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

**July 27, 2023
MEETING MINUTES**

Members Attending: Steffanie Watkins, Association of California Life and Health Insurance Companies; Janice Rocco, California Medical Association; Charles Bacchi, California Association of Health Plans; Amber Ott, California Hospital Association; Emma Hoo, Purchaser Business Group on Health; Anthony Wright, Health Access California; Joan Allen, Service Employees International Union- United Healthcare Workers West; William Barcellona, America's Physician Groups; Cheryl Damberg, RAND Corporation; John Kabateck, National Federation of Independent Business

Members Not in Attendance: Ken Stuart, California Health Care Coalition; Isaac Menashe, Covered California (ex-officio)

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)

Presenters: Elizabeth Landsberg, Director, HCAI; Michael Valle, Chief Information Officer and Deputy Director, HCAI; Starla Ledbetter, Chief Data Officer, HCAI; Christopher Krawczyk, Chief Analytics Officer, HCAI; Alyssa Borders, Research Scientist, HCAI; Greg Dawson, HPD Consultant

Public Attendance: 65

Agenda Item # 1: Welcome and Meeting Minutes
Bobbie Wunsch, Meeting Facilitator

Welcome and review of meeting ground rules and procedures. Review and approval of April 27, 2023, meeting minutes.

The committee voted and approved the April 27, 2023 meeting minutes. Bill Barcelona raised a motion to approve, and Cheryl Damberg seconded it. The minutes were approved, 10-0.

No Public Comments.

Agenda Item # 2: Department Updates

Elizabeth Landsberg, Director, HCAI

Presentation on department and program updates.

Questions and Comments from the Committee:

The committee expressed gratitude and appreciation for the efforts of the HCAI team, acknowledging the challenges health plans faced in uploading data and commended the HCAI team for their openness and receptiveness to feedback.

No Public Comments.

Agenda Item # 3: 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 # 4: Implementation and Submitter Updates

Starla Ledbetter, Chief Data Officer, HCAI

Presentation on the progress to date for HPD including reaching the first public reporting milestone.

Questions and Comments from the Committee:

The committee inquired about feedback from the recent public comment period for the data release regulations package and expressed concerns that the timeline may not allow sufficient time for user applications and feedback, potentially resulting in a lack of users by January 1.

The committee also inquired about the collaboration with National Association of Health Data Organizations regarding any updates on non-claims payment data specifications and guidelines.

Committee members reiterated how the HPD plays a vital role in assessing performance measures, access, provider networks, and other factors, allowing for meaningful comparisons between the Medi-Cal program and the rest of the state and emphasized that justifying the importance of the HPD for the Medicaid program would

be crucial for obtaining federal funding as alignment with the Centers for Medicare & Medicaid Services (CMS) requirements is a key factor in securing federal funding for the HPD.

The committee inquired about the possibility of cross-linking data when tracking insurance transitions, particularly when individuals move from commercial insurance to Medicare, requiring a consistent person identifier. The committee also asked if there was a mechanism that would allow data to be separately requested from Medicare FFS and then linked with state data.

The committee inquired about the possibility of adding non-state researchers to the state's Data Use Agreements with CMS, especially if those researchers have already been approved for the same data. The committee is interested in knowing if other states have explored this approach and successfully solved the problem of accessing Medicare FFS data by non-state researchers.

No Public Comments.

Agenda Item # 5: HPD Data Collection and First Public Report

Starla Ledbetter, Chief Data Officer, HCAI

Chris Krawczyk, Chief Analytics Officer, HCAI

Greg Dawson, HPD Consultant, HCAI

Overview of data collection and data element completeness and a walkthrough of the first HPD Public Report – the HPD Snapshot.

Questions and Comments from the Committee:

The committee noted that the value of the HPD Snapshot is that it provides summary level counts of the data available, and that any specific analysis may require adjustments and refinements depending on the purpose. The committee provided feedback on the HPD Snapshot, including the definition and reporting units for the enrollment record and service record (claims and encounters) counts displayed on the “Data Availability” tab. They also commented on the importance in prescription drug data of differentiating between medical pharmacy and retail pharmacy claims.

The committee acknowledged that claims data presents differently across different payers, based on the required benefits for different plans and the different populations represented by needs-based plans, such as Medi-Cal. They emphasized the importance of considering differences in benefit design and population served before drawing conclusions from the data. In addition, Medicare is the primary payer for individuals eligible for both Medicare and Medi-Cal; Medi-Cal is the secondary payer. The committee suggested development of clear documentation and robust guidance for data users to ensure appropriate interpretation of results.

The committee inquired about payer categorizations in the HPD Snapshot as well as the anticipated timeline for updating the publicly available data with 2022 information, asking how long it would take the data to be fully integrated and accessible for public viewing.

The committee also sought clarification on the process for self-funded employers authorizing the inclusion of their data and whether their data would be incorporated into the regular HPD Snapshot updates or if there was a mechanism to obtain historical data for this group of employers.

The committee inquired about the data's timeframe for enrollments and medical procedures and asked about the missing populations in the database, such as uninsured individuals and those under specific programs like Tricare.

The committee discussed the complexity of gathering demographic data, given differences in data collection methods among entities like health plans and providers. They stressed the importance of accurate demographic data for addressing healthcare equity and reducing disparities, while acknowledging that improving data quality will take time. The committee also highlighted challenges in obtaining consistent data due to variations in how questions are posed and answered by enrollees, and how providers may document information about a patient. They raised concerns about potential discrepancies in racial and ethnic categorization across state and federal programs, including Medicare, and asked about HCAI's approach to evolving categorization of demographic data.

The committee provided feedback on what HCAI should include in the 2024 report to the legislature on data quality and completeness, including comparisons of data quality by payer type.

The committee raised questions regarding the surprisingly high completion rate of the "rendering provider" field, which represents the provider delivering the service. They expressed surprise at this completion rate and engaged in subsequent discussions to understand the reasons behind it. Specifically, the committee compared this completion rate to that of the "billing provider" field, which pertains to the provider requesting payment. They anticipated the billing provider field to have a higher completion rate, given its necessity for payment processing. Additionally, it was highlighted that certain payers, including DHCS, utilize the billing provider code to fill the rendering provider field if the billing provider is specified but the rendering provider is not.

The committee also recommended showing variations in critical data elements across different payer types in public reports to provide visibility to data issues.

The committee inquired about whether the HPD data presented in public reports includes all procedures performed or only those paid for by the health plan, and if payers are instructed to send all lines from hospital bills.

No Public Comments.

Agenda Item # 6: 2023 Public Reporting

Chris Krawczyk, Chief Analytics Officer, HCAI

Alyssa Borders, Research Scientist, HCAI

Preview of the HPD Measures Report and an overview of 2023 public reporting.

Questions and Comments from the Committee:

The committee suggested exploring opportunities to use data for quality indicators beyond traditional measures like HEDIS (Healthcare Effectiveness Data and Information Set), mentioning trends observed during COVID-19 – such as increases in low birth weight and C-sections – as potential areas for improvement. The committee expressed their understanding that small cell size suppression is essential to support de-identification, but expressed concern that cell values, once suppressed, are not available at more aggregated levels of reporting; they encouraged creative thinking to present data in ways that minimize information loss when aggregating data at larger geographic levels like the county or regional level.

The committee inquired about the possibility of incorporating the Healthy Places Index to address health disparities, given its reliance on address-based data, which could simplify demographic analysis. The members also suggested going beyond county-level data, especially for large counties like Los Angeles, and mentioned the possibility of using Service Planning Areas and congressional districts as additional geographical filters.

The committee raised questions about pharmaceutical costs and whether the HPD reporting distinguishes between medical pharmacy and retail pharmacy benefits, noting that the distinction between the two benefit types is becoming less clear over time. The committee noted that rebates are an important component of pharmacy costs, and the timeline can be delayed in rebate settlements.

The committee raised concerns about the difficulty of tracking the financial aspects of the Medi-Cal program, particularly related to supplemental payments made by hospitals.

No Public Comments.

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

No Questions and Comments from the Committee:

Bobbie Wunsch thanked the committee and HCAI staff and adjourned the meeting.

No Public Comments.