

Welcome to the
**Health Care Payments
Data Program
Advisory Committee
Meeting**

October 22, 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

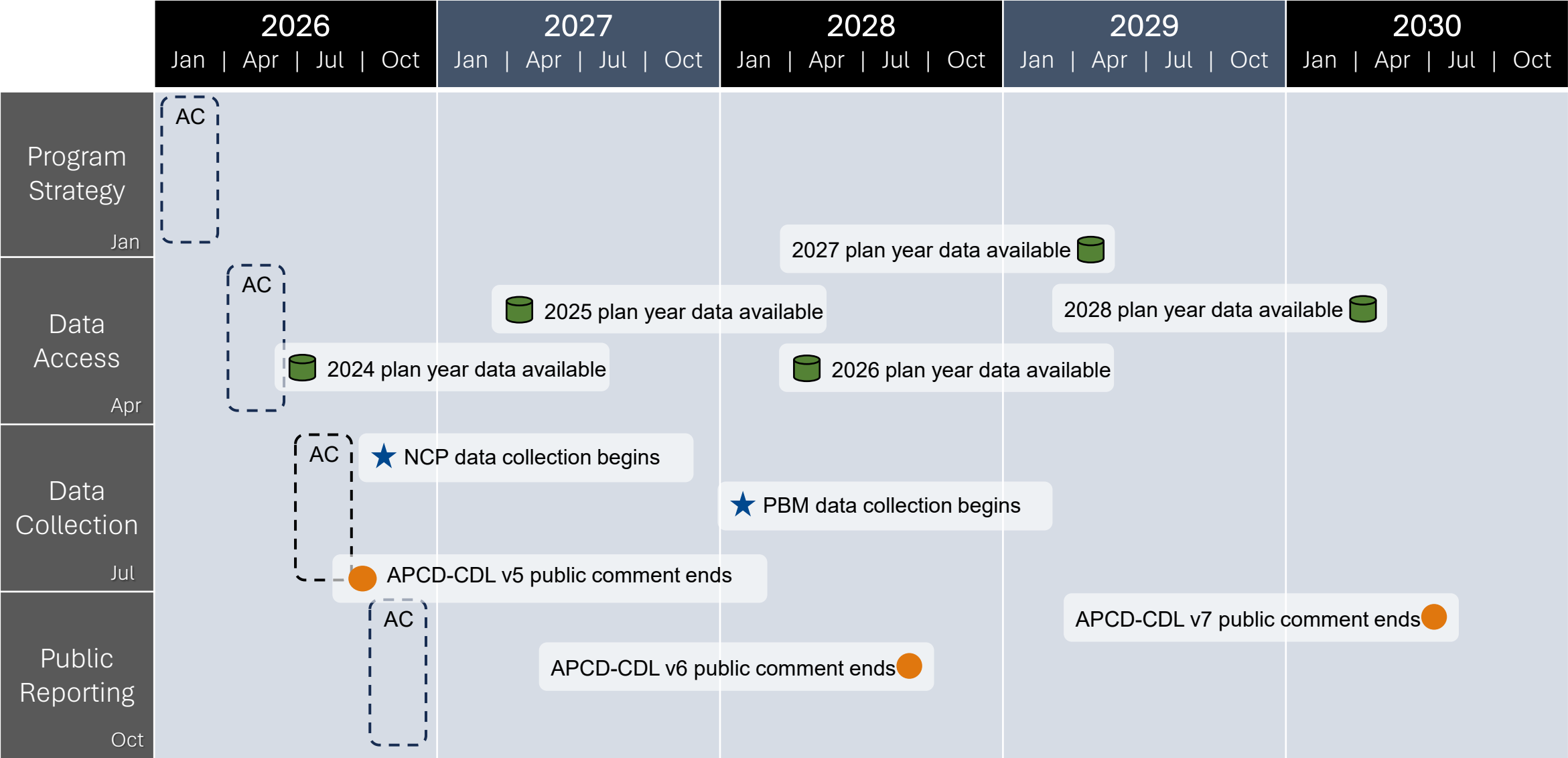
Committee Member Questions and Discussion

Public Comment

Agenda Item III: Assistant 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

Public Comment

Agenda Item IV: HPD Data Collection Program Updates

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

Data Collection Status as of October 2026

Data Collection Activity	Status
Commercial Health/ Dental Core Data Files	72 total plans/insurers; 24 health only, 21 dental only; 27 health/dental plans; Monthly data collection continues as expected. Data through 2025 reporting year expected to be available to internal HCAI researchers by the end of 2026.
DHCS and CMS	Data collection continues as expected for DHCS and CMS. Q4 2025 CMS data recently received.
NCP Data Files	51 plans/insurers representing 38 submitters; 34/38 completed test; 30/38 completed historical files submission; 24/29 completed 2025 Annual Payments; 25/25 completed Annual Pharmacy Rebates files submission; 24/28 completed August 2026 Capitation file submission. Availability of NCP data to internal HCAI researchers TBD.
PBM	Initial outreach to PBMs and additional stakeholders complete. Economic Impact and Data Collection surveys provided to PBMs to gain insights. Collaboration with DMHC continues with efforts to streamline data collection.
Regulations	March 2026- incorporated APCD-CDL v4.0.1 unifying NCP layout. January 2027 (anticipated)- PBM emergency regulations.
Submitter Group Meetings (SGM)	Held quarterly to inform plans/insurers about data collection updates, regulatory changes, best practices for data submission. October SGM provided key program updates and other relevant program information.

Committee Member Questions and Discussion

Public Comment

Agenda Item V: Data Release Updates

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI

Data Release - By the Numbers*

* As of 10/5/2026

Overview:

Received	Active	Completed
92 (80 New, 12 Supplemental)	43 (37 New, 6 Supplemental)	22 (17 New, 5 Supplemental)

Access Method:

	Active	Completed
Enclave	33	22
Direct Transmission	10	0

Dataset Type:

	Active	Completed
Standard Limited	9	3
Standard Limited Plus	15	14
Custom Limited	7	2
Research Identifiable	12	3

[HPD Application Updates October 2026](#)

Summary of Active Projects: Numbers

Requestors:

Research Organization	University	State Agency	Other
6	8	4	4

Access Method:

Enclave	Direct Transmission
17	0

Dataset Type:

Standard Limited	Standard Limited +	Custom Limited	Research (SA)
3	11	2	1

[HPD Application Updates October 2026](#)

Committee Member Questions and Discussion

Public Comment

Agenda Item VI: HPD Public Reporting and Products

Christopher Krawczyk, PhD, Chief Analytics Officer, HCAI;
Andrew Potter, Research Scientist Supervisor II, HCAI; Alyssa Borders, PhD, Research Scientist III, HCAI (or designees)

Topics

- Review Last Year's Public Reports
- Walk Through Recently Published Reports
- Discussion of Increasing Uptake and Use of HPD Public Reports

HPD Public Reporting Priorities

2025

Specific Topics

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

Broader Categories

- A. Focused Utilization and Payment Analysis
- B. Specific Populations, Geographies
- C. Coverage/Enrollment
- D. High-level data briefs

Other Activities Underway

Updates to existing HPD public reports with new years of data

Focused communications campaigns/considerations for data use

Public Reports Recent Releases

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)

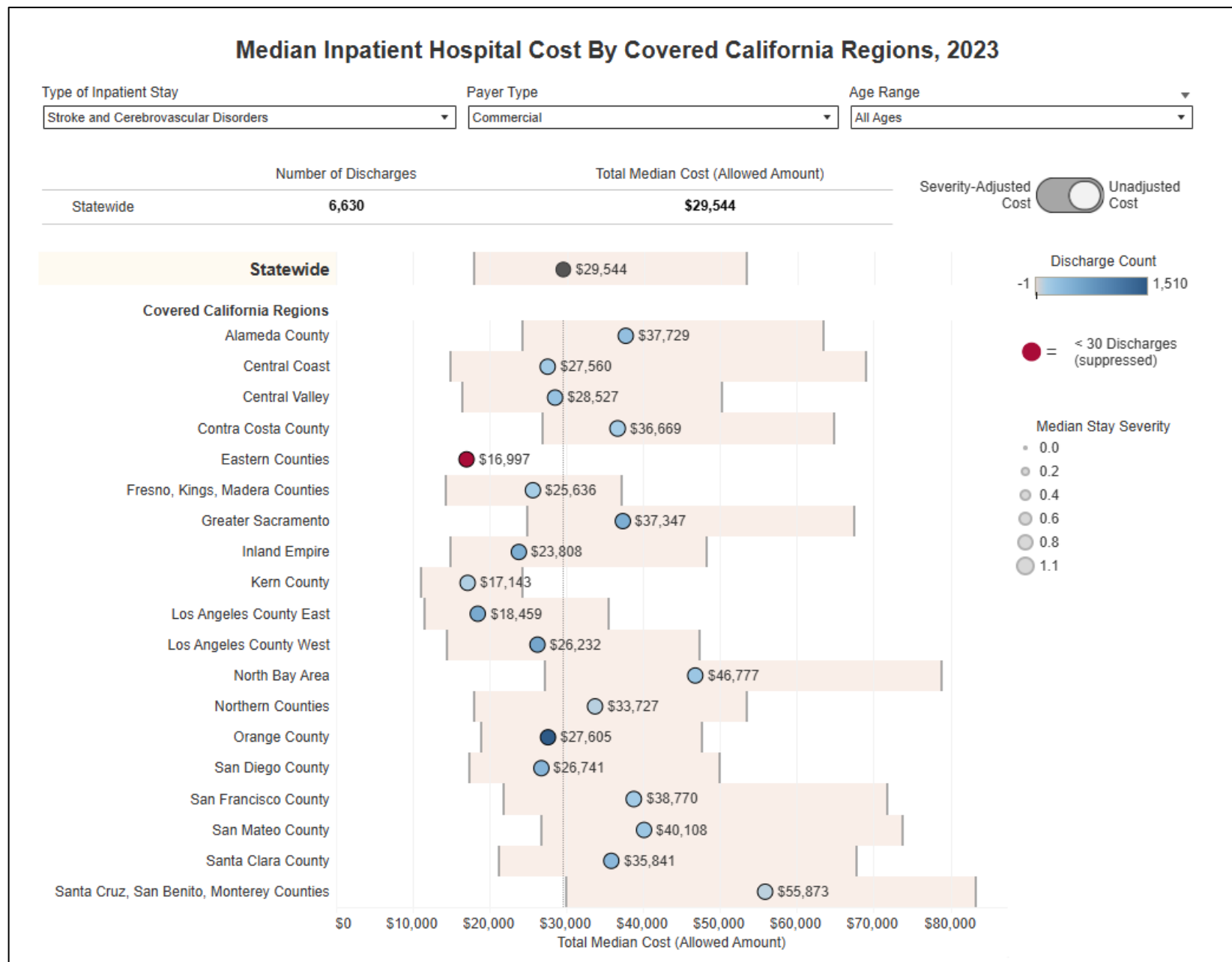
- [Data Brief: Payment Arrangements in California's Commercial and Medicare Advantage Markets in 2023](#) provides a comprehensive picture of payment arrangements currently in use in California's market.
- [Data Brief: Behavioral Health Spending in California's Commercial Market](#) presents mental health 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.
- [Inpatient Hospital Costs by Region – HCAI](#) reports cost and utilization information for acute hospital inpatient stays by region and type of stay in California in 2023.

Inpatient Hospital Costs by Region, 2023

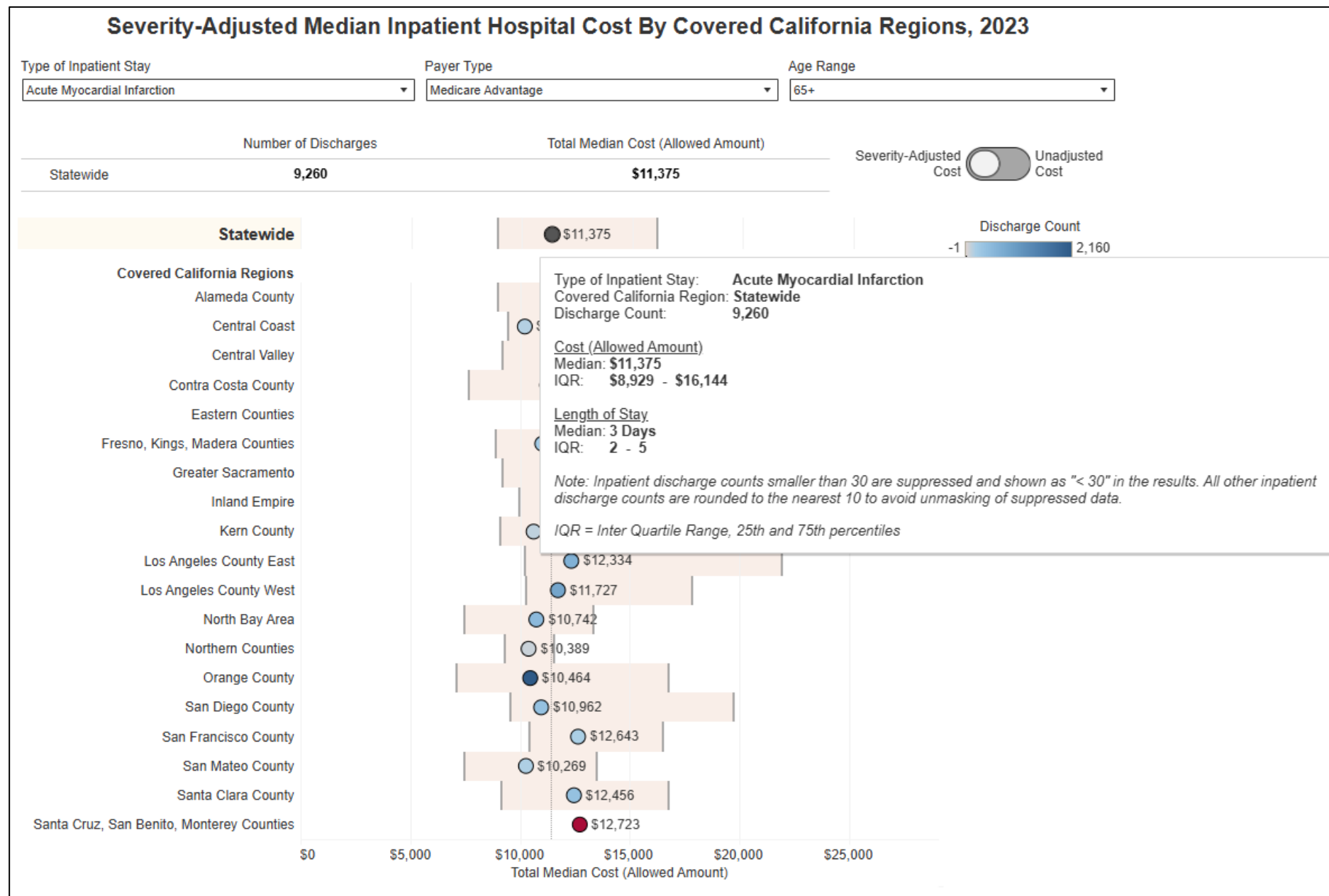
Stakeholders advised on methodology, clarity, and interpretation

HPD Advisory Committee, RAND, California Hospital Association (CHA), Freedman HealthCare

- Median Cost (allowed amount)
 - Facility + Professional claims
 - Uses FFS equivalents
 - Unadjusted Cost or Severity-Adjusted Cost
- Statewide & Covered CA Regions
- Type of Inpatient Stay: groups of similar DRGs across severity levels, comorbidities, and complications
- Payer Type: Commercial, Traditional Medicare, Medicare Advantage.
 - Medi-Cal will be added in future versions
- Age Range: 0-18, 19-64, 65+
- Extra Detail:
 - Interquartile ranges (IQR)
 - Discharge count
 - Stay severity
 - Length of stay



- Severity-adjusted cost shows the median of adjusted cost based on MS-DRG severity rate per discharge.
- Complex procedures and severe health conditions can increase the cost to provide care. Severity-adjusted cost takes some of this variation into account.



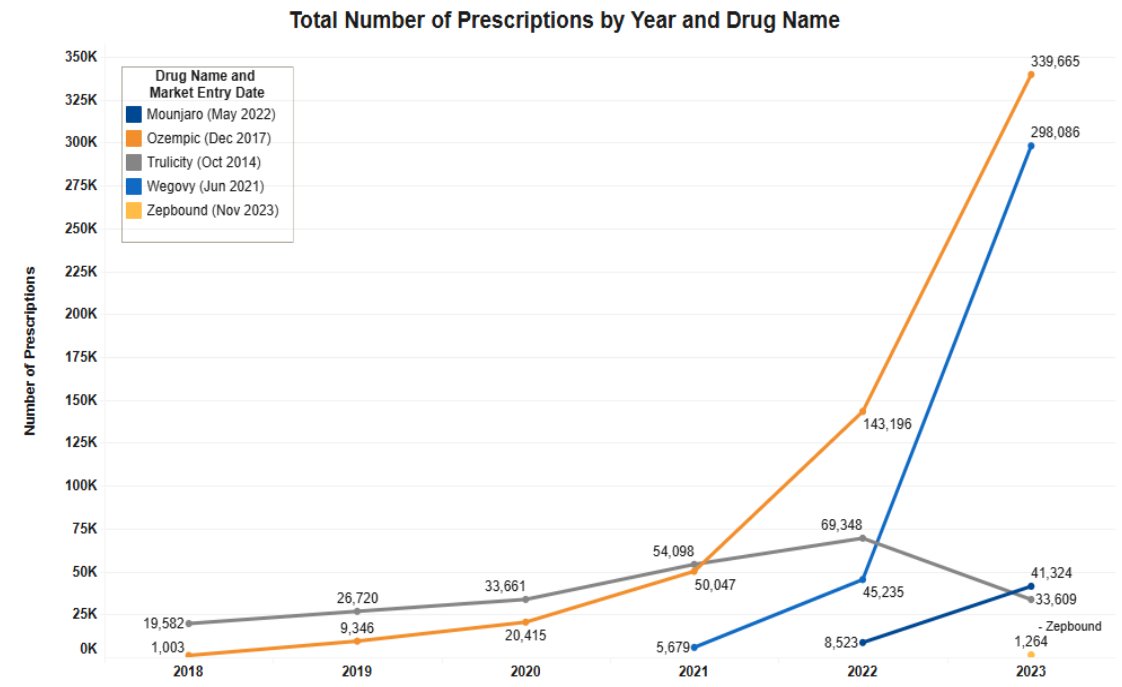
Data Brief: GLP-1 Prescriptions for Weight Loss over Time, 2018-2023

Data brief with three views:

- Yearly trends in prescription volume of five GLP-1 drugs prescribed for weight loss
- Total costs for GLP-1s in 2023, comparing Medi-Cal and commercial payers
- Average total cost of weight loss GLP-1s in 2023 per member by county

GLP-1 Prescriptions by Year for Medi-Cal and Commercial Payers, 2018-2023
(Excluding Prescriptions to Members with Diabetes)

2018	2019	2020	2021	2022	2023
20,585	36,066	54,076	109,824	266,302	713,948



Increasing Engagement with HPD Public Reports

Evolving HPD Reports

- More Data briefs
 - Emphasize actionable findings that may be obscured in HCAI's larger reports
 - Regionally- and locally-focused data briefs
- Infographics
- Topic landing pages and product integration

Activities In Process

- Strategic planning for 2027 and beyond
 - Focus on uptake and actionability
- Recorded demos and "How To Use This Product" series
- Webinars and live demos of public products
- Targeted outreach to other organizations that will promote HPD reports
- Standardized citations for external data user products
- Systematic effort to feature products in partner organizations' newsletters (e.g. NAHDO)

For Discussion: How can HCAI best promote the use of its HPD public reports?

Committee Member Questions and Discussion

Public Comment

BREAK

Agenda Item VII: Future Public Reporting Priorities and Pipeline

Andy Potter, PhD, Analytics and Data Section Chief, HCAI

Alyssa Borders, PhD, Research Scientist Staff, HCAI

Topics

- Review HPD public reporting priorities
- Discuss public reporting pipeline
- Detailed discussion of ongoing public reporting work-in-progress

HPD Public Reporting Priorities - 2027

Specific Topics

1. Health Equity
2. Enhancement of Prescription Drug Costs report
3. Reporting on Hospital Costs
4. Primary Care
- 5. Maternal Health**

Broader Categories

- A. Focused Utilization and Payment Analysis
- B. Specific Populations, Geographies
- C. Coverage/Enrollment
- D. High-level data briefs

Other Activities Underway

Updates to existing HPD public reports with new years of data

Focused communications campaigns/considerations for data use

For Discussion: Do These HPD
Public Reporting Priorities
Remain Appropriate?

Public Reporting Pipeline

Reports Released

- The HPD Inpatient Stay and Outpatient Visits Report
- Data Brief: Insulin and Metformin Geographic Access and Mail-Order Use
- Data Brief: GLP-1 Prescriptions for Weight Loss over Time, 2018-2023
- Inpatient Hospital Costs by Region

Late-Stage Development

- Projected Medicare drug cost savings data brief
- Primary Care
- Maternal Health Services
- Refreshing existing products with 2024 data
 - Includes significant updates to Medical Out-of-Pocket (OOP) Costs and Chronic Conditions, Fee-For-Service Drug Costs in California

Early/Mid-Stage Development

- Health Equity
- Behavioral Health

Health Equity: Background

- Environmental Scan
 - Reviewed state APCD reports with a Health Equity or Social Drivers of Health (SDoH) focus
 - Colorado, Georgia, Connecticut, & Massachusetts
- Ongoing data limitation: reported Race and Ethnicity data quality remains low
- Updated California Healthy Places Index (HPI) acquired
 - “HPI maps data on social conditions that drive health like education, job opportunities, clean air and water, and other indicators that are positively associated with life expectancy at birth.”
 - Based on 2020 census tracts

Health Equity: Outcome Measures

Measure domain	Measure options
Access to care & Utilization	Distance to a provider or specialty service, Providers and FTE per 100,000 members, ED visits per 1000 members
Cost	Cost per person per year, Insurer vs member responsibility, Average out of pocket costs
Quality	HEDIS Measures: Well-Care Visits, Preventative screening rates, Follow-Up After Hospitalization/ED Visits, All-cause readmissions, Asthma medication ratio

Health Equity: Stratifications

Two possible models identified:

Stratification: Do healthcare quality, cost, and access outcomes vary across populations within our state?

Correlation: Do healthcare quality, cost, and access outcomes correlate with social factors in our state?

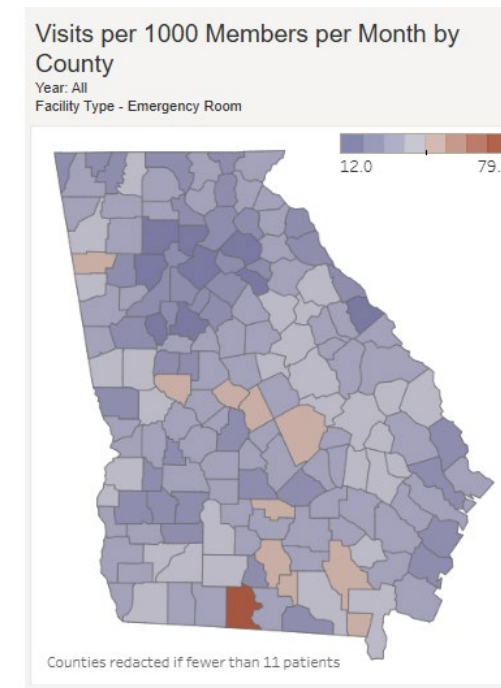
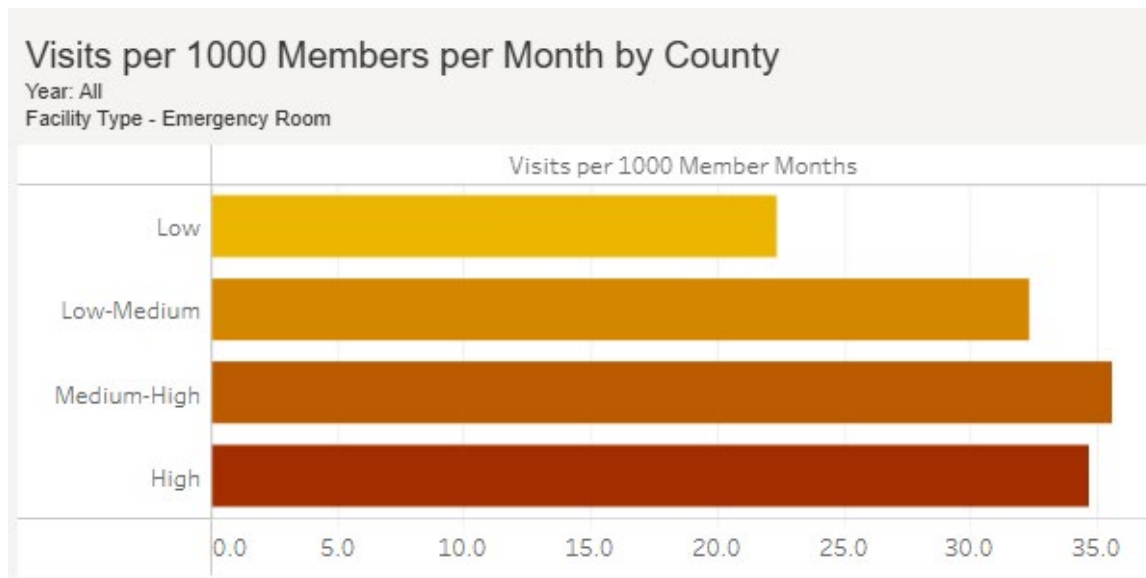
Domain	Stratification options	Level*
Geography	County, Covered CA Region, Rural Designation	Person
Health Condition	Chronic Conditions	Person
Demographics	Age band, Sex, Payer type	Person
SDoH Measure Index	Healthy Places Index (HPI) Composite Score or Specific Domain Scores: - Economic - Housing - Transportation	Area Estimate

* Level: Person-level = determined by member data in HPD
Area-level = estimated by characteristics of a member's neighborhood

State Health Equity Report Examples

Stratification: Do healthcare quality, cost, and access outcomes vary for different populations?

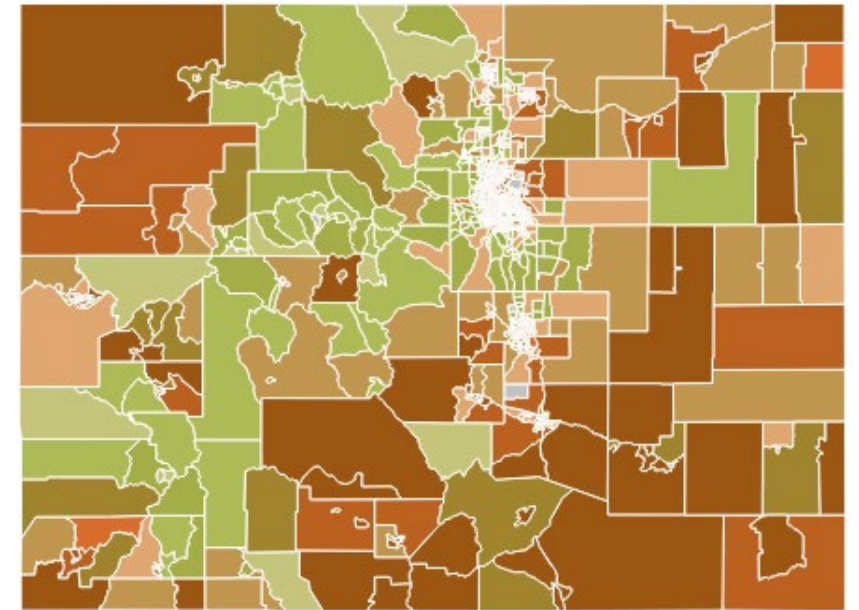
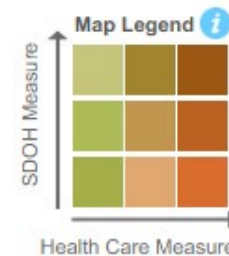
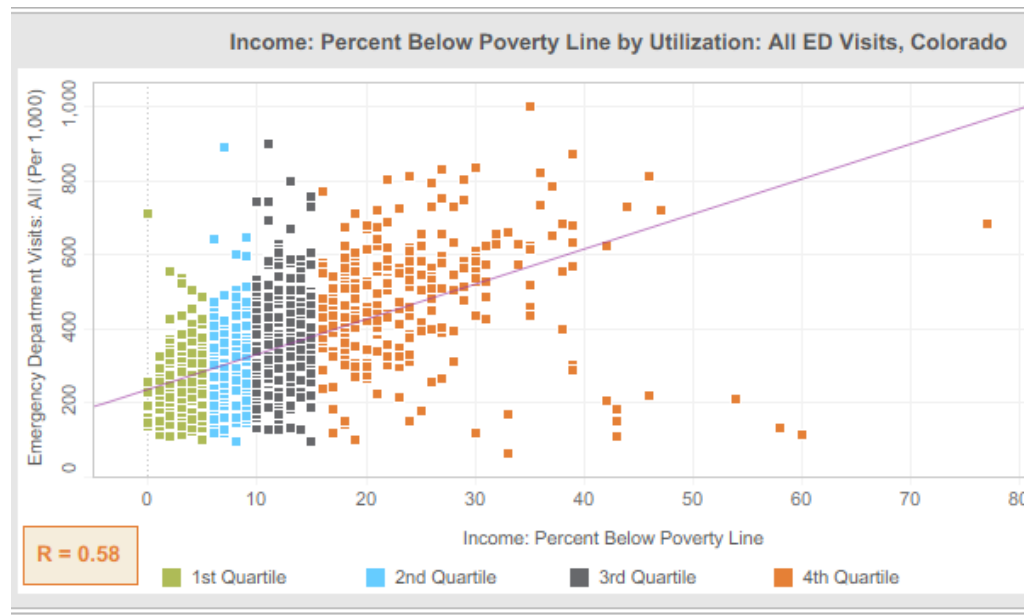
- Categorical variables (county) or grouped continuous variables (% poverty level)
- Georgia compared the rate of ED visits in regions with poverty level groups (high vs low percentage of the population below the poverty level)



State Health Equity Report Examples

Correlation: Are SDoH factors related to healthcare quality, cost, and access outcomes?

- Requires continuous variables (% below poverty level)
- Colorado correlated the rate of ED visits with the percentage of individuals below the poverty level in each region.



Questions for the Advisory Committee

1. Recommendations for additional health equity outcomes or measures?
2. Stratification or Correlation analyses?
 - Which measures are better suited for each method?
3. What comparisons and subcategories should be prioritized?
 - Multiple stratifications are limited due to data deidentification requirements. Rank options
4. What types of cost reporting are valuable?

Behavioral Health: Background

- Environmental Scan
 - APCD examples and popular measures
 - Multi-state collective impact project
 - Other HCAI Behavioral Health products
 - Investment and Payment Workgroup update on [Behavioral Health Spending Analysis and Benchmark Setting](#)
 - [Data Brief: Behavioral Health Spending in California's Commercial Market](#)
- Definition
 - [Milbank Methodology](#)
- Data Limitations
 - Incomplete SUD records from some submitters, SUD records unavailable for Medi-Cal members
 - Higher proportion of Behavioral Health services rendered through self-pay and not captured in claims data

Behavioral Health: Outcome Measures

Domain	Measure options
Utilization	- Rate per 1,000 members - Percent of all members with a visit - Percent of diagnosed members with a visit
Cost	- Median cost per visit - Median out-of-pocket per member per year
Prevalence	- Percent of members with SUD, MH, or any BH diagnosis - Percent of members with BH diagnosis and other comorbidities
Workforce and Access	- Patients per provider - Continuity of Care
Quality (HEDIS)	- Follow-Up After ED Visit for SUD - Follow-Up After Hospitalization/ED Visit for Mental Illness - Initiation and Engagement of SUD Treatment - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Behavioral Health: Stratifications

Domain	Stratification options
Demographics	- Age groups - Payer - Region or Rural Designation
Health Conditions	- Mental Health vs SUD - With/out chronic conditions - With/out other BH comorbidities
Type of Service	- Office, Emergency, Telehealth, Inpatient, Residential

Questions for the Advisory Committee

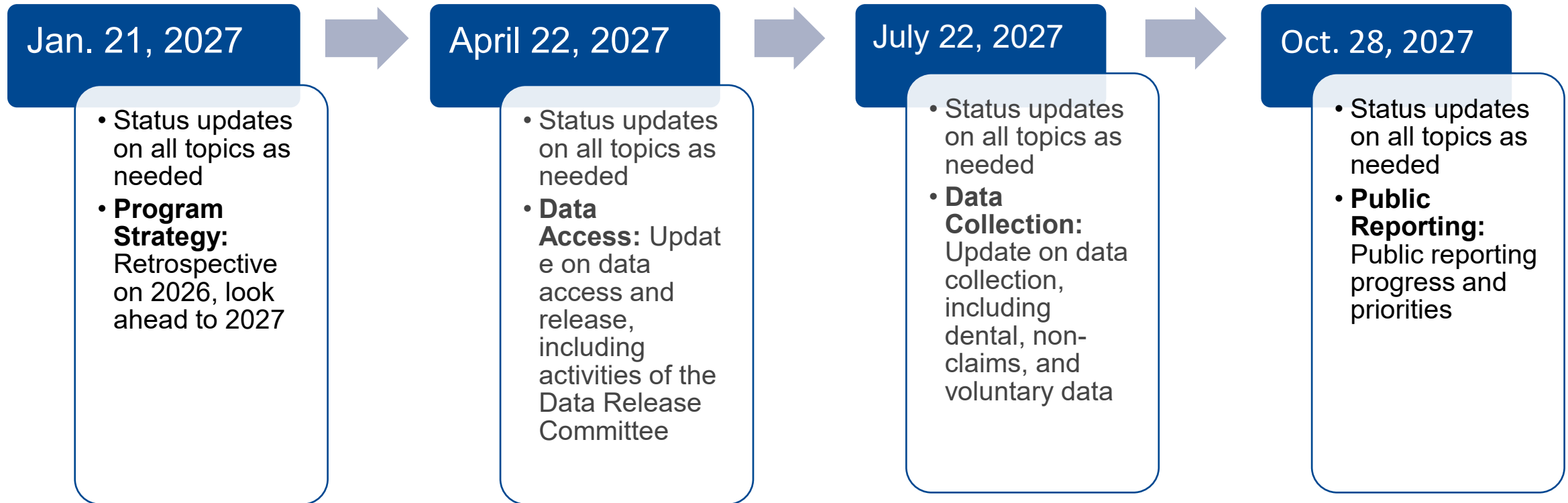
1. Recommendations for additional outcomes or measures?
2. What comparisons and subcategories should be prioritized?
 - Rank options - Multiple stratification combinations are limited due to data deidentification requirements.
3. What are your recommendations for cost reporting given the rate of self-pay for BH services?
4. What topics would benefit from a Data Brief format?
 - a. Telehealth and in-person utilization trends
 - b. Follow up visits after BH hospitalizations
 - c. Rural utilization of BH urgent care and ED
5. Are there any conditions or topics that may be too sensitive to include in reporting?

Committee Member Questions and Discussion

Public Comment

Agenda Item VIII : Anticipated Next Meeting Topics

Advisory Committee Anticipated Topics



Committee Member Questions and Discussion

Public Comment

Agenda Item IX: Public Comment

Adjournment