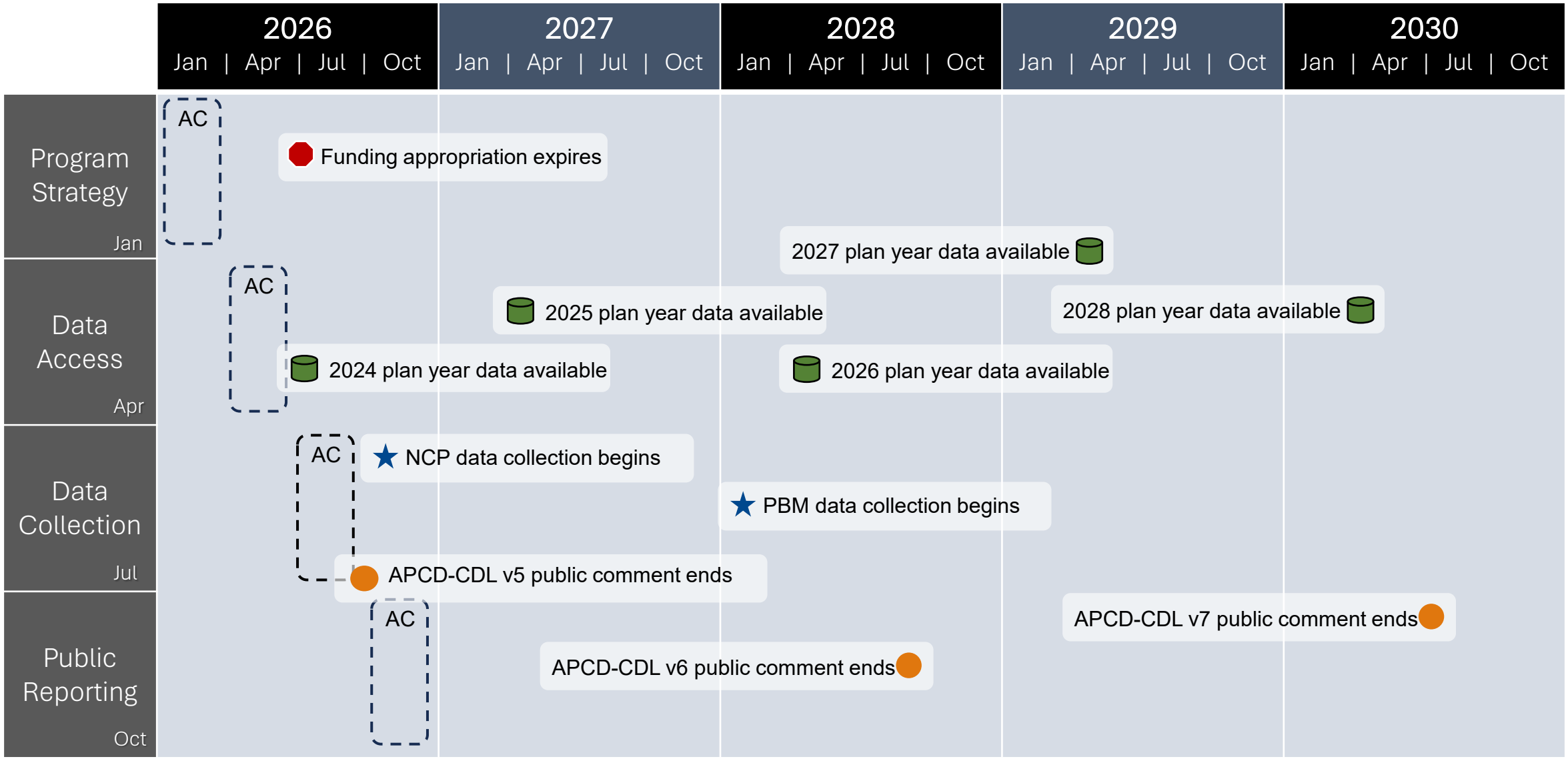
Committee Member Questions and Discussion

Public Comment

Agenda Item III: Deputy Director Update

Michael Valle, MPA, Assistant Director, HCAI

Long-Term Advisory Committee Topic “Roadmap”



Beginning in 2024, the Advisory Committee meeting schedule adopts an annual cadence on four key topics: program review and strategy for the year ahead; data access and release; data collection; and public reporting priorities. Each meeting HCAI will provide a status update on all relevant items. Other topics may arise for consideration.

Committee Member Questions and Discussion

Agenda Item IV: Data Release and Public Reporting Update

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI/OHI

Data Release - By the Numbers*

* As of 7/8/2026

Overview:

Received	Active	Completed
71 (65 New, 6 Supplemental)	34 (31 New, 3 Supplemental)	17 (14 New, 3 Supplemental)

Access Method:

	Active	Completed
Enclave	24	17
Direct Transmission	10	0

Dataset Type:

	Active	Completed
Standard Limited	11	2
Standard Limited Plus	8	11
Custom Limited	5	2
Research Identifiable	10	2

[HPD Application Updates July 2026]

Summary of Active Projects: Numbers

Requestors:

Research Organization	University	State Agency	Other
5	4	2	3

Access Method:

Enclave	Direct Transmission
14	0

Dataset Type:

Standard Limited	Standard Limited +	Custom Limited	Research (SA)
2	9	2	1

HPD Application Updates July 2026

Public Reports - Released

- **The HPD Snapshot** provides a wealth of information about what data is available in the HPD, with visualizations that allow users to explore how many Californians received coverage from each payer type and the number of medical or pharmacy service records generated.
- **The Healthcare Measures Report** presents a series of visualizations for health conditions, healthcare utilization, and patient demographics.
- **The HPD Fee-For-Service Drug Costs in California** is the second iteration of a report on healthcare costs from the HPD and presents the top 25 costliest, most prescribed, and highest out-of-pocket cost fee-for-service paid drugs in California in 2021-2022.
- **The HPD Services Report** consists of two dashboards that allow users to explore the types of healthcare services provided to Californians each year.
- **The Medical Out-of-Pocket Costs and Chronic Conditions Report** allows users to explore various aspects of the financial responsibility for medical care experience by California consumers with at least one visit in 2022.
- **Data Brief: Avoidable Emergency Department Visits Vary Widely Across California** examines potentially avoidable ED visits across payer types and geographic areas of California using 2023 data from the HPD Program.

Public Reports – Released (continued)

- **Data Brief: Payment Arrangements in California's Commercial and Medicare Advantage Markets in 2023** provides a comprehensive picture of payment arrangements currently in use in California's market.
- **Data Brief: Behavioral Health Spending in California's Commercial Market** presents mental health and substance use disorder spending by year and service category.
- **The HPD Inpatient Stay and Outpatient Visits Report** allows users to explore the most common types of healthcare visits and stays experienced by insured Californians each year and the out-of-pocket cost from those occurrences.
- **Data Brief: Insulin and Metformin Geographic Access and Mail-Order Use** examines the average distance traveled and percentage of mail order prescriptions for insulin and oral medication metformin in California by county.
- **Data Brief: GLP-1 Prescriptions for Weight Loss over Time, 2018-2023** examines trends in the prescription of five GLP-1 drugs for weight loss, compares total costs between Medi-Cal and commercial payers for each drug, and maps the average total yearly cost per member by county.

Committee Member Questions and Discussion

Public Comment

Agenda Item V: HPD Data Collection Program Updates

Dionne Evans-Dean, MHA, Chief Data Programs Officer,
Anthony Tapney, MBA, Assistant Branch Chief,
Anna Dito, Cost Transparency Section Manager,
David Winston, MSc, and Anna Kriuchkova, MSc, Research Data Specialists,
Jasmine Neeley, Supervisor I, HPD Unit
Rodney Garcia, Supervisor I, CTRx Unit, HCAI

For Today

- Overall data collection status
- Data quality efforts and engagement with plans/submitters
- Dental data file collection status
- Non-Claims Payment (NCP) Data Collection
- Pharmacy Benefit Manager (PBM) Data Collection

Overall Data Collection Status-2026

Data Collection Activity	Status
Commercial Health and Dental	72 total plans/insurers; 24 health only, 21 dental only plans; 27 health and dental plans; Monthly data collection continues as expected.
DHCS and CMS	Data collection continues as expected.
Submitter Group Meetings	Held quarterly to inform plans/insurers about data collection updates, regulatory changes, best practices for data submission.
NCP Data Files	50 plans/insurers; first production files due July 31 and September 1, 2026
PBM	Outreach underway to gather stakeholder feedback to craft emergency regulation text and develop data collection layout. Environmental scan to understand other state PBM data collection programs to inform development of data collection layout.
Regulations	March 2026- incorporated APCD-CDL v4.0.1 unifying NCP layout January 2027 (anticipated)- PBM emergency regulations.

Committee Member Questions and Discussion

Public Comment

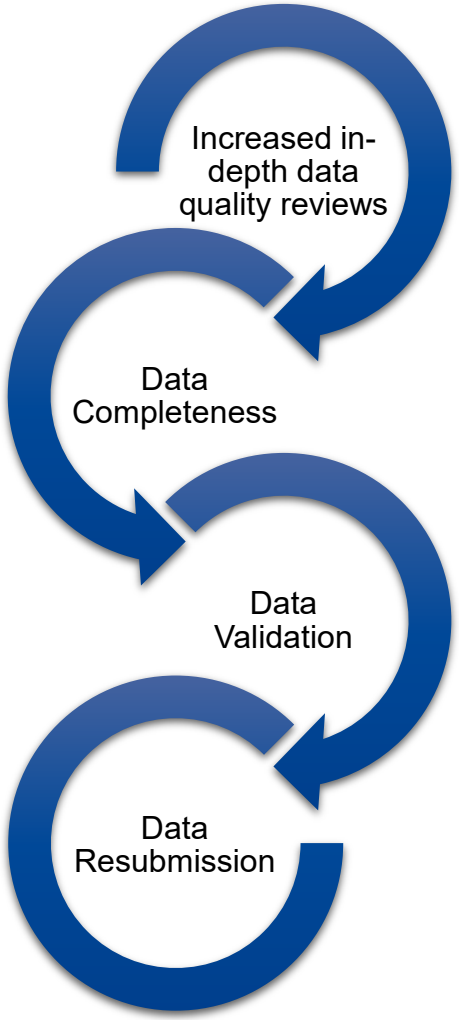
Data Quality Efforts and Engagement

Anna Dito, Cost Transparency Section Manager

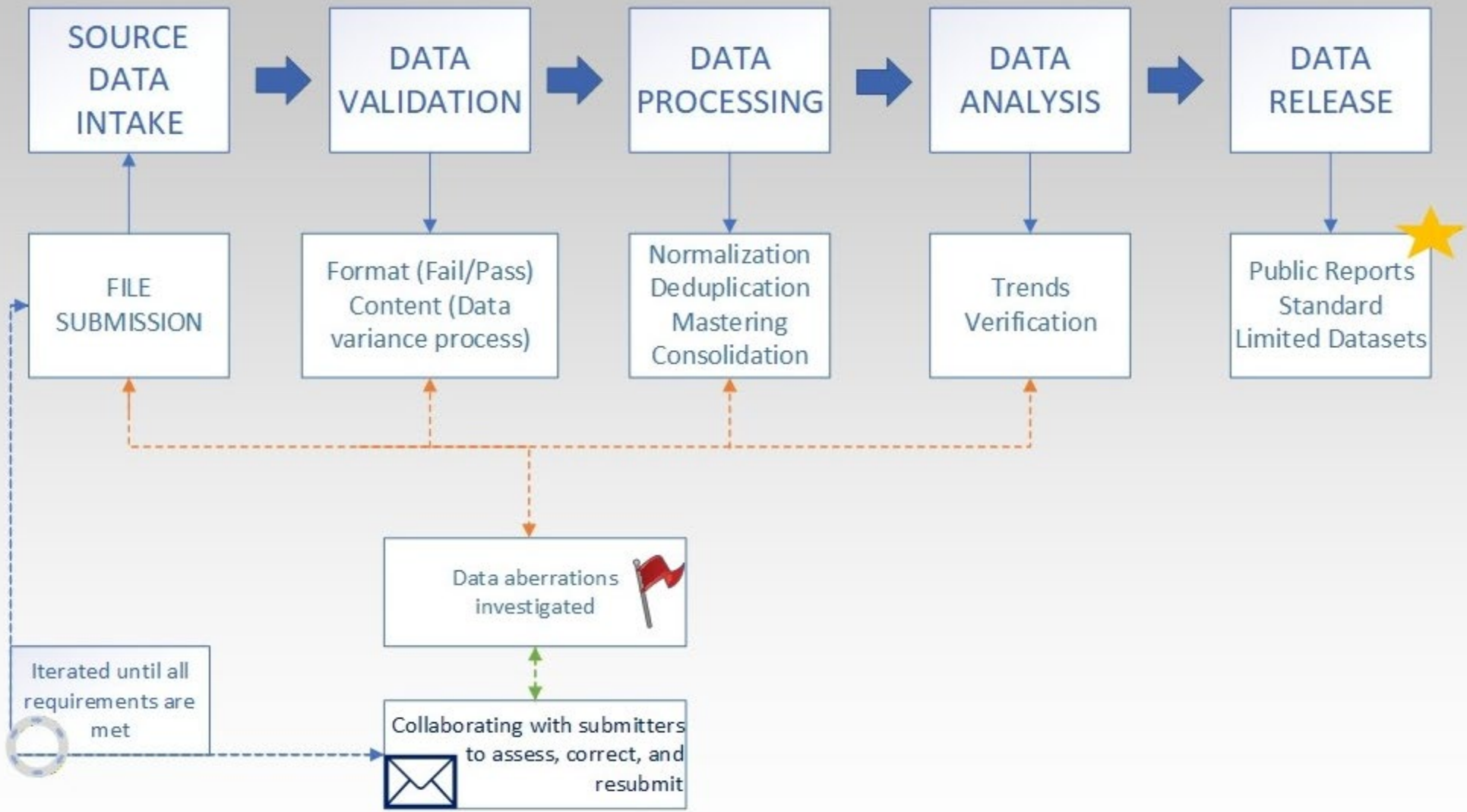
David Winston, MSc, Cost Transparency Section, Research Data Specialist

Engagement Efforts Beyond Data Quality Reports (DQRs)

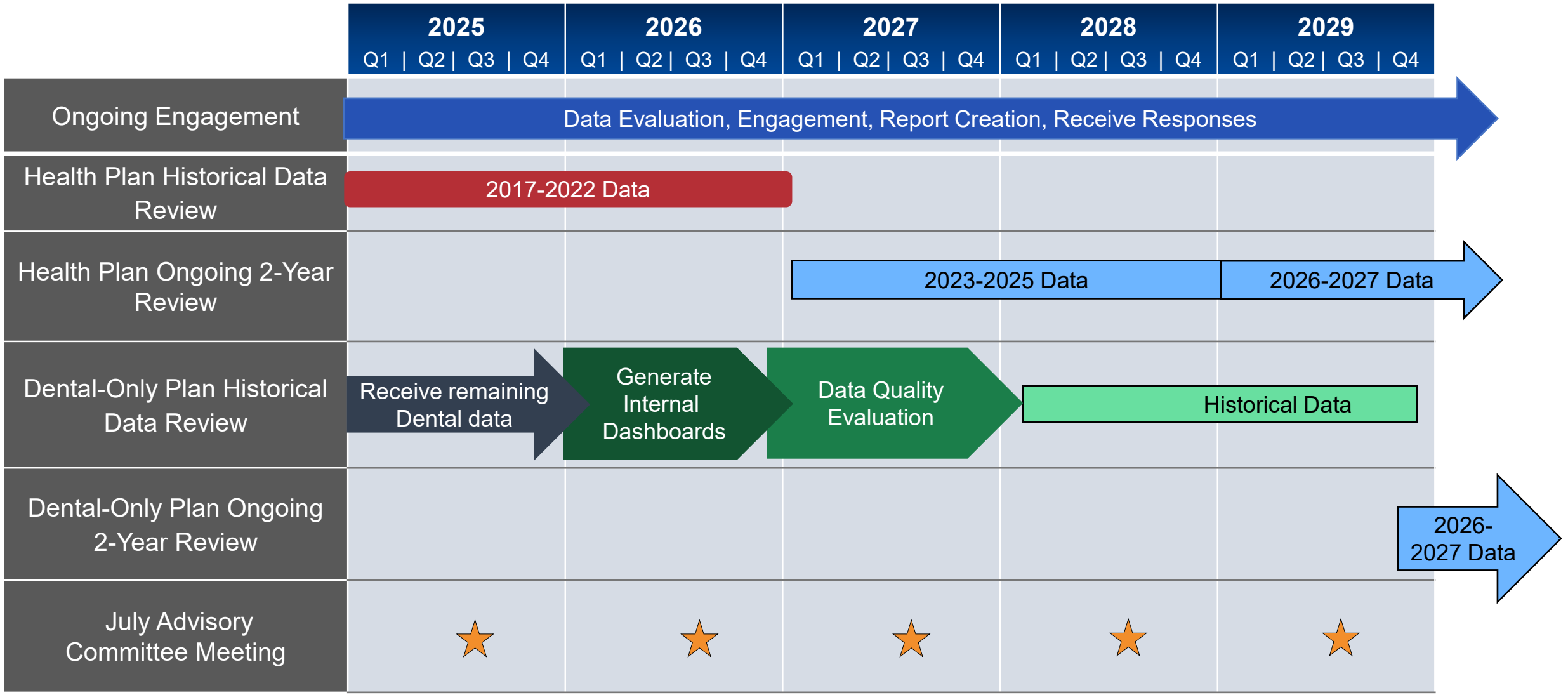
- Proactively engage with data submitters in data downstream phases.
- Opportunity for increased data validity.
- Tightened data thresholds at intake.
- Ensuring trust and reliance on HPD data.



HPD DATA COLLECTION PROCESS



Data Quality Report Roadmap



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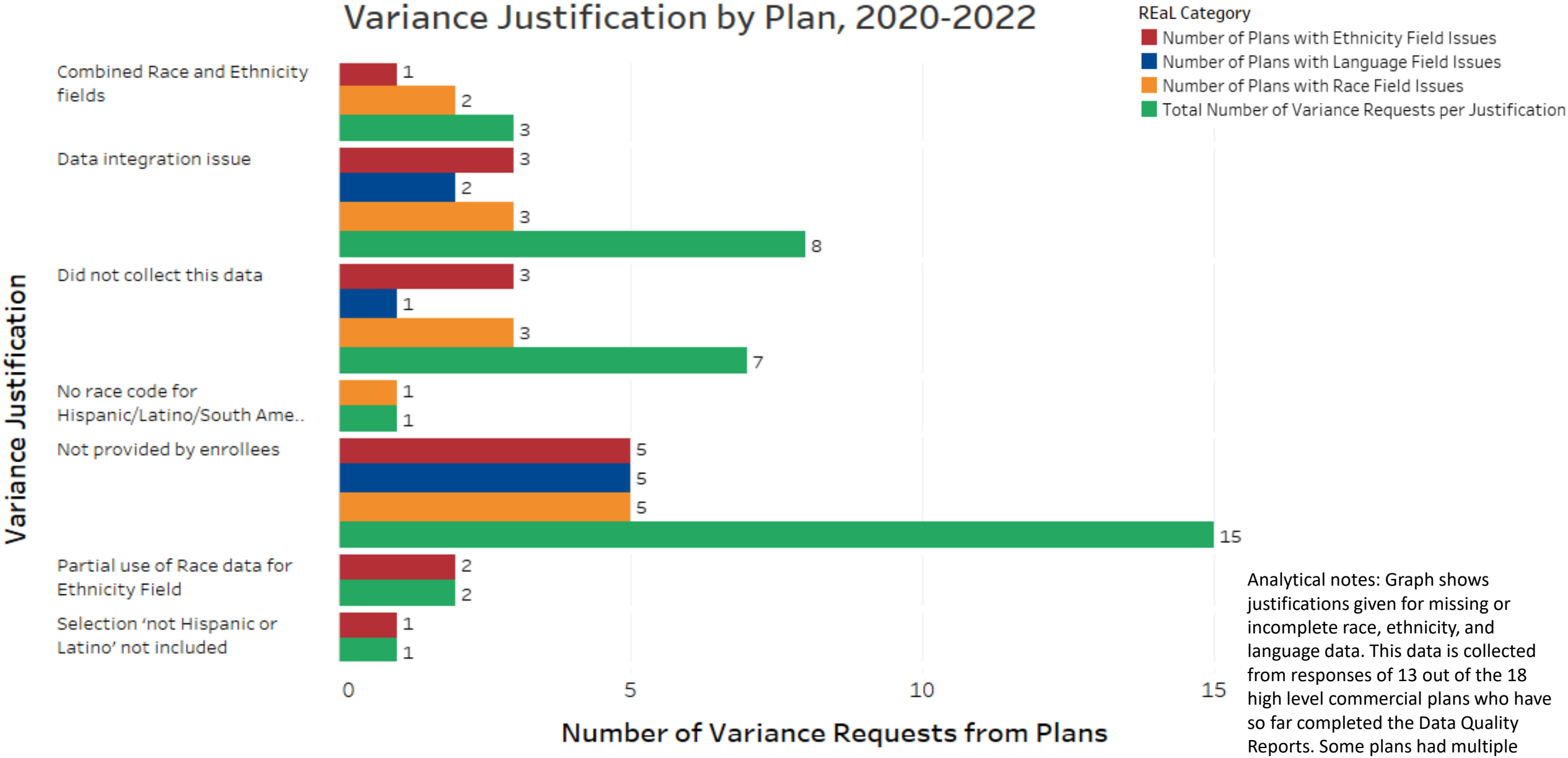
DQR Plan Responses for Missing or Incomplete Demographic Data

- Engaging with 18 commercial higher-level health plans
  - Higher level plans represent 49 registered health plans
  - E.g., Kaiser Permanente and Kaiser Foundation rolled up to Kaiser
- Reached out to 14 plans since May 2024, received 13 responses
  - 5 small (<100K covered lives), 5 medium (100k to <1M covered lives), 3 large (1M+ covered lives)
- Data analysis timeframe 2020-2022
- Data has a time lag to assess full years. Upon completion of historical analyses, the next engagement planned for 2023-2025 years.

Variance Justification by Plan, 2020-2022



Analytical notes: Graph shows justifications given for missing or incomplete race, ethnicity, and language data. This data is collected from responses of 13 out of the 18 high level commercial plans who have so far completed the Data Quality Reports. Some plans had multiple justifications per REaL data element.

Update to Demographic Data Collection Methods Question

- Integrated feedback from 2025 AC on defining ‘Imputed’ and adding ‘Derived’ as an option for demographic data collection
  - Imputed - replacing missing values in a dataset with estimated or predicted values
  - Derived - using existing data from electronic health records of an individual

Update to Demographic Data Collection Methods Question

- Updated ‘combination of multiple methods’ option
- Plans would select this option without specifying the methods used
- We updated the option by adding “please specify which method is used by submitter” to ensure they share the details of all data collection methods they used in combination

Update to Demographic Data Collection Methods Question

- Added additional option ‘collected from respondent from a list of categories’.
- Addressed issue where submitters could not distinguish between respondent choosing an option from pre-selected categories and respondent filling in specific response.
- Updated the original term ‘self-reported’ to ‘collected directly from respondent’ for clarification

Final Updated Demographic Data Collection Method Question

Please describe for each submitter whether this information is (Choose as many as apply):

1) collected directly from respondent

2) collected from respondent from a list of categories

3) derived (using existing data from electronic health records on that individual)

4) imputed (replacing missing values in a dataset with estimated or predicted values)

5) allows for others to report on the individual's behalf

6) individual selected from provided list of options

7) combination of multiple methods indicated in this question (please specify which methods by submitter)

8) describe other methods

If there are differences in data collection methods between your submitters, please explain the different methods for each submitter.

Demographic Data Collection Method

Demographic Element	Collection Method	Plan Size: Small	Medium	Large
Ethnicity	Self-Reported	3	4	3
	Derived	2	2	
	Combination	2		
	Reported on Someone's Behalf	1	2	2
	Selected from Provided List			1
	Imputed		1	
Language	Self-Reported	4	4	2
	Derived	2	2	1
	Reported on Someone's Behalf	1	2	2
	Combination	1		
	Selected from Provided List			1
Race	Self-Reported	3	4	3
	Derived	2	2	
	Combination	2		
	Reported on Someone's Behalf	1	2	2
	Selected from Provided List			1
	Imputed		1	

Healthcare Payments Database (HPD) Data Completeness Fact Sheet 2018-2024

Eligibility Data

Field	Commercial Range	Commercial	Medicaid	Medicare FFS	Medicare Advantage
Total Records Available	N/A	2,426,978,673	2,491,305,380	525,691,250	621,857,133
Coverage Type Code	99.9-100%	100%	100%	100%	100%
Product Code	100%	100%	100%	100%	100%
First and Last Names *	99-100%	99.9%	100%	100%	100%
Physical Address *	97-100%	98.7	97.1%	0%**	98.8%
Zip Code (5)	99.9-100%	99.9%	99.1%	100%	100%
Member Sex	100%	100%	100%	100%	100%
Member SSN *	0%-100%	93.6%	97.7%	99.9%	41.1%
Age in Years	99.8%-100%	99.9%	99.9%	100%	100%
Race (Actionable)	0%-97.3%	38.3%	89.2%	96.5%	50.7%
Ethnicity (Actionable)	0%-95.8%	46.1%	89.2%	0% **	35.2%
Language (Actionable)	0%-100%	65.7%	98.8%	0% **	83.3%

** Fields only available through an identifiable request*

*** Physical Address, Ethnicity and Language are not provided by Medicare FFS*

HPD Data Completeness Fact Sheet

Medical Claims/Encounters Data

Field	Commercial Range	Commercial	Medi-Cal FFS	Medi-Cal Managed Care	Medicare FFS	Medicare Advantage
Total Records Available	N/A	2,296,807,622	1,037,591,424	2,399,020,982	2,162,380,495	972,923,440
Billing Provider NPI	76.2%-100%	97.2%	86%	100%	97.3%	97.2%
Procedure Code (Prof)	99.7%-100%	100%	100%	100%	100%	99.9%
Rendering Provider NPI	71.1%-100%	97.1%	72.3%	100%	100%	97.3%
Payment Arrangement	100%	100%	100%	100%	100%	100%
Charge Amount (FFS)	87.6%-100%	99.9%	98.4%	N/A	100%	99.8%
Paid Amount (FFS)	94.1%-100%	99.9%	98.5%	N/A	100%	99.8%
Place of Service (Prof)	100%	100%	100%	100%	100%	100%
Type of Bill (Inpatient)	98.3%-100%	99.8%	100%	100%	100%	100%
Revenue Code (Inpatient)	99.8%-100%	100%	84%	100%	100%	100%
Principal Diagnosis	99.3%-100%	99.8%	87%	94.6%	100%	99.6%

HPD Data Completeness Fact Sheet

Pharmacy Claims/ Encounters Data

Field	Commercial Range	Commercial Average	Medi-Cal FFS	Medi-Cal Managed Care	Medicare FFS	Medicare Advantage
Total Records Available	N/A	781,815,285	503,475,162	394,048,152	629,003,477	501,686,904
FFS Records Available	N/A	781,643,637	503,475,162	N/A	629,003,477	501,639,180
National Drug Code	99.9%-100%	100%	99.8%	99.9%	100%	99.9%
Date Prescription Filled	100%	100%	100%	100%	100%	100%
Days Supply	99.5%-100%	99.9%	99.8%	100%	99.9%	99.9%
Payment Arrangement	100%	100%	100%	100%	100%	100%
Charge Amount (FFS)	92.5%-100%	99.6%	100%	N/A	99.7%	99%
Plan Paid Amount (FFS)	99.4%-100%	99.8%	100%	N/A	99.7%	99.1%
Pharmacy Provider NPI	94%-100%	99.9%	100%	100%	76%	100%
Prescribing Provider NPI	99.3%-100%	100%	99.2%	98.9%	100%	99.9%

HPD Data Completeness Fact Sheet

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Provider Data

Field	Completion Rates Range	Completion Rates	Linked to NPPES (Provider Index Table)
Total Records Available	N/A	141,364,221	N/A
Payer Assigned Provider ID	100%	100%	100.0%
Entity Type Qualifier	0%-64.3%	14.9%	97.5%
Provider NPI	62.1%-100%	97%	97.3%
Provider State License Number	0%-100%	38.8%	76.5%
Provider First Name	9.1%-100%	60.3%	72.7%
Provider Last Name or Organization Name	49.5%-100%	88.1%	96.6%
Organization Name	0%-32.6%	2.2%	27.6%
Provider Office Street Address	0%-100%	77.6%	98.5%
Provider City	50.2%-98.8%	78.8%	98.7%
Provider Office State	54.5%-100%	83.8%	98.7%
Provider Office ZIP Code	54.6%-99.9%	83.7%	98.87%
Provider Specialty	0% - 100%	65.6%	97.6%

HPD Data Completeness Fact Sheet

Voluntary Self-Insured Data Collection - Identification

Methodology for identifying ERISA entities:

- HPD identifies self-funded plans by looking for Administrative Services Only (ASO) data in coverage type data element
  - Self-funded plans contract with vendors to handle administrative services
- HPD does not distinguish between ERISA and non-ERISA self-funded plans
  - Identifies ERISA entities by separating out self-funded plans known to be public entities

Other Voluntary Submitters

- Four plans fell below the 40k covered lives threshold in 2025 to require them to submit data
- They continue to submit data and are registered to submit their data for 2026

Self-Funded Participation is Low, Especially for ERISA

Estimate of Self-Funded Lives, in Millions	2021	2022	2023	2024
State-Wide				
ERISA	4.3	4.5	4.5	4.6
Non-ERISA	1.2	1.3	1.4	1.3
Total, State-Wide	**5.5**	**5.8**	**5.9**	**5.9**
In HPD System				
ERISA Percent of State-Wide ERISA	0.2 5%	0.3 7%	0.3 6.6%	0.3 6.5%
Non-ERISA	0.8	0.8	0.9	0.8
Total, HPD System	**1.0**	**1.1**	**1.2**	**1.1**

- No definitive figures on the number of ERISA self-funded lives in CA – but estimated to be 4.6 million
- Challenging to estimate ERISA vs. non-ERISA in HPD
- Estimated:
  - ~6.5% of 4.6 million ERISA self-funded lives are in HPD 2024 data

Source for statewide data: California Health Care Foundation, California Health Care Almanac Quick Reference Guide, February 2025 and December 2025.
Source for HPD data**:** Department of Health Care Access and Information, HPD Internal Data Warehouse, June 2026

Voluntary Self-Insured Data Submission Observations

Difficulties in collecting ERISA data:

- As of 2024, HPD has received 6.5% covered lives of ERISA data
- Relies on private self-funded plans opting-in to sharing HPD data
  - Often requires employers to pay to opt-in to sharing data to HPD
- One submitter has concerns over liabilities from sharing allowed and paid amounts

3 of 4 submitters with ERISA plans share data

- One large submitter said while they have ASO plans, none of them have opted in to sharing data
- The other three submitters share data from the plans that opted in
- Still waiting on response from 1 plan

Potential improvements in ERISA data collection:

- HCAI's DQR outreach meetings with submitters highlight the value in collecting this data
- Large submitter planning to incorporate ERISA plan opt-in to annual renewal process

Committee Member Questions and Discussion

Public Comment

Dental Data Collection

Anna Kriuchkova, MSc, Cost Transparency Section, Research Data Specialist

Dionne Evans-Dean, MHA, Chief Data Programs Officer

Dental Data Collection Overview

- Mandatory dental plans/insurers and health plans with dental coverage onboard to HPD in 2024
  - Testing period ended July 31, 2024
  - Historical data (June 29, 2017-December 2021) due October 31, 2024
  - Remaining data (January 2022-October 2024) due February 1, 2025
  - Ongoing monthly (beginning with November 2024) due January 1, 2025
- 2024 data available to HCAI in the Spring 2025. Includes most dental plans/insurers and health plans with dental coverage
- 2025 data expected to be available to HCAI in the Fall 2026

HPD Dental File Submitters

REGISTERED				SUBMITTED			
# of Plans Registered to submit Dental File	Out of 37 Plans, # of Dental data only Plans	Out of 37 Plans, # of Health and Dental data Plans	Out of 37 Plans, # of Submitter status Unknown	# of Plans Submitted Dental File	Out of 33 Plans, # of Dental data only Plans	Out of 33 Plans, # of Health and Dental data Plans	Out of 33 Plans, # of Submitter status Unknown
37	17	20	0	33	13	20	0

- Public Plans not included.
- Per 2024-12 submission month (Data Harbor)

Dental Only Plans	Health and Dental Plans
Aetna Dental of California Inc.	Aetna Life Insurance Company
Ameritas Life Insurance Corp	Alignment Health Plan
California Dental Network, Inc.	Anthem Blue Cross Life And Health Insurance Company
Cigna Dental Health of California, Inc.	Anthem Insurance Companies, Inc.
Delta Dental of California	Arcadian Health Plan, Inc.
Dental Benefit Providers of California, Inc.	Blue Cross of California
Dentegra Insurance Company	Blue Cross of California Partnership Plan, Inc
Guardian Life Insurance Company of America	Blue Shield California Physicians' Service
Liberty Dental Plan, Inc.	Cigna Health and Life Insurance Company
Metropolitan Life Insurance Company	Cigna HealthCare of California
Principal Life Insurance Company	Health Net of California, Inc.
Safeguard Health Plans	Health Net
Starmount Life Insurance Company	Humana Insurance Company
United of Omaha Insurance Company	Inland Empire Health Plan
UnitedHealthcare Dental	Kaiser Foundation Health Plans
Western Dental Services, Inc.	Kaiser Permanente Insurance Company
Colonial Life and Accident Insurance Company	SCAN Health Plan
	Sharp Health Plan
	Valley Health Plan/County of Santa Clara
	WellCare of California Inc.

- Public Self-Insured Plans not included.
- Per 2024-12 submission month (Data Harbor)

Numbers of Records/Enrollees with Services/Covered Lives by Payer Type in 2024

Payer	# of Services	# of Enrollees w/Services	# of Covered Lives	# of Covered Lives for Dental only Plans	# of Covered Lives for Health/ Dental Plans	Share of Services	Share of Enrollees w/Services	Share of Covered Lives
COMMERCIAL	18,862,976	4,081,620	8,059,584	3,222,697	5,140,264	33.48%	47.37%	29.7%
MEDICARE ADVANTAGE	386,894	71,066	1,593,974	N/A	1,593,974	0.69%	0.82%	5.9%
MEDI-CAL	37,095,817	4,464,402	17,450,189	N/A	17,450,189	65.84%	51.81%	64.4%
STATEWIDE	**56,345,687**	**8,581,164**	**25,427,334**	**N/A**	**N/A**	100.00%	100.00%	100.0%

* Counts of unique covered lives are determined separately for each payer type. Individuals may appear in multiple payer types if they were enrolled in more than one during the reporting year.

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Department of Health Care Access and Information

HPD Data Completeness

- Data completeness is an important aspect of data quality.
  - A high percentage of data completeness does not measure accuracy of the submitted data
  - Represents the degree to which specific fields are populated with values under expected circumstances (numerator) across all records (denominator) for the expected circumstances
- Data is submitted to HPD monthly and at the service line level.
  - There is an eligibility record for every month a member was enrolled with a plan, and a service line record for every non-denied service line on a claim

The HPD Data Completeness Fact Sheet can be found in the resources section of the HPD Data Access and Release Page: HPD Data Access and Release Resources

ELIGIBILITY

MEDICAL CLAIMS

PROVIDER

PHARMACY CLAIMS

** DENTAL CLAIMS data will be added to this analysis in the near future.*

Completion Rates – Dental Claims, 2024

Payer	Diagnosis Code	Procedure Code	Product Code	Payment Arrangement Indicator	Zip
COMMERCIAL	0.01%	100.0%	100.00%	100.00%	99.00%

Share of Service Lines by Payment Arrangement Indicators

Payer	Capitation	FFS	Percent of Charges	Other
COMMERCIAL	3.29%	95.46%	0.48%	0.78%

- Completion rates for Dental Only Plans submitting to the HPD System

Completion Rates – Eligibility File, Race Field, 2024

Race	Dental Only Plans (Commercial)	Health and Dental (Commercial)	Health and Dental (Medicare Advantage)
Actionable Rate*	**1.59%**	**59.06%**	**61.40%**
American Indian or Alaska Native	0.004%	0.26%	0.49%
Asian	0.31%	7.05%	11.85%
Black or African American	0.08%	1.44%	2.24%
Native Hawaiian or Other Pacific Islander	0.01%	0.11%	0.27%
White	0.58%	20.45%	18.25%
Other Race	0.61%	29.76%	28.30%
Unknown	36.13%	3.93%	6.95%
Missing + Invalid	62.28%	37.01%	31.65%

*Unknown, Missing, and Invalid entries are excluded from the Actionable Rate calculation.

Completion Rates – Eligibility File, Ethnicity Field, 2024

Ethnicity	Dental Only Plans (Commercial)	Health and Dental (Commercial)	Health and Dental (Medicare Advantage)
Actionable Rate	**0.62%**	**29.84%**	**40.99%**
Hispanic or Latino	0.43%	15.78%	17.90%
Not Hispanic or Latino	0.11%	12.73%	23.09%
Reported Race Code	0.08%	1.33%	0.00%
Unknown	36.13%	12.39%	5.72%
Missing + Invalid	63.25%	57.77%	53.29%

*Unknown, Missing, and Invalid entries are excluded from the Actionable Rate calculation.

Completion Rates – Provider File, Dental Service Providers*, 2024

Metrics	COMMERCIAL
NPI	85.95% (90.70%)
Entity Type	100.00%
First Name	98.33% (99.63%)
Last Name	96.75% (97.55%)
Office City	97.33% (99.73%)
Office State	98.68% (99.85%)
Office Zip	98.66% (99.83%)
Specialty Code	99.45% (99.77%)

Rendering Entity Type

Payer	Individual	Organization	Missing
COMMERCIAL	96.88%	3.12%	0.00%

- Completion rates for Dental Only Plans submitting to the HPD System.
- Percentages shown in parentheses calculated from claim lines where the provider table's value was missing and was supplemented using the matched record from the provider index table (NPPES).

Completion Rates – Provider File, Dental Billing Provider* 2024

Metrics	COMMERCIAL
NPI	59.09%
Last Name/Organization Name	96.15% (96.43%)
Office City	00.00% (72.37%)
Office State	00.00% (72.37%)
Office Zip	00.00% (72.37%)

- Completion rates for Dental Only Plans submitting to the HPD System.
- Percentages shown in parentheses calculated from cases where the provider table's value was missing and was supplemented using the matched record from the provider index table (NPPES).

Dental Data Stakeholder Engagement

- California Association of Dental Plans Conference
  - Attended annual conference and provided overview of dental data collection and anticipated public reporting topics and timeline for publication.
- California Dental Association
  - Met to discuss interest in HPD dental data collection and gathered feedback on topics of interest including dental costs and cost related to emergency department visits, dental conditions and utilization by demographic categories.
- California Department of Public Health- Office of Oral Health
  - Provided overview of HPD program.

Committee Member Questions and Discussion

Public Comment

BREAK

Non-Claims Payment Data Collection

Jasmine Neeley, Supervisor I, Cost Transparency Section, HPD Unit

Non-Claims Payment (NCP) Data Types

- Annual Payments – annual file that collects data on payments made from a payer to a provider that fall outside of claims, as well as FFS
- Pharmacy Rebates – annual file that collects data on prescription drug rebate payments
- Capitation – monthly file that collects data on payments made by a payer to a provider for member-attributable services under a capitation arrangement

NCP Timeline

Date	Event
January 2023	NCP Data Layout Introduced to Advisory Committee
October 2023	NCP Data Layout follow up with Advisory Committee
November 2023	Initial NCP regulations development
August and November 2024	Regulations Public Comment
March 2025	NCP Data Collection Regulations approved
April 2025	NCP Data Collection Webinar
September 2025	NCP Testing Period Opened
June 2026	NCP Testing Period Closed

NCP Important Dates

Date	Event
June 30, 2026	Successfully complete testing for historical NCP Data Files
July 31, 2026	Historical Annual Payment Files and Pharmacy Rebate Files due
September 1, 2026	Historical Capitation Files due
September 30, 2026	Initiation of ongoing Annual Payment and Pharmacy Rebate files, starting with CY 2025 due
October 1, 2026	Initiation of ongoing Monthly Capitation file, starting with August 2026 due

NCP Data Collection Update

- The number of plans represented: **53**
- The number of submitters we expect to receive NCP files from: **44**
- The number of submitters that have completed testing: **34**
- The number of submitters that have submitted production data: **8**

Lessons Learned

- Regular Plan Engagement
  - Submitter Group Meetings
  - Listserv announcements
  - Quarterly newsletters
  - One on one meetings with plans
- NCP Data Webinar Series
- Custom resources for NCP files

Lessons Learned

- Novel data layout
  - Explanation of specific fields
  - Plan specific guidance
- Conflicting priorities
  - APCD-CDL v4.0.1 transition
  - Competing submission requirements
  - Data Quality Improvement

Committee Member Questions and Discussion

Public Comment

PBM Data Collection

Rodney Garcia, Supervisor I, Cost Transparency Section, CTRx Unit

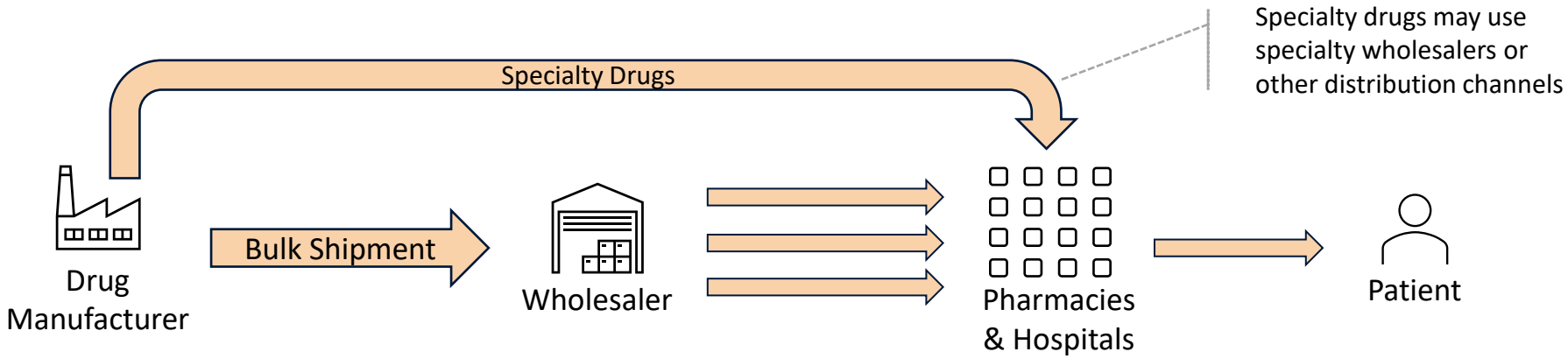
Overview

- The 2025 State Budget Health Omnibus Bill (AB 116) requires HCAI to collect cost data from Pharmacy Benefit Managers (PBMs) to improve transparency.
- Section 127673.05 gives HCAI the authority to promulgate regulations and collect required PBM data.
- PBMs act as intermediaries between health plans, pharmacies, and drug manufacturers.
- This new data collection expands on HCAI's existing Prescription Drug Cost Transparency Program (SB 17) and the Healthcare Payments Data (HPD) Program.
- By January 1, 2027, PBMs are expected to be required to be licensed by the Department of Managed Health Care (DMHC). This date is subject to change based on the establishment of the licensure process.

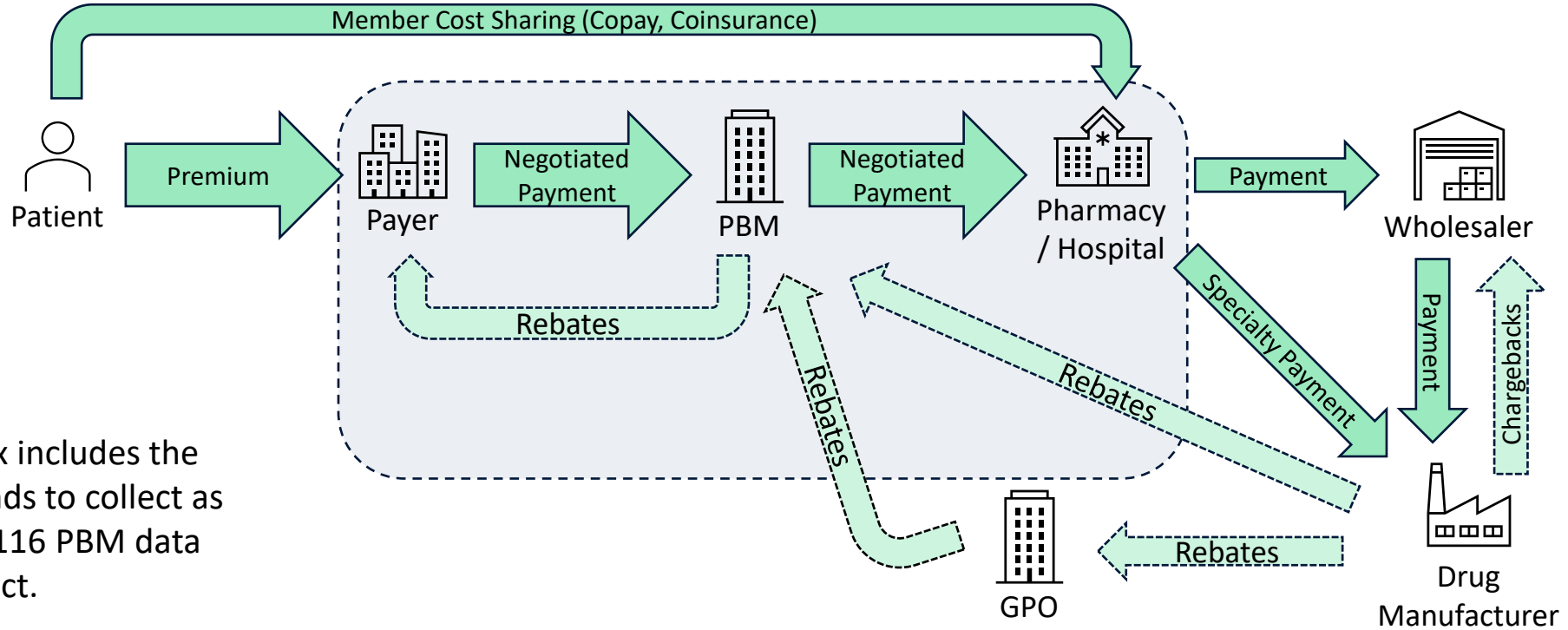
Data Collected by HCAI under AB-116

- As a condition of licensure, PBMs will be required to submit data to HCAI through the HPD Program. Submitted data will focus on drug pricing, fees paid for PBM services, and pharmacy rebates.
- This data may include:
  - Drug codes, names, and therapeutic categories
  - Pricing benchmarks: WAC, AWP, NADAC
  - Prescription and patient counts
  - Discounts, rebates, and fee amounts
  - Information needed to analyze payments to PBM-owned pharmacies and calculate total net spending by drug

Flow of Drugs



Flow of Money



This shaded box includes the data HCAI intends to collect as part of the AB-116 PBM data collection project.

Changes at the Federal Level

The Consolidated Appropriations Act of 2026, Section 6224, included changes for PBMs doing business with Medicare Part D Prescription Drug Plans (PDPs):

- Delinks PBM compensation from drug prices and rebates, allowing only flat, fair-market fees for real, itemized services*.
  - Any manufacturer rebates negotiated by the PBM must be 100% passed through to the PDPs.
- Requires comprehensive reporting to the PDP and the federal government of data similar to what DMHC and HCAI intend to collect from PBMs in California.
  - By June 1, 2027, the federal government will specify standard, machine-readable formats for PBMs to submit these annual reports

* Section 6702 of the CAA also requires 100% passthrough of rebates and other renumeration to ERISA health plans.

Changes at the Federal Level (cont.)

The Consolidated Appropriations Act of 2026, Section 6224, included changes for PBMs doing business with Medicare Part D Prescription Drug Plans (PDPs):

- PBMs will provide written explanations of their contracts with manufacturers, describing any rebates, discounts, payments, or other financial incentives that are contingent upon coverage, formulary placement, or utilization management conditions.
- Also includes restrictions on how the PBM-supplied information can be used by the federal government; they will not report or disclose information to the public in a manner that would identify:
  - A specific PBM, affiliate, pharmacy, manufacturer, wholesaler, PDP sponsor, or plan
  - Contract prices, rebates, discounts, or other remuneration for specific drugs in a manner that may allow the identification of specific contracting parties or of specific drugs.

Learnings from Other States

HCAI is studying other states' regulations and PBM data collection programs to learn from their models, and leverage what will work for California. So far, the state scan includes:

- Arkansas
- Colorado
- Massachusetts
- New York
- Tennessee

A common theme is that states also request information about the *contracts* PBMs hold with payers and manufacturers, to better understand PBM financial data in the context of the business value PBMs provide.

Key Milestones and Deliverables

- **Phase 1 - Planning and Initiation (in progress)**
  - Develop project documents and establish the project team.
  - In partnership with SMEs and stakeholders, gather information about what data to collect from PBMs and how best to collect it.
- **Phase 2 – Regulations Development (in progress)**
  - In partnership with SMEs and stakeholders, design a PBM data collection format.
  - Draft and promulgate regulations defining the rules for PBM data submission.
- **Phase 3 – Data Collection**
  - Register PBM submitters and facilitate the testing of their data submissions.
  - Collect historical pricing and payment data from PBM submitters.
  - Begin collecting ongoing annual data from PBM submitters.
- **Phase 4 – Data Use**
  - Provide DMHC with data, as needed, collected by HPD from PBMs.
  - Build an HPD analytic dataset that includes data collected from PBMs.
  - Publish an HPD public data product built from PBM data.

Stakeholder Engagement

- Many thanks to HPD Advisory Committee members who provided early input and support to the HPD team on PBM stakeholder engagement – Barrie, Steffanie, Charles/Anete.
- HCAI's objective is to engage PBMs and other stakeholder and learn from them to inform the development of the data collection approach.
- We have reached out to 14 PBMs to request informational interviews; 7 meetings are completed or scheduled in July.
- We have reached out to 6 additional stakeholders, with five meetings completed or scheduled in July.

PBM Stakeholders

- Archimedes (plus Navitus)
- CarelonRx, Inc.
- CaremarkPCS Health, L.L.C.
- DST Pharmacy Solutions, Inc.
- MedImpact Healthcare Systems, Inc.
- PerformRx, LLC / Ameriheatlhcaritas
- Burgess Information Systems, Inc. (ProCare Rx)
- Centene Pharmacy Services, Inc.
- Express Scripts, Inc.
- Navitus Health Solutions, LLC
- OptumRX
- Oscar Management Corporation (Oscar Health Administrators)
- Prime Therapeutics LLC
- Stellarus, LLC

Additional Stakeholders

- CalPERS
- California Pharmacists Association: represents California pharmacists, pharmacy technicians, and student pharmacists across practice settings (independent pharmacies, chains, hospitals/health systems, etc.)
- Covered California
- California Pan-Ethnic Health Network
- National Community Pharmacy Association: represents independent pharmacies (includes but not limited to California)
- Pharmaceutical Care Management Association: represents PBMs

Discussion Questions for PBMs

1. Guidance for HCAI on Data Collection

HCAI is in the process of developing a data collection strategy as mandated by AB 116, including creating regulations and a standardized data format.

- What recommendations do you have for HCAI regarding practical, low-impact methods to collect data from PBMs on these subjects?
- Are there any existing data reports that could be adapted to fulfill these requirements?
- What would be the most straightforward way for PBMs to confirm the accuracy and completeness of their data submissions?

2. Overview of PBM Business Model

Could you provide a concise, high-level summary of your organization's business model?

- We are particularly interested in PBM services as well as offerings from any affiliated pharmacies (owned by or controlled by the PBM), rebate aggregators, and related entities connected to your California fully insured commercial market operations.

Discussion Questions for PBMs (cont.)

3. PBM Data Reporting Capabilities and Practices

To better understand current PBM data reporting abilities and practices, it would be useful to know whether your organization currently reports or could report on:

- Manufacturer rebate details, either at the claim or NDC level
- Acquisition cost per dosage unit at affiliated pharmacies (owned or controlled by the PBM)
- Administrative fees charged to:
  - fully insured commercial health plans
  - manufacturers
  - rebate aggregators
  - pharmacies

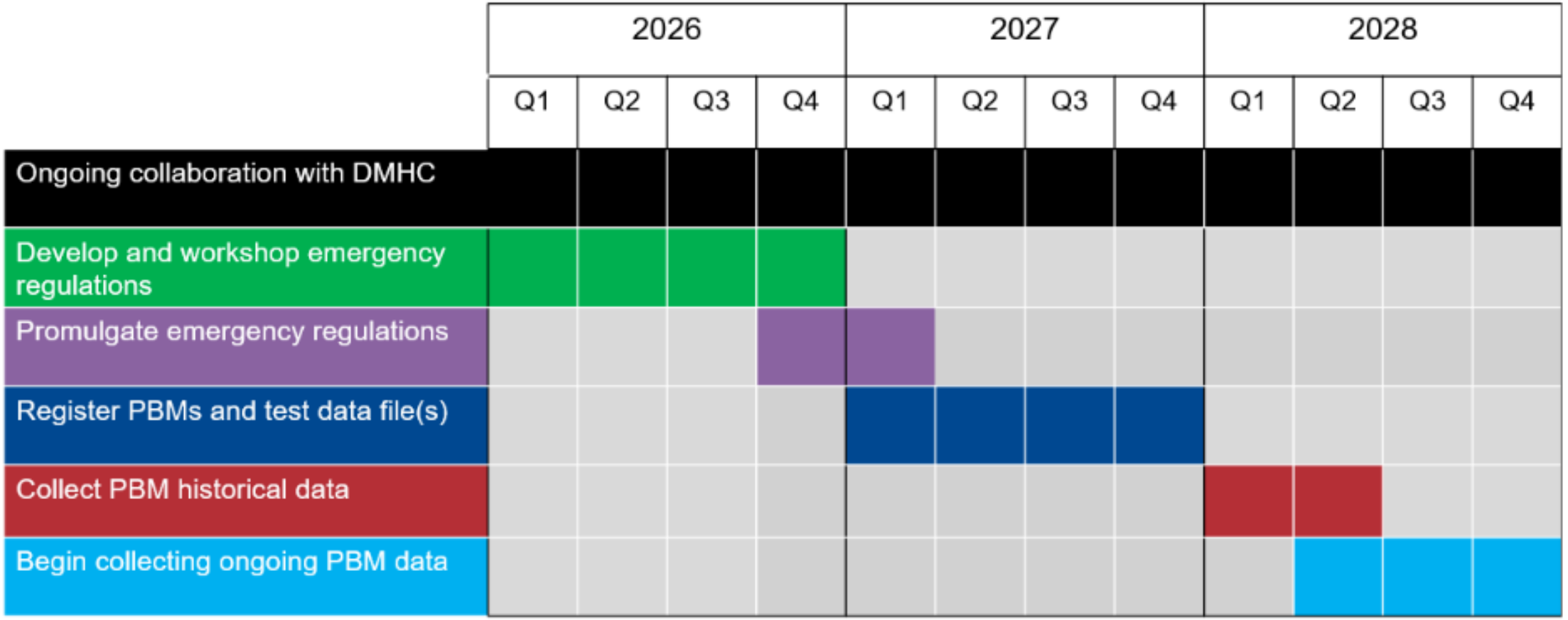
4. Timeline for Data Collection

- What should we know about the timing related to pharmacy claims, manufacturer rebates, and administrative fees, particularly regarding the delay between service provision and final adjudication or reconciliation?
- What is your perspective on balancing the need for timely data collection with the necessity of having complete data?

5. Concerns

- What concerns do you have about this data collection initiative, its analysis, and the subsequent public reporting?

PBM Milestone Timeline



HCAI
Department of Health Care Access and Information

Resources

- PBM Data Collection Website: https://hcai.ca.gov/data/cost-transparency/pbm/

- Contact Us PBMDataCollection@hcai.ca.gov

Committee Member Questions and Discussion

Public Comment

Agenda Item VI : Anticipated Next Meeting Topics

Advisory Committee Anticipated Topics

Oct. 22, 2026

- Status updates on all topics as needed
- **Public Reporting:** Public reporting progress and priorities

Jan. 21, 2027

- Status updates on all topics as needed
- **Program Strategy:** Retrospective on 2026, look ahead to 2027

April 22, 2027

- Status updates on all topics as needed
- **Data Access:** Update on data access and release, including activities of the Data Release Committee

Public Comment

Agenda Item VII: Public Comment

Adjournment