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**NOTICE OF PUBLIC MEETING:
HEALTH CARE PAYMENTS DATA PROGRAM (HPD) ADVISORY COMMITTEE**

**October 23, 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); Emma Hoo, Purchaser Business Group on Health; 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; 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); Isaac Menashe, Covered California

Members not in attendance: Charles Bacchi, California Association of Health Plans; Dr. Linette Scott, California Department of Health Care Services (DHCS), Ex-Officio.

Presenters: Elizabeth Landsberg, Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Dionne Evans-Dean, Chief Data Programs Officer, HCAI; Andrew Feher, PhD, Research Scientist Manager, Office of Health Care Affordability, HCAI; Justin Tonooka, MPH, Research Scientist 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 July 23, 2025, meeting minutes.

The committee voted and approved the July 23, 2025, meeting minutes. The minutes were approved unanimously.

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.

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 3: Deputy Director Updates

Michael Valle, MPA, Chief Information Officer and Deputy Director, HCAI

High-level overview of Pharmacy Benefit Manager (PBM) data collection requirement mandated by the 2025 Trailer Bill. Announcement regarding the selection of a PBM industry representative, with the new appointee expected to be sworn in at the January 2026 HPD AC meeting.

No Questions or Comments from the Committee.

Public Comments:

A member of the public expressed support for increased oversight of PBMs and emphasized the vital role of community pharmacies in providing accessible care. A member of the public also raised concerns about PBM market dominance and its impact on community pharmacy closures, endorsed recent state legislation aimed at PBM reform, and encouraged the inclusion of pharmacy experts on the advisory committee to improve data on access and network adequacy.

Agenda Item # 4: HPD Data Collection Program Updates

Dionne Evans-Dean, MHA, Chief Data Programs Officer, HCAI

Presentation on progress and initiatives of HPD data collection program.

Questions and Comments from the Committee:

The committee inquired whether HPD would collect data on the actual dollar amounts of discounts negotiated between drug manufacturers and PBMs. HCAI responded that this information is likely included in the statute and fact sheet but will be further clarified through stakeholder workshops. The committee also commended the state's efforts to improve transparency in drug pricing and commented on the financial factors affecting costs and beneficiaries.

No Public Comments

Agenda Item # 5: HPD Data Release Program Updates

Chris Krawczyk, PhD, Chief Analytics Officer, HCAI

Updates provided on number of data requests received to date.

Questions or Comments from the Committee:

The committee inquired about the term “research identifiable,” which HCAI clarified refers to data containing direct identifiers that require DRC review.

The committee inquired about lengthy application timelines. HCAI explained that most inactive requests were due to unpaid fees or withdrawals and acknowledged extended timelines for complex requests involving research-identifiable data, Medi-Cal data, and reviews by the Data Release Committee, the Department of Health Care Services, and the Committee for the Protection of Human Subjects. HCAI is collaborating with DHCS and other review bodies to improve coordination and efficiency. Requesters often take the full 30 days to respond to HCAI’s requests for additional information, which extends timelines. HCAI is developing FAQs, updating documentation, and improving the DUA signing process through digital signature protocols to reduce delays.

The committee asked about lessons learned from early DRC processes and how to help applicants avoid delays. HCAI noted that, while no DRC meetings to consider data requests have yet occurred, procedural groundwork is in place. In addition, HCAI is prioritizing Standard Limited and Secure Data Enclave requests to minimize the need for DRC review and stressed that detailed initial applications help expedite processing. Operational improvements, including enhanced DUA procedures and signature validation, are underway.

The committee asked whether HCAI has mechanisms to collect feedback from data requesters. HCAI stated that it maintains individualized communication with each requester, is improving automated notifications and reminders, and is exploring technical enhancements to the request system to enhance the overall experience.

No Public Comments.

Agenda Item # 6: HPD Public Reporting and Products

Justin Tonooka, MPH, Research Scientist II, HCAI

A year-in-review update was presented on new HPD Program reports and data briefs, with an overview of the public reporting pipeline and upcoming products. Key report releases included healthcare service utilization, pharmaceutical spending, and medical out-of-pocket costs; the presentation also covered how stakeholder feedback is enhancing report clarity, usability, and accessibility.

Questions or Comments from the Committee:

The committee raised concerns about data integrity and the need for a public process to flag and correct inaccuracies. HCAI explained the review and correction process, noting that changes are tracked and documented in technical notes. HCAI added that if an error were significant, a public notice would be considered.

The committee requested clear, user-friendly instructions or clickable guides to help users navigate dashboard features. HCAI agreed to explore improved user orientation and tutorials.

The committee also suggested creating a general video tutorial and emphasized the importance of technical documentation, proposing the addition of metrics on service intensity over time. They inquired whether dashboards would be recurring and longitudinal, and HCAI confirmed that all reports are designed to be iterative, with ongoing updates to data and usability.

Public Comments:

A member of the public commended the reporting work and usability of the tools, encouraging HPD to better reflect pharmacy billing practices by including pharmacies as a provider category. The commenter also recommended tracking and reporting on claims denials, turnaround times, and utilization for pharmacist-provided services.

Agenda Item # 7: State Uses of HPD Data: Analysis on drivers of commercial healthcare sending trends using HPD data.

Andrew Feher, PhD, Research Scientist Manager, Office of Health Care Affordability, HCAI

An overview was provided of how the Office of Health Care Affordability (OHCA) is utilizing HPD data to deepen its cost driver analysis following the release of its 2022–2023 baseline spending report. This includes examining age, utilization, and chronic condition prevalence across payers to understand the 5% increase in commercial medical spending.

Questions or Comments from the Committee:

The committee confirmed that total medical expenditures include both plan and member cost-sharing. To account for other factors driving total medical expenditure growth, committee members recommended tracking trends such as multiple comorbidities, growth in the case mix index, and aging patterns to understand rising costs better. The committee also discussed whether immigration policies could affect enrollment and utilization, and OHCA noted that other data sources are better suited to short-term assessment of the impact of policy changes given that there is a relatively long lag between provision of services and availability of HPD data for analysis.

The committee observed declines in utilization and chronic conditions among specific

payers and suggested that decreased vaccination rates, such as COVID-related declines, may contribute to the trend. OHCA agreed that this is a likely factor and may explore a sensitivity analysis that excludes vaccinations.

The committee also raised concerns about potential false positives in chronic condition identification and underreporting in behavioral health data. OHCA acknowledged the limitation of claims-based data.

Public Comments:

A member of the public recommended that future presentations clearly distinguish between OHCA and HPD datasets and emphasized the importance of transparency in methodology to prevent misinterpretation and engender trust in the process.

Agenda Item # 8: Public Reporting Priorities

Andy Potter, Research Scientist Supervisor

A presentation summarized HPD's priority areas for public reporting, including health equity, prescription drug costs, hospital costs, and primary care, along with broader analytic work across utilization, payment, specific populations, and coverage. Additionally, the presentation outlined ongoing activities such as improving existing reports, producing analyses for DHCS, and developing new dashboards and data briefs.

Questions or Comments from the Committee:

Committee members expressed support for HCAI's 2026 public reporting priorities, recognizing the importance of adding primary care to the department's set of specific topics to prioritize. Members suggested in the future adding maternity care to the public reporting priorities.

The committee discussed recent data releases, noting that dashboard updates have been well-received and continue to improve usability. HCAI confirmed that user feedback is being incorporated into ongoing updates.

The committee inquired about future data releases and the timeline for integrating new datasets. HCAI explained that upcoming releases will include expanded metrics and additional years of data, with continued efforts to enhance data accuracy and accessibility.

The committee also inquired about data validation processes and quality control measures. HCAI outlined the agency's multi-step review process, emphasizing collaboration with data submitters and the use of automated checks to ensure consistency and reliability.

The committee provided feedback on potential future public reporting for dental data. Members suggested a lower priority for dental data in terms of devoting program resources to analytics. Members noted the difference between dental health coverage

and medical coverage, with dental involving secondary coverage, variation between pediatric and adult coverage, and higher out-of-pocket maximums. Members also commented on the importance of understanding out-of-pocket cost impacts of dental care for consumers and for equity issues. Members suggested outreach to dental plans and dental providers about appropriate use cases for public reporting using dental data.

The committee expressed appreciation for HCAI's responsiveness and commitment to improving transparency, accessibility, and user experience across all HPD products.

No Public Comments.

Agenda Item # 9: Anticipated Next Meeting Topics

Ken Stuart, Chair

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 10: Public Comment

Morgan Clair, Facilitator

No Questions or Comments from the Committee.

No Public Comments.

Agenda Item # 11: Adjournment

Ken Stuart, Chair

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

No Questions or Comments from the Committee.

No Public Comments.