



2026 Healthcare Payments Data Program Implementation Update

January 27, 2026

Department of Health Care Access and Information

Welcome & Introductions

Michael Valle, HCAI Deputy Director

HPD Background

The HPD is a retrospective research database of administrative data from healthcare claims and encounters.

The HPD collects five core file types:

1. Medical claims and encounters
2. Pharmacy claims
3. Dental claims
4. Member eligibility
5. Provider information

The HPD collects data from:

1. Commercial and Medicare Advantage plans and insurers
2. Department of Health Care Services (Medi-Cal)
3. Centers for Medicare and Medicaid Services (Medicare Fee-For-Service)

The HPD Program is required to:

- Produce public reports from HPD data
- Allow for controlled access to non-public HPD data, by request
- Develop approaches to incorporate other data and link to other datasets

2025 Key Accomplishments

- Collected first non-claims payment test data
- Published [HPD Data Completeness Fact Sheet](#)
- Introduced new “Data Brief” report format
- Published 5 new [public reports](#); updated data and features for 3 other existing reports
- Observed first HPD use in external media, news articles, and briefs
- Provided access to the first [projects using non-public HPD data](#), all in the secure data enclave
- Provided data to OHCA [for insulin market analysis](#) that informed Cal-Rx distribution strategy
- Provided data to OHCA [for cost driver analysis](#) that describes how age, utilization, and chronic condition prevalence has impacted spending trends

HPD Data Collection

Dionne Evans-Dean, HCAI Chief Data Programs Officer

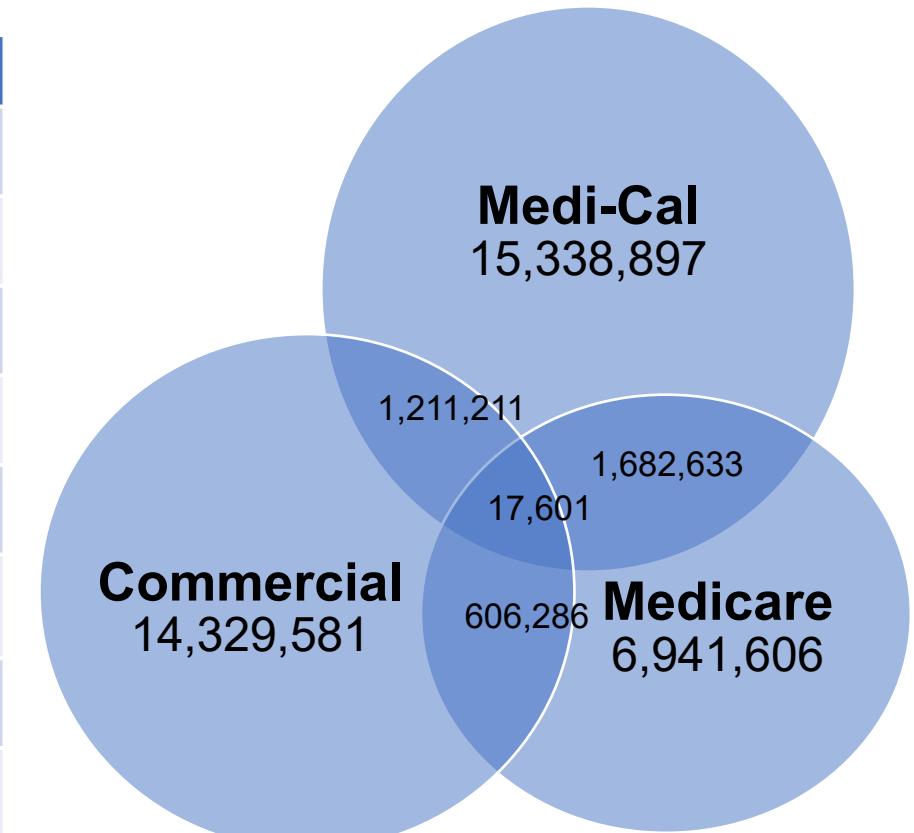
What is in the HPD?

- Medi-Cal data provided by the California Department of Health Care Services (DHCS)
 - Including Medi-Cal Fee-for-Service, Medi-Cal Managed Care, and health insurance programs for specific populations administered by DHCS
- Medicare Fee-for-Service data acquired from the Center for Medicare and Medicaid Services
 - Including Medicare Part D coverage
- Fully Insured Commercial Health Plans and Insurers and Medicare Advantage Plans, public self-insured plans, and qualified health plans (>97% of covered lives in regulated plans)
 - Including HMO, PPO, POS, and EPO plans

Distribution of Individuals by Type of Coverage

December 2023

COVERAGE TYPE	INDIVIDUALS	PERCENT
Medi-Cal Only	12,427,452	37.6%
Medicare Only	4,635,086	14.0%
Commercial Only	12,494,483	37.8%
Medi-Cal & Commercial	1,211,211	3.7%
Medi-Cal & Medicare	1,682,633	5.1%
Medi-Cal & Commercial & Medicare	17,601	0.1%
Commercial & Medicare	606,286	1.8%
Total	33,074,752	100.0%

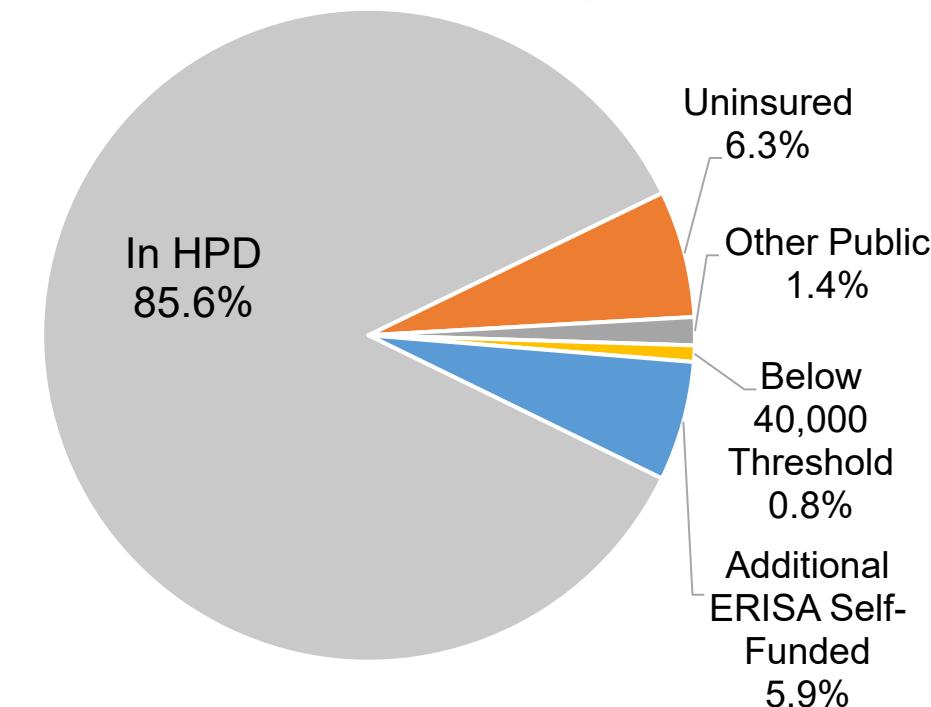


Notes: Data in each of the circles of the Venn diagram represent total enrollment in those programs, including the overlap figures. For example, there were 6,941,606 Medicare members in December 2023, including 1,682,633 that were also in Medi-Cal and 17,601 that were covered by all three product types.

The HPD System Includes 86% of Californians

POPULATION GROUP	NUMBER	%
Included in the HPD	33,490,128	85.6%
Not Included in the HPD (Estimated)		
Uninsured	2,458,383	6.3%
Other Public (e.g., Military, Federal Employees, Indian Health Service)	544,000	1.4%
Below 40,000 Threshold	317,138	0.8%
Additional ERISA Self-Funded	2,314,212	5.9%
Total Californians	39,123,861	100%

Percent of Californians, 2023



Notes:

- Number of [Uninsured](#) from US Census Bureau and [Total Californians](#) from the California Department of Finance.
- Number of Other Public Programs from California Health Benefits Review Program, Estimates of Sources of Health Insurance in California, 2023.
- Number below threshold based on HCAI analysis of covered lives reported in the California Health Care Foundation, [California Health Insurers, Enrollment, 2025 Edition](#). Includes regulated health plans and insurers only.
- Number of ERISA Self-Funded estimated from HCAI analysis and represents *additional* ERISA covered lives not already included in the HPD. Derived by subtracting other categories from Total Californians. Note this may also include a small number of covered lives in public self-funded plans.

HPD Data Completeness

- Data completeness is an important aspect of data quality.
 - A high percentage of data completeness does not measure accuracy of the submitted data
 - Represents the degree to which specific fields are populated with values under expected circumstances (numerator) across all records (denominator) for the expected circumstances
- Data is submitted to HPD monthly and at the service line level.
 - There is an eligibility record for every month a member was enrolled with a plan, and a service line record for every non-denied service line on a claim

The [HPD Data Completeness Fact Sheet](#) can be found in the resources section of the HPD Data Access and Release Page: [HPD Data Access and Release Resources](#)

FILES:

ELIGIBILITY

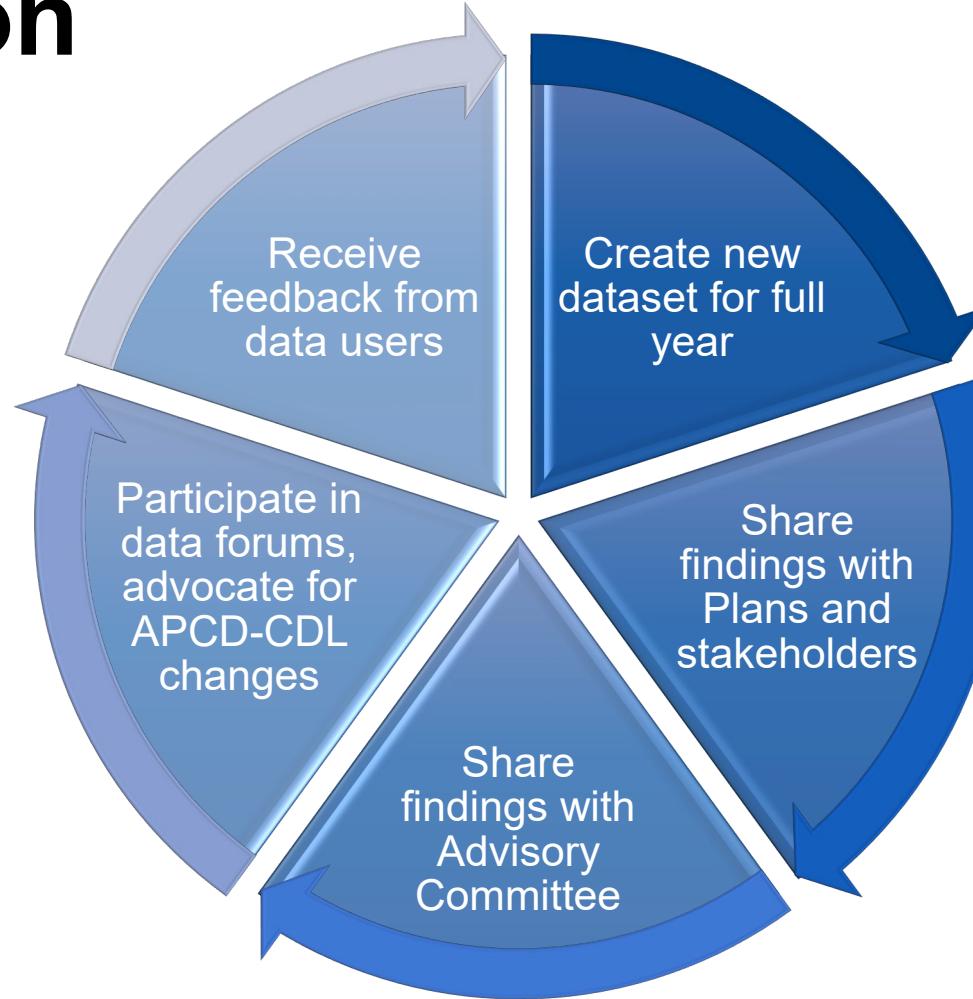
MEDICAL
CLAIMS

PROVIDER

PHARMACY
CLAIMS

** DENTAL CLAIMS data was unavailable at the time of the analysis.*

Approach for Ongoing Data Quality Collaboration



Ongoing and new data collection activities

Type	Status
Dental	Historical data collected through October 2024. Ongoing monthly submissions which began January 1, 2025 with the November 2024 reporting period.
Non-Claims Payment (NCP)	File testing in progress through June 30, 2026. First historical data files due July 31, 2026. See the NCP Fact Sheet for more details.
Voluntary Data Submission	Continue engagement with private self-insured ERISA Plans to voluntary submit data received to data.
Pharmacy Benefit Manager (PBM)	2025 Budget Health Omnibus Bill- requirement for HCAI to collect data from DMHC licensed PBMs. Anticipate data collection to begin Q1 2028. See PBM Fact Sheet for more details.

HPD Data Reporting & Use

Christopher Krawczyk, PhD., HCAI Chief Analytics Officer

HPD Data Release Program

Data Release Program

- Information regarding available data, data documentation, the application and data request process, price schedule, and creating a request account is available on the HCAI website: www.hcai.ca.gov
- To begin the application process, register an account in [HCAI's Data Request Portal](#) and select the type of HPD data request you are interested in applying for.
- Complete the appropriate HPD Request Form Application
 - Request process instructions:
 - [HPD Standard Limited and Standard Limited Plus Data Request Process Instructions](#)
 - [HPD Custom Limited and Research Identifiable Data Request Process Instructions](#)
- Before HCAI preliminary review begins, the HPD application will need to be submitted and the application fee paid.
- Status of received data requests can be found on HCAI's [HPD Data Access and Release Page](#) under "Resources". [HPD Application Updates – 01/13/2026](#)

Data Release Program: Summary (1/7/26)

- Requests received: 46 (44 New, 2 Supplemental)
 - Active requests: 27; Completed requests: 6
- Access Method
 - Data Enclave: Active: 20, Completed: 6
 - Direct Transmission: Active: 7, Completed: 0
- Product Type
 - Standard Limited Data: Active: 10, Completed: 0
 - Standard Limited Data+: Active: 8, Completed: 5
 - Custom Limited: Active: 2, Completed: 0
 - Research Identifiable: Active: 7, Completed: 1
- Stage
 - HCAI review: 18; DHCS review: 4; DUA signing stage: 5 (4 in DUA, 1 pending payment); Have access to data: 6 (this is a repeat for completed requests)

HPD Public Reporting Portfolio

Generational Model of Data (GMoD) Analysis

HCAI'S GOALS

- To generationally enhance the usefulness of information being made available in response to our stakeholders and customer's requests

ENGAGING STAKEHOLDERS AND CUSTOMERS

- To generate business intelligence on the release of products
- To identify topics for future analytics

INITIAL ANALYTICS AND PRODUCT RELEASE

- Generationally improve the presentation of information
- Continue to explore the topic by adding in more data, measures, filters, and visualizations

Public Reporting Principles

To support effective public reporting, HCAI worked with the [HPD Advisory Committee](#) to develop Public Reporting Principles to guide HCAI in reporting results based on HPD data. These principles are listed below.

- Protect Patient and Consumer Privacy
- Inform Policy and Practice
- Engage Stakeholders in the Process
- Adopt Methods that Ensure Credibility
- Align with Existing Efforts
- Provide Information to Support User Understanding

HPD Public Reporting Priorities

- Specific Topics
 - Health Equity
 - Enhancement of Prescription Drug Costs report
 - Reporting on Hospital Costs
 - Primary Care
- Broader Categories
 - Focused Utilization and Payment Analysis
 - Specific Populations, Geographies
 - Coverage/Enrollment
 - 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 - 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.
- [**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.

Public Reports - Pipeline

- **Late-Stage Development**
 - Hospital Inpatient Costs
 - Hospital Visits
- **Early/Mid-Stage Development**
 - Primary Care
 - Equity/Social Drivers of Health (SDoH)

HPD Snapshot

1. Data Overview

- Counts of product types, individuals, and total records by payer type, claim type, and reporting year
- Top product types by count of individuals

2. Data Availability

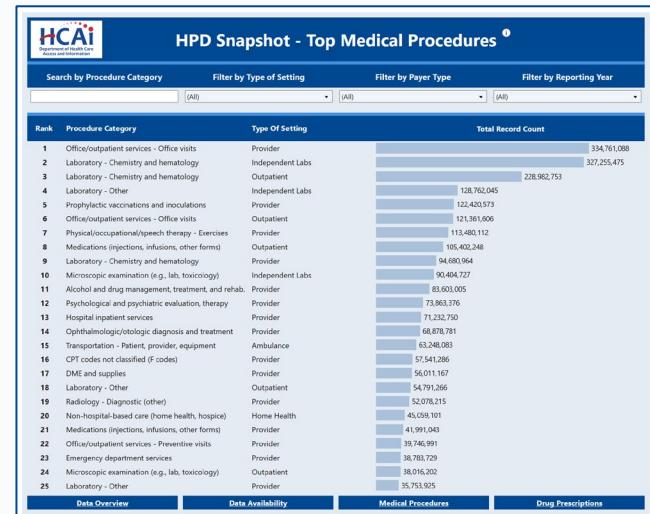
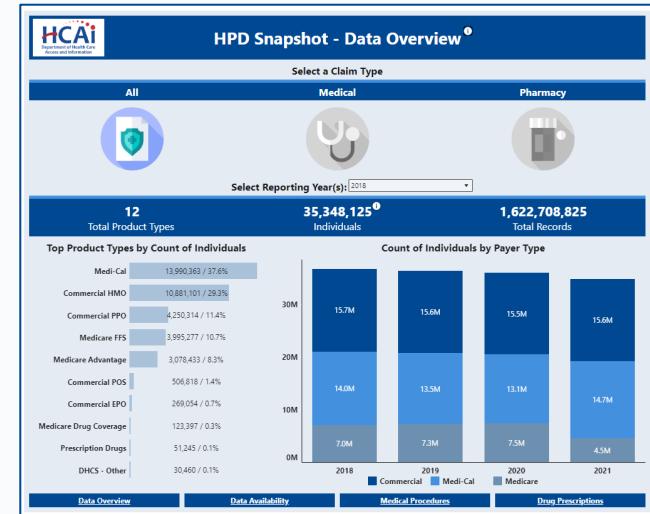
- Count of enrollment and service records, member months, and unique individuals by product type
- Filters for claim type, payer type, and reporting year

3. Medical Procedures

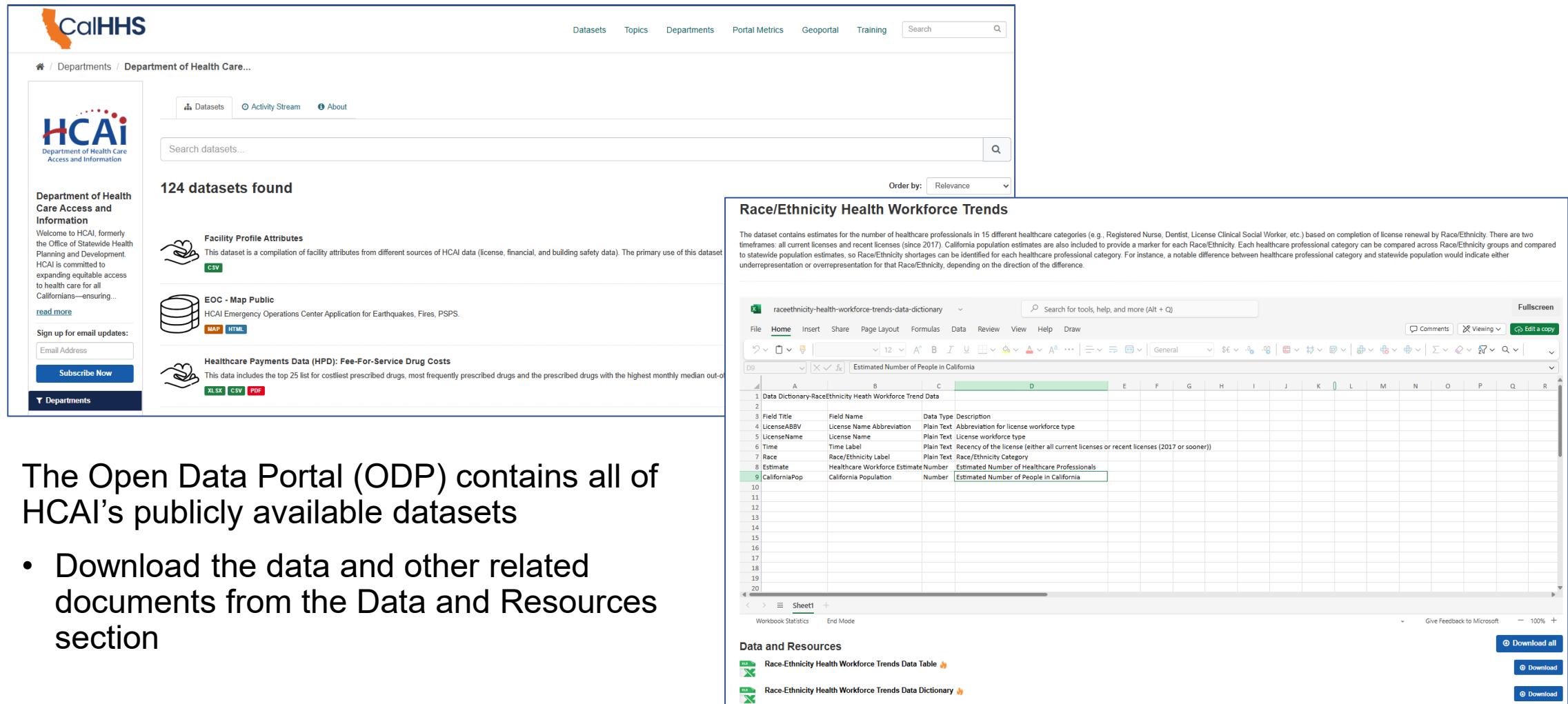
- Top 25 medical procedures by record count, procedure category, and type of setting
- Filters for type of setting, payer type, and reporting year

4. Drug Prescriptions

- Top 25 prescriptions filled by record count, drug name, and drug class
- Filters for drug class, drug type, payer type, and reporting year



Open Data Portal



The Open Data Portal (ODP) contains all of HCAI's publicly available datasets

- Download the data and other related documents from the Data and Resources section

Race/Ethnicity Health Workforce Trends

The dataset contains estimates for the number of healthcare professionals in 15 different healthcare categories (e.g., Registered Nurse, Dentist, Licensed Clinical Social Worker, etc.) based on completion of license renewal by Race/Ethnicity. There are two timeframes: all current licenses and recent licenses (since 2017). California population estimates are also included to provide a marker for each Race/Ethnicity. Each healthcare professional category can be compared across Race/Ethnicity groups and compared to statewide population estimates, so Race/Ethnicity shortages can be identified for each healthcare professional category. For instance, a notable difference between healthcare professional category and statewide population would indicate either underrepresentation or overrepresentation for that Race/Ethnicity, depending on the direction of the difference.

Field Title	Field Name	Data Type	Description
LicenseABV	License Name Abbreviation	Plain Text	Abbreviation for license workforce type
LicenseName	License Name	Plain Text	License workforce type
Time	Time Label	Plain Text	Recency of the license (either all current licenses or recent licenses (2017 or sooner))
Race	Race/Ethnicity Label	Plain Text	Race/Ethnicity Category
Estimate	Healthcare Workforce Estimate	Number	Estimated Number of Healthcare Professionals
CaliforniaPop	California Population	Number	Estimated Number of People in California

HPD Program Product Demonstrations

Discussion and Q&A

All



Thank you!

hcai.ca.gov/hpd
hpd@hcai.ca.gov