



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



October 28, 2021
DRAFT MEETING MINUTES

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

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: No members attended by phone

Presenters: Elizabeth Landsberg, Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Starla Ledbetter, Chief Data Officer, HCAI; Jill Yegian, HPD Consultant; Ryan Buckley, Chief Counsel, HCAI.

Public Attendance: 65 members of the public

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

Ken Stuart, Advisory Committee Chair, welcomed the committee members and members of the public and called the meeting to order. The committee also received a brief presentation by Bobbie Wunsch on remote meeting ground rules.

The committee reviewed the July 22, 2021, meeting minutes. The committee voted and approved the July 22, 2021, meeting minutes as amended. John Kabateck made a motion. The motion was seconded by Anthony Wright and passed by a vote of the committee.

Public Comment: No comments

Agenda Item #2: Department Update

Elizabeth Landsberg, Director, HCAI

Director Landsberg welcomed the committee and provided a few brief updates around the Governor's Budget including the announcement of the formal transition of OSHPD to the Department of Health Care Access and Information (HCAI). She noted that the new department retains all OSHPD's existing programs and functions and expands, aligns, and optimizes OSHPD's workforce development programs as well as strengthens its data programs.

Director Landsberg discussed the significance of the new HCAI logo and noted that while the Office of Healthcare Affordability was not passed this year the administration remains committed to the proposal and aims to get it over the finish line in 2022.

The Director gave brief overviews of three new bills that will affect HCAI including Senate Bill 650 (Stern) regarding financial disclosure reporting for skilled nursing facilities, Assembly Bill 1204 (Wicks) which adds a new equity focused reporting requirement for hospitals, and Assembly Bill 1020 (Friedman) which amends Hospital Fair Pricing Act which governs billing of uninsured and underinsured patients.

Director Landsberg also announced that Ryan Buckley has officially been appointed Chief Counsel for HCAI, after serving in an acting role.

Lastly Director Landsberg expressed her excitement continuing the discussion on HPD's principles and priorities for public reporting and discussing ERISA Self-Funded Data, as well as beginning the conversation on data access and release and her appreciation for the advisory committee's input and guidance.

Questions and Comments from the Committee

The committee thanked Director Landsberg for the updates on HCAI and new legislation and expressed an interest in hearing more in the future about the new role HCAI will be taking on regarding enforcing the Hospital Fair Pricing Act.

Public Comment: No Comments

Agenda Item # 3: Deputy Director Report

Michael Valle, Chief Information Officer & Deputy Director, HCAI

Michael Valle began by sharing the calendar and roadmap for the next year's Advisory Committee meetings. He commented that the previously discussed quarterly meeting cadence has been approved by the committee members. The meetings had been calendared as well as extended by thirty minutes. He noted there will continue to be a mid-quarter newsletter published.

Michael Valle also emphasized the importance for HPD data to be accessible, usable, and actionable. He noted that it is critical for the department to ensure the program is

effective and efficient for state operations. He shared his excitement for the selection of the HPD platform vendor, Onpoint Health Data with the Integrated Healthcare Association. He provided a brief recap of the recommendations made by the prior review committee and how Onpoint Health Data will be a great fit.

Michael Valle turned it over to Starla Ledbetter to provide HPD programmatic updates and introduce the Onpoint Health Data Team.

Questions and Comments from the Committee

The committee voiced their appreciation for the calendar and schedule. Mr. Bacchi also asked a question regarding the outreach efforts to self-funded insurers, asking whether HCAI will have a complete package outlining details regarding what the data submission needs to look like and if this will be completed by the deadline to get all self-insured entities to participate or if the date need to be extended.

Michael Valle responded that it is an ongoing process and there will be more discussions to see what we can get prior to, and then subsequently ongoing after, database substantial completion.

Public Comment: No Comments

Agenda Item #4: HPD Program Update

Starla Ledbetter, Chief Data Officer, HCAI

Starla Ledbetter, Chief Data Officer at HCAI provided a brief program update on the HPD Program including:

- Hiring HPD Program and IT staff
- Progress on emergency regulations
- Expanding HCAI IT environment
- HPD Platform in development
- Master Index in development
- Receiving federal reimbursements for HPD System costs

Starla Ledbetter also introduced the HPD platform vendor, Onpoint Health Data, noting Onpoint has helped implement APCDs in several other states. Starla then passed it on to Onpoint CEO, Jim Harrison. Jim Harrison introduced key staff members and shared a presentation highlighting Onpoint' s successful APCD implementations in several other states.

Questions and Comments from the Committee

The committee had a discussion regarding California's unique marketplace, how Onpoint plans to approach non-claims-based payments with the HPD, and challenges Onpoint may face in California data collection. HCAI and Onpoint staff noted that the initial focus of the data collection will be on the four core data files established in the APCD Council Common Data Layout TM. The non-claims based payment, as well as

alternative payment model, data will come in secondary phase as there is work being done with the APCD Council to develop a national standard for the collection of alternative payments.

Public Comment: No Comment

Agenda Item #5: Establishment of General Principles and Priorities for HPD Public Reporting

Jill Yegian, HPD Consultant, HCAI

Jill Yegian continued the discussion on HPD's Public Reporting Principles and Priorities started in July. She covered the three-tiered approach to sharing the HPD Program data including data that is publicly available, data that is non-public and accessible by application and researcher accessed data by application. Jill Yegian also recapped the principles introduced in July that HCAI is adopting to guide public reporting for HPD data.

Questions and Comments from the Committee

The committee discussed the updates that were presented to the HPD Public Reporting Principles. There was a discussion on the newly added recognition of the importance of mitigating risk of anticompetitive behavior. The committee identified that there could be various ways of interpreting that statement and members remarked that it was important to ensure that its inclusion would not be limiting the potential release of certain data. It was also noted that different states take various approaches to the protection of sensitive information. The committee discussed that there are changes happening at the federal level with respect to increased cost transparency requirements for hospitals and health plans that should be taken into consideration as the HPD develops its public reporting portfolio.

The committee also discussed the CHHS Data De-Identification Guidelines, which are referenced in the updated public reporting principals. There was discussion about the parameters of the guidelines, including the application to individual providers, geographic granularity, and how they deal with small counts of individuals.

Some members of the committee expressed the importance of obtaining granular data and noted that in the past, the de-identification guidelines had not been appropriately applied. Director Landsberg responded that she would review the department's de-identification process to ensure that the guidelines are appropriately applied.

Questions and Comments from the Committee on HPD Priorities for Public Reporting

The committee identified a few key priority areas for public reporting including:

- Encouraging that reporting on geography be done at as granular a level as possible

- Encourage that for there be granularity in payer reporting by distinguished between managed care and Fee-for-Service (FFS)
- Including provider utilization data at an early tier of public reporting
- Creating standardized assignment of value to facilitate cost comparisons when paid amounts are not available through claims data (as is the case under capitation)
- Focusing on areas of analysis that have been identified as the highest need, such as health equity and behavioral health
- Reporting on prescription drug costs and linking to HCAI's existing drug cost transparency data
- Incorporating new metrics like workforce shortages from other data sources to inform major challenges

The committee also commented that it would be helpful to know what the process will be to further build out these use cases, as many of these topics can be taken in various directions. HCAI noted that the goal was to first see what topics may be identified as highest priority, which would inform the department on how to best allocate resources to further build out the topics.

The committee also commented about the importance of ensuring that data that is presented at a granular level be accurate. The committee noted that when looking at the granularity of data coming out of the HPD, it is important to ensure that there is accuracy with patient attribution, patient compliance, geographic area and balancing the detail of the data being published with ensuring the accuracy of that data.

Additionally, the committee inquired how HPD will be working with the Department of Managed Health Care (DMHC) to leverage their work on the AB 133 implementation of the health plan equity and quality reporting. HCAI noted that the department is closely monitoring that effort and working closely with DMHC to ensure that HPD is leveraging what they are developing as appropriate and ensuring that HPD data be supportive and useful to DMHC.

Public Comment: No comments

Agenda Item #6: HPD Voluntary Submission of ERISA Self-Funded data in California

Jill Yegian, HPD Consultant

Jill Yegian provided a presentation on the current understanding on the landscape of ERISA self-funded entities in California and the value proposition for submitting their data to the HPD.

Questions and Comments from the Committee

The committee discussed the State APCD Advisory Committee (SAPCDC) deliberations

and the importance of trying to create efficiency around leveraging the national platforms already in use.

The committee discussed various approaches and methods for outreach and messaging to ERISA self-funded entities to encourage them to voluntarily submit data to the HPD. The committee noted the important roles health plans play to facilitate engagement with the employers in a process that is streamlined and consistent. The committee also noted it would be helpful to rely on the organizations that represent large businesses, and other trusted messengers such as brokers and consultants, to provide outreach to their constituents. The committee also noted that it may be helpful to acknowledge that there are smaller employers that are self-insured and might have a larger share of the market than we know. Additionally, there may be certain geographic pockets of the state that have a greater representation of ERISA self-insured lives; therefore, it might be helpful if there is a geographic distribution developed of where there are higher instances of private self-insured entities that could help target HPD's outreach.

The committee noted that HCAI may want to also consider messaging the value of participation in the HPD to the larger third-party administrators who could provide a service to their clients, in particular Taft-Hartley plans, by having access to the benchmarking of the data.

The committee also noted that a part of the incentive to submit data voluntarily to the HPD could be having a graduated fee schedule that would incentivize voluntary submitters to access the data at a lower rate.

Public Comment: No comments

Agenda Item #7 Planning for HPD Data Access and Release Discussion

Ryan Buckley, Chief Counsel, HCAI

Ryan Buckley provided a brief recap of the HPD statute, emphasizing the importance of security and privacy regarding HPD Program data. Mr. Buckley emphasized the importance of balancing the benefits of accessing and using the data with any risks to individual patient privacy.

Questions and Comments from the Committee

There were no questions or comments from the committee.

Agenda Item #8 Public Comment

There was one public comment provided which reemphasized the need for the public reports to display as much granularity as possible for both geography and race and ethnicity. The commentor also noted preference for prioritizing public reports focused on health disparities, particularly for chronic diseases and behavioral health utilization.

Agenda Item #9 Adjournment

Ken Stuart thanked everyone for their attendance and participation. For the next meeting on January 27, 2022, the committee is expected to focus on access to nonpublic data.