

Agenda Item IV: HPD Data Release and Program Reporting

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Data Access and Release Updates

Data Release Program

- Information regarding available data, data documentation, application, data request process, price schedule, creating a request account is available on the HCAI website: www.hcai.ca.gov
- HCAI anticipates the **first Data Release Committee (DRC) review of data requests on [September 17, 2025](#)**
- HCAI continues to hire and onboard staff for the data release program
- HCAI received 16 paid HPD requests
- State of HPD applications based on Service Now: 8 under initial Review, 1 final review, 5 DHCS Review, 1 use case agreement – 1 DRC Review

Data Product Updates

- Current Dashboards
 - Snapshot - Anticipate publishing July 2025
 - Measures - Anticipate publishing August 2025
 - Pharmaceutical Cost - Anticipate publishing August/September 2025
 - Visits - Anticipate publishing August/September 2025
 - Services Report - Released
 - Medical Out-of-Pocket Costs and Chronic Conditions - Released
 - NEW! - Avoidable Emergency Department Visits (*Data Brief*)
- Future Dashboards
 - Hospital Inpatient Cost
 - Primary Care - Early planning stages
 - Equity/SDOH - Early planning stage

HPD Public Reporting Priorities

Specific Topics

1. Health Equity
2. Enhancement of Prescription Drug Costs report
3. Reporting on Hospital Costs

Broader Categories

- A. Focused Utilization and Payment Analysis
- B. Specific Populations, Geographies
- C. Coverage/Enrollment

Other Activities Underway

Updates to existing HPD public reports with new years of data

Special analyses for DHCS on churn, primary care providers and services, and dual eligibles

Public Report: Hospital Inpatient Cost

Cost of Inpatient Hospital Stays in 2023

- Report **median** allowed amount per inpatient stay with utilization
- Include Inpatient Facility and Professional claims between admission and discharge
- Categorize stays using Medicare-Severity Diagnosis-Related Groups (MS-DRG)

MS-DRG is a system that classifies inpatient hospital stays into groups based on diagnosis, procedures, and patient characteristics to determine payment.

- **Diagnosis-Related Groups (DRG):** Categories of inpatient stays with similar clinical conditions, severity (based on complications and comorbidities), and expected resource use for treatment. There are approximately 800 DRGs.
- **Major Diagnostic Categories (MDC):** Broad groupings of DRGs based on organ systems (e.g., respiratory system, cardiovascular system). There are 25 MDCs.

Current Design Plan

	Dashboard 1	Dashboard 2
MS-DRG Unit of Analysis	Major Diagnostic Categories	Diagnosis-Related Groups
MS-DRG Subset	All 25 MDCs	Top 25 most common DRGs per age group
Filter: Age Band	--	3 bands: 0-19, 20-64, 65+
Filter: Geographic Regions	North, South	Statewide
Filter: Payer Types	Medicare, Medi-Cal, Commercial	
Cost Metric	Median allowed amount per inpatient stay (facility + professional)	
Utilization Metric	Number of inpatient stays	

Request for Feedback (1 of 2)

Item 1: Tradeoff between additional filters and data suppression

- Filters reduce cell sizes and increase suppression of data, affecting the reliability of the median value for cost.
- How would you prioritize each of the following data attributes?
 1. **Product Types:** how important is it to provide more granular product types (beyond commercial, Medicare, Medi-Cal)?
 2. **Geography** (location of service): how important is it to include sub-state units for each dashboard?
 - Is statewide reporting sufficient? If not, is North/South? Or Covered California regions?
 - If county-level is a high priority, is it acceptable to aggregate small, geographically clustered counties (e.g., Inyo + Mono)?
 3. **Age Groups:** how important is it to report separate age bands?
 4. **Utilization Metrics:** how important is it to report exact counts?
 - In addition to masking counts below 30, reporting the number of stays rounded to the nearest 10 reduces risks of reverse engineering and reidentification

Possible Product Types

- Commercial HMO/POS
- Commercial PPO/EPO
- Medicare Advantage
- Medicare FFS
- Medi-Cal Managed Care
- Medi-Cal FFS

Request for Feedback (2 of 2)

Item 2: Should the report include DRGs with complications and comorbidities (CC) and major CC (MCC)?

Options:

1. **Exclude complications and comorbidities** so that results describe a less complex and more homogenous patient population ("without CC/MCC" only)
2. **Include complications and comorbidities** so that results describe the full range of patients within each diagnosis group and much greater variation in cost (combine "with CC/MCC" and "without CC/MCC")

Item 3: Should the report include quartiles (i.e., 25th and 75th) in addition to median cost?

Public Comment