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

**October 24, 2024  
MEETING MINUTES**

**Members Attending:** Amber Ott, California Hospital Association; Ken Stuart, California Health Care Coalition; William Barcellona, America's Physician Groups; Steffanie Watkins, Association of California Life and Health Insurance Companies; Kiran Savage-Sangwan California Pan-Ethnic Health Network (CPEHN)

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

**Members in virtual attendance:** John Kabateck, National Federation of Independent Business; Joan Allen, Service Employees International Union- United Healthcare Workers West; Janice Rocco, California Medical Association

**Members not in attendance:** Cheryl Damberg, RAND Corporation; Charles Bacchi, California Association of Health Plans; Emma Hoo, Purchaser Business Group on Health

**Presenters:** Elizabeth Landsberg, Director, HCAI; Scott Christman, Chief Deputy 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; Langou Lian, Research Scientist III, HCAI; Justin Tonooka, Research Scientist II

**Public Attendance:** 91

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

Welcome and review of meeting ground rules and procedures. Review and approval of July 25, 2024, meeting minutes.

The committee voted and approved the July 25, 2024, meeting minutes. Bill Barcelona raised a motion to approve, and Steffanie Watkins seconded it. The minutes were approved, 8-0.

*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: Oath of Office - Swearing in a new Advisory Committee member**

*Scott Christman, Chief Deputy Director, HCAI*

Scott Christman swore in Kiran Savage-Sangwan as the consumer representative on the committee, replacing the position previously held by Anthony Wright.

*No Questions or Comments from the Committee.*

No Public Comments.

**Agenda Item # 4: Deputy Director Update**

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

Presentation on division policy and program activities of interest.

*No Questions or Comments from the Committee.*

No Public Comments.

**Agenda Item # 5: HPD Data Collection Program Updates**

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

Presentation on progress and initiatives

*No Questions and Comments from the Committee.*

No Public Comments.

**Agenda Item # 6: HPD Data Release Program Updates**

*Chris Krawczyk, Chief Analytics Officer, HCAI*

Presentation on progress and initiatives.

*Questions or Comments from the Committee:*

The committee members congratulated the HCAI team for reaching a major milestone after five and a half years of work, recognizing their progress toward launching a tangible product and commending the team for their effort.

No Public Comments.

**Agenda Item # 7: HPD Public Reports**

*Langou Lian, Research Scientist III, HCAI;*

*Justin Tonooka, Research Scientist II, HCAI*

Presentation on accomplishments to date and work underway.

*Questions and Comments Related to Fee-For-Service Drug Costs in the Commercial Market Visualization*

The committee inquired about the differences between the pharmacy dashboard and the prescription drug pricing reports by the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI). HCAI acknowledged overlap in some of the prescription drug pricing data but noted differences in population coverage and pricing measures and emphasized the potential for collaboration to enhance the use of the data.

The committee thanked HCAI for the helpful technical notes document and asked about plans for data stratification, such as by geography or health plan, and what insights were gained from the current analysis. HCAI responded that the next steps include incorporating Medicare, Medi-Cal, and 2022 data into a refresh, with plans for further features based on stakeholder feedback. HCAI noted that geographic stratification and other filters could be areas of interest and also discussed the technical challenges of working with Fee-for-Service data and the need to account for managed care data, rebates, and coupons. Moving forward, HCAI aims to expand the analysis to include additional drug categorizations and planning coverage.

*Questions and Comments Related to HPD Measures Visualization Update – October 2024*

The committee raised a concern about the accuracy of prescription costs when dosage sizes differ (e.g., 14 pills versus 140 pills). HCAI acknowledged the issue, explaining that they are working on standardizing the data to ensure each drug appears only once in the listing, including addressing the differences between 14-day and 30-day supplies.

HCAI emphasized that while this standardization is complex and time consuming, it is a priority.

The committee inquired whether utilization could be analyzed by coverage type, such as HMO or PPO. HCAI explained that they are currently focusing on Fee-for-Service data, with future potential for incorporating different coverage types and geographic factors. HCAI mentioned the possibility of side-by-side comparisons for various insurance coverage types and market models (e.g., Medi-Cal, Medicare, commercial) in the future. The committee suggested comparing individual medical groups' drug cost data against the database to assess their performance and utilization.

The committee raised the idea of including additional plan attributes, such as the richness of plan deductibles and benefit designs, which are not currently part of the Common Data Layout, suggesting that these details could be valuable for understanding out-of-pocket costs and in-depth inquiries, especially for future data collection and analysis. While not for public reporting at this stage, they proposed that plans could potentially provide more detailed product information in the future, such as indicators for high-deductible health plans, to enhance understanding of benefit designs and their impact on patients.

The committee raised concerns about grouping pharmacy data, particularly when dealing with variations of the same drug in different dosages or forms (tablet vs. capsule). They suggested using resources like First Databank to help group drugs more logically, combining brand and generic versions to make the data more user-friendly. Additionally, they recommended exploring ways to derive unit costs from claims data, which could improve comparability and usefulness for users.

The committee highlighted the challenge of tracking drug usage, particularly off-label uses, which are important for policymakers. They pointed to drugs like GLP-1s, where initial uses (e.g., for diabetes) expand to other applications, influencing market growth and cost. However, they noted a key issue: pharmacy claims typically don't include diagnoses, making it difficult to link prescriptions to specific conditions, especially for off-label use. They explained how this is particularly challenging for commercial markets, which are more likely to expand coverage for off-label uses compared to Medicare or Medi-Cal.

The committee suggested adding a ranking within drug categories to provide more detailed insights. By ranking drugs within their therapeutic classes, users could more easily identify high-cost drugs within each category. This would enhance the utility of the data by allowing users to filter and compare drugs within specific classes, without significantly altering the existing infrastructure. However, they acknowledged potential challenges, such as data size and small cell sizes, but believed this adjustment could benefit users with expertise in specific medication areas.

Questions and Comments Related to Preview of Late-Stage Development: Prescription Drug Cost Report Update

The committee asked whether there had been comparisons between the data reported by hospitals, payers, and HCAI to assess uniformity, to which HCAI confirmed that discussions on this topic are ongoing. The committee also inquired about the absence of race, ethnicity, and language data in the demographic categories presented, and HCAI clarified that this omission is due to incomplete data.

The committee inquired if Medicare Advantage data would be separated for performance comparisons with traditional Medicare. HCAI responded that they are currently focusing on Fee-for-Service Medicare data and are still working to understand and refine the Medicare data.

Questions and Comments Related to the Proposed HPD Services and Visits Dashboards

The committee praised the progress and usefulness of the data, asking if HCAI could share the list of the eight general service areas mentioned earlier. HCAI confirmed these are the eight major Restructured BETOS Classification System (RBCS) categories: anesthesia, Durable Medical Equipment (DME), Evaluation & Management (E&M), imaging, procedure, test, treatment, and other. The committee suggested that researchers would benefit from having the exact list or code of categories to use as a starting point for further research. HCAI responded that they will provide as much context as possible in the technical notes document accompanying each visualization and will consider making the code available in the enclave after the product launch.

The committee suggested that it might be helpful to list how many physicians have prescribed each high-cost medication, which could help identify potential misuse sources. The committee also mentioned the importance of considering in-network versus out-of-network physicians, particularly in PPO plans, as patients may shop for specific providers, and tracking this data could help identify areas where issues are occurring.

The committee inquired about hospital inpatient care costs, asking whether the analysis considers multiple perspectives, such as hospital, patient, employer, or payer costs. HCAI clarified that the focus is on the allowed amount, though patient out-of-pocket costs may be included in the future. The committee suggested adding out-of-pocket costs for both inpatient and outpatient care and incorporating filters to improve public engagement and provide context. HCAI noted the challenges in identifying hospital systems within the HPD but is working on solutions and collaborating with the Office of Health Care Affordability (OHCA) on refining data access, measures, and analytics.

### Questions and Comments Related to Early Development: Health Equity, Hospital Costs

The committee discussed the limitations of using the Healthy Places Index (HPI) as a proxy for race, noting that it works for geographic analysis but not for racial disparities, especially for smaller racial and ethnic populations that face the deepest disparities. The committee also highlighted the need to explore how utilization is associated with social determinants and mentioned a study showing disparities in preventive care claims denials by income and race within the same geographic area. The committee suggested that further exploration of this would provide more valuable data for state efforts. HCAI acknowledged the feedback, noting that they are working on improving race and ethnicity data through multiple sources. HCAI also stated that they are comparing these methods with hospital data to ensure accuracy while maintaining privacy and appropriate use.

### Questions and Comments Related to Analysis for DHCS: Coverage/Churn, Primary Care, Dual Eligibles

The committee discussed the potential of using data to understand provider networks and the capacity of the healthcare system, noting the importance of comparing primary care access across different payers, such as commercial, Medi-Cal, and Medicare. The committee highlighted the challenge of understanding how much time providers dedicate to specific networks and emphasized the need for further work on access to care and service availability. The committee also raised a question about the inclusion of dual eligible patients in the primary care analysis, noting that the analysis used claims data by primary payer instead of eligibility.

The committee asked for clarification on who was included in the analysis presented on [slide 42](#), which highlighted the increase in the number of primary care providers between 2018 and 2022. HCAI clarified that the analysis included claims data, and the rendering providers associated with those claims, covering both physicians and other provider categories.

The committee expressed enthusiasm about the analysis produced for DHCS from the HPD data, emphasizing its value in understanding movement across different sources of coverage. The committee also raised questions about primary care data, specifically asking if HPD uses the Knox-Keene definition of primary care providers and whether the data could be drilled down to individual providers. HCAI confirmed that the data analysis was based on taxonomy developed with DHCS and refined from the Agency for Healthcare Research and Quality's list of primary care codes.

The committee highlighted that the potential use of this data could be beneficial in understanding how providers are split across different areas of service and provide better insight into primary care availability compared to traditional methods, as well as the importance of aligning this data with OHCA definitions and using it to examine

primary care shortages and disparities across California in the future. Committee members also noted that work on the DHCS analyses began prior to OHCA's creation.

HCAI expressed gratitude for the progress made in public reporting and the contributions of data submitters, internal teams, and consultants, acknowledging the work behind getting the data ready for public use and reporting.

*Public Comments:*

A member of the public expressed appreciation for the primary care provider information presented on [slide 42](#), emphasizing its significance for access and market analysis. They also raised a concern about the completeness of rendering provider data, noting that it has often been poorly populated, despite billing provider data being more reliable. The member of the public also inquired about whether the completeness of the rendering provider information has improved in recent years.

**Agenda Item # 8: Anticipated Next Meeting Topics**

*Ken Stuart, Chair*

*Questions or Comments from the Committee:*

For the January meeting the focus will be on program year in review and strategic topics for the following year. Committee members suggested the agenda include a discussion of the HCAI Provider Organization Index Pilot Project and use cases for benefit design using the HPD.

No Public Comments.

**Agenda Item #7: Public Comment for Items Not on the Agenda**

*Ken Stuart, Chair*

The committee may not discuss or act on any matter raised during this public comment section that is not included on this agenda, except to place the matter on a future meeting agenda.

*No Questions or Comments from the Committee.*

No Public Comments.

**Agenda Item #8: Adjournment**

*Ken Stuart, Chair*

*No Questions or Comments from the Committee.*

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

No Public Comments.