HCAi Department of Health Care Access and Information

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NOTICE OF PUBLIC MEETING:
HEALTH CARE PAYMENTS DATA PROGRAM ADVISORY COMMITTEE

July 28, 2022
MEETING MINUTES

Members Attending: Charles Bacchi, (CAHP); Steffanie Watkins, Association of California Life and Health Insurance Companies (ACLHIC); Jodi Black, California Medical Association (CMA); Amber Ott, California Hospital Association; Emma Hoo, Purchaser Business Group on Health (PBGH); Ken Stuart, California Health Care Coalition; Anthony Wright, Health Access California; Joan Allen, Service Employees International Union- United Healthcare Workers West (SEIU-UHW); Cheryl Damberg, RAND Corporation; William Barcellona, America's Physician Groups.

Members not in attendance: John Kabateck, National Federation of Independent Businesses (NFIB)

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

Attending by Phone

Presenters: Scott Christman, Deputy Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Starla Ledbetter, Chief Data Officer, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Jill Yegian, HPD Consultant; Jonathan Mathieu, Freedman Healthcare; Linda Green, Freedman Healthcare.

Public Attendance: 75

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

Welcome and review of hybrid meeting ground rules and procedures. Review and approval of April 28, 2022, meeting minutes.

The Committee reviewed the April 28, 2022 meeting minutes. The Committee voted and approved the April 28, 2022, meeting minutes. Bill Barcelona raised a motion to approve and Cheryl Damberg seconded it.

No Public Comments.

Agenda Item # 2: Department Update
Scott Christman, Deputy Director, HCAI

Scott Christman provided an update on department and program activities including an update on the Office of Health Care Affordability (OHCA) and CalRx.

Questions and Comments from the Committee:

Members of the committee expressed their gratitude for HCAI's work and inquired about the best ways for stakeholders to get involved with and support the implementation of the OHCA and discussed the future advisory committee as well as the stakeholder engagement that will occur with the regulations process. The committee was also interested in the intersections between the role of OHCA and the work of the HPD. There was recognition that additional data is needed to support the functions of cost benchmark and measuring against those targets that OHCA will be engaging in, with the initial benchmarks being set through macroeconomic indicators and looking at historical data. Committee members also discussed with HCAI how to leverage newly released and other existing data sources in efforts to identify potential trends and to better understand how all of these data sources fit together, along with the HPD, to speak to the total cost of healthcare.

No Public Comments.

Agenda Item # 3: Division Update
Michael Valle, Chief Information Officer & Deputy Director, HCAI

Michael Valle provided division updates and a high-level update on the HPD Program reiterating the Review Committee's recommendation that user fees become part of the funding model for HCAI's operational costs and the process by which the fee schedule will be established with the guidance from the Advisory Committee as is stated in legislature.

Questions and Comments from the Committee:

No Public Comments.

Agenda Item # 4: Health Care Payments Data (HPD) Program Implementation Update
Starla Ledbetter, Chief Data Officer, HCAI

Starla Ledbetter provided progress updates on the HPD Program implementation

highlighting dates for future regulatory data releases as well as the ongoing recruitment efforts for the program.

Questions and Comments from the Committee:

Committee members confirmed the source of Medi-Cal managed care plan data is accessed through DHCS while Qualified Health Plan data would be coming directly from health plans. The committee also confirmed that alternative payment models will include capitated arrangements. The committee also expressed interest in being able to assess whether the HPD will be able to track churn of members as they move from a Qualified Health Plan to a Medicaid managed care plan or employer sponsored coverage.

No Public Comments.

Agenda Item # 5: Overview on User Fee for HPD
Jill Yegian, HCAI Consultant

Jill Yegian provided an overview of relevant provisions that need to be considered for developing and maintaining a user fee schedule for access to non-public data.

Questions and Comments from the Committee:

Committee members inquired about the reasons user fees are variable and acknowledged how predicting California's yearly revenue would be challenging due to variability, high and low years of requests, and the unique healthcare marketplace in California.

No Public Comments.

Agenda Item # 6: Insights from Other States and Data Suppliers on Developing User Fee Schedules
Linda Green, Freedman Healthcare,
Jonathan Mathieu, Freedman Healthcare

Linda Green and Jonathan Mathieu provided an overview of approaches taken by other states and relevant data suppliers in developing user fee schedules.

Questions and Comments from the Committee:

The Committee discussed how user fees would be set and the consideration of incorporating the cost of processing the data request, including the total number of full-time equivalent hours when determining user fees. Committee members also confirmed that there are two separate fees, one for applying and one for accessing the data and discussed that some factors that determine pricing include data product type and size and that across states the pricing scale does vary greatly. Committee members also inquired about how the price point for data enclave access in California differed from that of other state APCDs and discussed the importance of keeping in mind that the

HPD is a public source of data for the purpose of advancing a more affordable and equitable healthcare system. They also expressed that it is important to ensure user fees are set in a way that allows for equitable access to the various organizations that would potentially be requesting the data. Additionally, the committee noted the challenge of defining a "nonprofit" data requestor when determining fee reductions and had a discussion on whether data requests from commercial entities would be accepted. There was discussion about setting fees based on time periods would not be beneficial to the requestors as research projects can easily be prolonged so a onetime fee would be fairer with the exception being if the requestor modifies their original request and data use agreement. There was discussion about setting fees based on time periods which the committee noted could negatively impact researchers as project deadlines are often prolonged. They noted that if the time-based fee structure was in place there could be a caveat to where there would only be an additional fee if the initial data request or data use agreement was modified by the researchers.
 Other members also spoke in favor of application and user fees and acknowledged the importance of user fees providing a portion of the revenue needed to support the HPD Program.

No Public Comments.

Agenda Item # 7:   Proposed Fee Schedule Framework for HPD
                    Christopher Krawczyk, Chief Analytics Officer, HCAI
                    Jill Yegian, HPD Consultant, HCAI

Christopher Krawczyk and Jill Yegian presentation on a proposed user fee structure for the HPD, including fee reductions and application fees.

Questions and Comments from the Committee:

The Committee reiterated the concern of accessibility for nonprofit organizations and noted that without having the actual fee schedule it is challenging to determine whether or not this fee structure would be accessible to smaller organizations. The committee was supportive of user fees being tied to the level of complexity of the request and noted that providing a breakdown of what the end user's fee is going towards could be helpful. Members also agreed there will need to be alternative sources for operating revenue for HCAI in addition to the user fees, noting that a final overview of the financial structure would provide more insight.

Discussion on Fee Reductions:

Committee members suggested that users could state their purpose for requesting and accessing data and how that could factor into the allowance for a fee reduction. Members emphasized the importance of the HPD to be purpose-based and to contribute to the greater good of the public.

Committee members acknowledged that data requests that are looking at health disparities are important purposes to prioritize for fee reductions. Members did note that

research priorities will evolve over time and that using the intent language in the enabling statute, or looking at topics that directly support state programs or other such priorities, could be helpful. Committee members also suggested looking at an organization's operating budget as a way to determine eligibility for fee reductions. Relatedly, while the statute does specify entities that should be considered for fee reductions, it does not specify that the list of specified entities is an exhaustive list of all the types of organizations that could be granted a fee reduction. Other suggestions for fee reduction considerations included identifying other value the project could provide, such as beta testing the data or being used as part of trainings for state staff. The committee also suggested the user fee amount could differentiating based on requests that require DRC approval and those that do not.

No Public Comments.

Agenda Item #8 Voluntary Submission of ERISA Self-Funded Data
Jill Yegian, HPD Consultant, HCAI

Jill Yegian provided an update on approach to voluntary submission of ERISA Self-Funded Data including sharing of HPD resources to encourage voluntary submission and an overview of varying approaches for self-funded entities to opt-in to submitting their data.

Questions and Comments from the Committee:

The Committee thanked the HCAI team for their work and inquired about ways they could potentially assist with health plans that are handling ERISA self-funded data. They also discussed streamlining efforts with larger national health plans who may already be submitting data to other state APCDs and have developed an opt-in process for their ERISA Self-Funded clients, which could then potentially be implemented in California.

No Public Comments.

Agenda Item #9 Public Comment for Items Not on the Agenda

No Public Comments.

Ken Stuart thanked the Committee Members and HCAI Staff and adjourned the meeting.