

Statewide All-Payer Health Care Claims Database Report

Biennial report to the Legislature

RCW 43.371.090(2)



Forecasting and Research Division

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Executive summary

In 2019, the Legislature directed the Office of Financial Management to conduct a biennial review of the Washington all-payer health care claims database (WA-APCD) and provide recommendations for maintaining and promoting the progress of the database (RCW 43.371.090(2)). The database includes medical, pharmacy and dental services claims, as well as eligibility and health provider data, submitted by private and public health care payers in the state. State agencies, researchers and other approved organizations use the data to inform health care policy and improve health care price and quality transparency. This is the first report and presents OFM's review of the current status of the database and its recommendations. The Washington Health Care Authority currently manages and oversees the database.

For this report, OFM provides background information about the implementation and operations, the transition to HCA, overview of current contracts, budget, rulemaking, advisory committees, and current operations and activities. OFM gathered information from HCA, a variety of stakeholders, and surveys of three stakeholder groups – health insurance companies that submit claims to the database, representatives from health care organizations that review results produced from the data, and current and past requestors of WA-APCD data products.

After reviewing all the information, OFM provides six recommendations for improving the operations of the WA-APCD:

- 1) Improve transparency and accountability of expectations and requirements around HCA's various roles with the WA-APCD and discuss with stakeholders the value of continuing the lead organization's role.
- 2) Complete all database and program tasks required in statute and rule.
- 3) Create a financial plan for the sustainability of the database that includes leveraging the Medicaid match and guaranteeing continued state access to the data.
- 4) Ensure continued state agency access to the WA-APCD and Medicare fee-for-service data.
- 5) Improve transparency and efficiency of processes around data requests and updating data use agreements and ensure timely access to data once approved.
- 6) Increase communication, transparency of operations and outreach to potential data users.

The WA-APCD is a valuable state resource and important to many state agencies and partners investigating health care and public health issues. HCA has successfully continued the operations of the database without the support of an external lead organization. Increasing the transparency of operations and decisions will continue to build trust in the database and generate interest among new data users. Preserving data access for state and local government agencies and streamlining the data request process will move the state closer to fulfilling database goals the Legislature put forward in chapter 43.371 RCW.

Purpose of the review

In 2019, the Legislature directed the Office of Financial Management to conduct a biennial review of the Washington all-payer health care claims database (WA-APCD). The database includes medical, pharmacy and dental services claims, as well as eligibility and health provider data, submitted by private and public health care payers in the state. State agencies, researchers and other approved organizations use the data to inform health care policy and improve health care price and quality transparency. This is the first report and presents OFM's review to evaluate the progress of the WA-APCD in meeting the needs of state agencies and other data users and includes recommended strategies for improvement. Two previous reports from OFM published in 2016¹ and 2017² detail the implementation of the WA-APCD. Additional historical and background information that precedes the current evaluation are included in Appendix A of this report.

In 2019, the Legislature directed OFM to transfer WA-APCD oversight to the Health Care Authority on Jan. 1, 2020. OFM and HCA agreed on a transition plan to sustain operations through the transition period – July 1 through Dec. 31, 2019. The agencies signed the plan in June 2019 and launched a series of meetings that included a detailed review of the operations and maintenance of the database and website, contracts and licensed software, data security and data privacy structure of the database, and remaining rulemaking activities including creating a de minimis threshold for data submitters and an audit guide. OFM met with HCA leadership and staff in over 75 meetings to make sure WA-APCD activities would not be interrupted during the transfer. The data policy and data release committees continued to meet, along with a newly formed APCD Select Committee. The committees were continuously updated about the status of the program transition to HCA.

What is the current status of the WA-APCD lead organization and other contracts?

Chapter 43.371 RCW included new guidelines surrounding procurement of a lead organization for the WA-APCD including potential conflicts of interest in the procurement, suggested qualifications, and restrictions on entities that could apply to be the new lead organization. By mutual agreement, OFM and the Oregon Health and Science University, the original WA-APCD lead organization, ended the lead organization contract on Dec. 31, 2019. However, between July 1 and Dec. 31, 2019, OFM took over many of the lead organization functions.

HCA conducted a new procurement for the lead organization in the fall of 2019 and announced in October of that year that the apparently successful bidder was the Washington Health Alliance. Contract negotiations did not finish by the end of 2019, so HCA took over as the acting lead

¹ Washington State “Statewide All-Payer Health Care Claims Database” December 2016. Available at: <https://www.ofm.wa.gov/sites/default/files/public/legacy/reports/AllPayerHCClaimsDatabaseReportToLegDec2016.pdf>

² Washington State “Statewide All-Payer Health Care Claims Database” December 2017. Available at: <https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/APCD/AllPayerHCClaimsDatabaseReportToLegDec2017.pdf>

organization on Jan 1, 2020. Contract negotiations with the Washington Health Alliance continued through 2020 and as of the writing of this report (February 2021), no contract has been signed. There has been limited communication with stakeholders on whether contract negotiations will continue through 2021 or whether a different path will be taken. The WA-APCD has been operating without a fully-functioning external third party as the lead organization for 19 months.

Currently, HCA has the following roles related to the WA-APCD database and program:

- Administrative oversight*
- Acting lead organization
- Data submitter*
- Data requester/user

The asterisked HCA roles are required by statute. The simultaneous fulfilling of all these roles by HCA poses potential conflicts of interest, both real and perceived. For example, as both the acting lead organization and the administrative oversight, it is unclear how HCA holds itself accountable to legal requirements and stakeholders in the role of lead organization. There is also a lack of transparency in how HCA differentiates its use of the data as the lead organization versus as a state agency data user. Additional examples include:

- According to the current data request process, the lead organization does not need to submit an application for data release when it functions as the lead organization. Yet state agencies *do need* to submit an application and go through the data request process.
- The law states that the lead organization may not release a report that compares and identifies providers, hospitals, or data suppliers unless these entities conduct a review (RCW 43.371.060(4)). The law does not hold state agencies to that same requirement, and it is unclear how HCA would differentiate its roles as the lead organization and as a state agency data user when releasing reports with this type of information included.
- The law requires HCA to submit a report to the Legislature that highlights certain aspects of the database and lead organization. It is unclear how HCA would evaluate its own performance as the lead organization while it is also acting as the administrator of the WA-APCD overall.
- The process for a petitioner to request an administrative review for a declined data request poses conflicts (WAC 182-70-290). The petitioner requests a review by HCA based on the lead organization's decision to decline the request — but the lead organization is HCA. This is an example of whether the lead organization role is currently conflicted.
- The law requires the lead organization to submit an annual status report to HCA covering database submission by health insurance companies (RCW 43.371.030(3)). It's unclear how HCA would submit a report to itself.

WA-APCD stakeholders need to understand how HCA is addressing potential conflicts of interest created by its multiple roles. To increase trust with stakeholders, HCA should prioritize transparency and accountability to all stakeholders of the WA-APCD and make processes and decision-making transparent.

Furthermore, given that the WA-APCD has not had a fully-operational external third party entity as the lead organization since June 30, 2019 and HCA has been able to successfully maintain and operate the WA-APCD for over a year, HCA should also engage with stakeholders to assess whether there is value in keeping the role of the lead organization.

This leads to our first recommendation:

Recommendation 1. Improve transparency and accountability of expectations and requirements around HCA's various roles with the WA-APCD and discuss with stakeholders the value of continuing the lead organization's role.

In addition to the lead organization contract, the WA-APCD program requires other contracts to operate. The statuses of those agreements are described below.

Other Contracts

Data vendor

During the WA-APCD implementation, OHSU contracted with Onpoint Health Data from Portland, Maine to be the data vendor for the WA-APCD. The contract was transferred to HCA and has been extended through Dec. 31, 2021.

Website vendor

OHSU contracted with Forum One as the website vendor for the Washington HealthCareCompare website. Along with the data vendor, its contract transferred to HCA. The current contract has been extended through Dec. 31, 2021.

Proprietary software

3M Clinical risk groups: The 3M clinical risk groups included in the WA-APCD assigns children and adults with chronic health conditions into mutually exclusive risk groups based on the severity of their health condition. The CRGs allow for comparison of patient populations across the health care system and include capitation risk adjustment.

Originally, OFM held the contract with 3M. During the HCA transition, 3M changed the contract terms, which caused a delay in obtaining permission to use the software. The software is needed to refresh the data on the Washington HealthCareCompare website. Subsequent to the website refresh, providers and facilities need to review the results through the review and reconsideration process. HCA has a temporary contract in place through February 2021. As we write this report, HCA and 3M continue contract discussions.

Healthcare Effectiveness Data and Information Set (HEDIS): Many of the measures included in the Washington Statewide Common Measure Set and published on the Washington HealthCareCompare website are HEDIS measures. OFM transferred the HEDIS contract to HCA, and HCA has begun new discussions with the National Committee for Quality Assurance about the future of licensing these measures.

Medicare fee-for-service data

In 2015, OFM became the Medicare opt-in agency for Washington. This designation streamlines data access by using one state agency to take on the burden of applying for, managing, paying for, and distributing the Medicare fee-for-service data to other state agencies. Other state agencies can use the data under one data use agreement held by the opt-in agency. OFM distributed for free the Medicare fee-for-service data to state agencies³ that requested it and incorporated the data into the WA-APCD. Since the WA-APCD moved to HCA, it made sense that HCA should apply to be the opt-in agency for Washington. HCA submitted the application in 2020 and it was approved. HCA has indicated it plans to incorporate the Medicare fee-for-service data into its Enterprise Data Warehouse in addition to adding the data to the WA-APCD.

Have all statutory WA-APCD requirements been completed?

The Legislature added several items to the statute that the lead organization of the WA-APCD must complete. First, a minimum reporting threshold (also called a de minimis rule) for carriers is to be established (RCW 43.371.070(1)(i)). Currently, carriers with small lines of business or few covered lives must seek exception requests for historical data submissions and yearly waivers from submitting quarterly data. The new rule will create a threshold either based on covered lives or sales revenue below which data suppliers will be exempt from submitting claims data. Without this rule, small health carriers will be required to continue submitting yearly waivers to be compliant with the law. HCA has indicated that work on this rule will begin in June 2021.

Second, the Legislature directed HCA to convene a state agency coordinating structure consisting of state agencies and the Washington Health Benefits Exchange (RCW 43.371.090). The requirements in statute include:

- Ensure the database meets the needs of state agencies and other users.
- Ensure the broader success of the database.
- Ensure the effectiveness of the database and the agencies' programs.
- Collaborate in a private/public manner with the lead organization and other key partners.
- Advise HCA and the lead organization on the development of any database policies and rules relevant to agency data needs.

³ OFM was also able to share the data with Public Health Seattle & King County with approval from the Centers for Medicare and Medicaid Services.

- Promote the goal of improving health outcomes through better cost and quality information by making recommendations in consultation with HCA, OFM, the WA-APCD lead organization and data vendor to the Washington State Performance Measurement Coordinating Committee.

The coordinating committee (see Appendix C for a list of committee members) met once (June 25, 2020) to introduce members to the charter, objectives and data products. The committee has not started work on the recommendations to the Washington State Performance Measurement Coordinating Committee or followed up from its initial meeting. The work of this group is essential for ensuring the effectiveness of the state common measure set in the goals of improving health outcomes through better cost and quality information.

Additionally, WAC 182-70-715 requires the development of an audit guide to help HCA conduct audits of:

- Data suppliers to ensure they comply with data submission requirements.
- Data requestors to ensure they comply with data release requirements or agreements.

The audit guide should include standards for all audits, the process to select an auditor including qualifications, the process to identify and address conflicts of interest, and retention and destruction processes. According to HCA, development of the audit guide will begin in June 2021.

RCW 43.371.020(5)(g) requires a financial sustainability plan for the WA-APCD. As of the completion of this report, the WA-APCD does not have a current plan. The current state of rulemaking activities and tasks required in statute brings us to our second recommendation.

Recommendation 2. Complete all database and program tasks required in statute and rule including:

- Create a financial sustainability plan that is reasonable and customary compared to other states' databases (RCW 43.371.020(5)(g)).
- Develop a de minimis rule (RCW 43.371.070(1)(h)(i)).
- Make recommendations to the Washington State Performance Measurement Coordinating Committee about the statewide performance measures (RCW 43.371.090(3))
- Develop an audit guide (WAC 182-70-715).

Is the WA-APCD meeting data security and policy requirements of the Office of the Chief Information Officer?

HCA has confirmed that Onpoint Health Data, the data vendor for the WA-APCD, continues to meet or exceed OCIO data security policies. These include:

- Continuing HITRUST CSF v9.1 certification.
- Protecting personal information with standards such as the International Organization for Standardization's standards ISO-IEC 27002:2013 – Code of Practice for International Security Management, Control Objectives for Information and related Technology (COBIT) standards.
- Complying with applicable data protection and privacy laws when it collects, assesses, uses, stores, processes, disposes of and discloses personally identifiable information.
- Documenting organizational security program with security policies and practices
- Completing a compliance audit in the last 12 months and addressing findings of the audit.
- Having an incident response plan, which includes procedures to notify the current lead organization.
- Having a communication plan for breach incidents. This includes how to notify the OCIO and state chief information security officer.
- Passing Standards for Attestation Agreements (SSAE) No. 16 Service Organization Control 2 (SOC 2) Type II audit in the last 12 months.

Are the WA-APCD data submission processes effective for data submitters?

Data submission guide

Onpoint Health Data reviews the data submission guide annually based on feedback from data submitters and data requestors. This feedback guides the addition, update, or removal of any data fields from the data submission guide. Changes for 2020 included an update to indicate if a service occurred within an in-plan network to assist with the identification of claims affected by the Washington Balanced Billing Protection Act.

Data submissions

Currently, there are over 40 data submitters to the WA-APCD submitting medical, dental and pharmacy claims data and eligibility information. Beginning Jan. 1, 2020, carriers began submitting School Employees Benefits program claims. Data submitters are required to send claims to the WA-APCD on a quarterly basis (April, July, October and January). As mentioned previously, Medicare fee-for-service data is obtained through a direct request to the Centers for Medicare and Medicaid Services. Table 1 shows the number of covered lives (i.e., the number of subscribers and their dependents enrolled in a particular health insurance program) for 2018 and 2019 included in the

database compared with the total population of Washington. The database currently has claims data covering 2014⁴ through the previous quarter of 2020 (as we write this report). Updated data files for each quarter are available to users about six months after the quarter's submission deadline.

Table 1. Covered lives in the WA-APCD by market segment

Market segment	2018	2019
Commercial	2,081,207	2,212,234
Public employees	422,901	430,716
Exchange	273,244	258,772
Medicaid	2,135,009	1,819,927
Medicare Advantage	431,522	460,635
Medicare FFS ¹	895,221	898,733
Self-Insured	523,486	541,147
Total lives with medical coverage ²	5,645,740	5,667,555
Total Washington population ³	7,427,270	7,546,400
% of total population captured	76%	75%
Other Insurance Markets		
Dental	4,389,503	4,399,468
Workers' compensation	143,356	135,372
Out-of-State Lives	1,798,575	2,498,507

¹ 2018 and 2019 FFS estimated based on Centers for Medicare and Medicaid Services

² Total lives with medical coverage are less than the sum of the different plan types because some members may have had two types of coverage during the year. The totals reflect each member with *any* coverage during the year.

³ Total Washington population estimate based on OFM population estimates

⁴ 2013 historical data is available but is incomplete for a subset of data submitters.

In September 2020, OFM surveyed data submitters to gather feedback on the data submission process since the transition to HCA in January 2020. Overall, most data submitters were satisfied with the quarterly submission process, the claims data repository, communications with Onpoint Health Data and HCA regarding issues with quarterly submissions, and lead time for making changes based on data submission guide changes. Responses were also positive about requesting an extension or waiver from HCA for data submissions.

Some respondents noted the following areas for improvement:

- Navigating the Onpoint Health Data website (for claims submissions).
- Communicating changes to variances and thresholds before quarterly deadlines.
- Logging submitter-specific variances from the data submission guide so they are carried over each quarter.
- Communicating the status of the lead organization contract negotiations.

How can the WA-APCD data be validated to help improve trust in the data?

The WA-APCD is a complex database that pulls in millions of medical, dental, and pharmacy claims along with eligibility information each quarter from a variety of payers. A master patient identifier and a master provider index are used to link the claims by person and by provider. The database goes through multiple types of data quality and validation checks. One example is data completeness reports that Onpoint sends each year to data submitters. These reports summarize the data submitted in relation to the total number of covered lives and revenue. These reports help Onpoint and the data submitters identify discrepancies and, if needed, resubmit data due to errors. Based on survey feedback, data submitters said they wanted more time to review the data completeness reports and more transparency of methods used to produce results.

In addition to the completeness reports, Onpoint Health Data examines trends in HEDIS and other health care measures. Onpoint Health Data flags breaks in trends and outliers to investigate further. More details of Onpoint Health Data’s data quality checks are included in the “Washington All Payer Health Care Claims Database Post-Implementation Review Report” for the Office of the Chief Information Officer in January 2019⁵.

States such as Minnesota⁶, federal agencies such as the Agency for Healthcare Research and Quality⁷, and payers such as Anthem⁸, have conducted third-party data quality and validation on state all payer claims databases to help identify discrepancies in the data and strengthen the validity of these databases. When OHSU was the lead organization, it contracted with the University of

⁵ <https://waocio.secure.force.com/ProjectDetail?id=a06U000000PIvqvIAD>

⁶ <https://www.health.state.mn.us/data/apcd/docs/faqapcd.pdf>

⁷ Data Evaluation of All-Payer Claims Databases. Content last reviewed April 2017. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/data/apcd/backgroundrpt/data.html>

⁸ https://www.antheminc.com/cs/groups/wellpoint/documents/wlp_assets/d19n/mzq1/~edisp/pw_g345393.pdf

California at Berkeley to run assessments on the WA-APCD. Both Onpoint Health Data and UC Berkeley's data validation checks showed several issues with Medicaid fee-for-service data. Errors included the lack of an end date for eligibility files and incorrect cost information for specific procedures and services. Recognizing this area for improvement, HCA is working with Onpoint Health Data to validate and improve the integration of Medicaid fee-for-service data with regard to dual-eligible (i.e., Medicare) clients and mother-infant claims data. Some of this work will result in an update to the data submission guide in 2021 for Medicaid data.

UC Berkeley did not continue data validation efforts with HCA. Although not a formal recommendation for this report, we strongly urge HCA to partner with a third party to conduct data validation efforts for the WA-APCD to help build trust in the data.

What is the financial sustainability of the WA-APCD?

This section includes an overview of WA-APCD revenue and expenditures.

Appropriations

In the 2019-21 biennial budget, the Legislature appropriated approximately \$1.1 million to OFM to continue operating and maintaining the WA-APCD from July 1, 2019 through Dec. 31, 2019. OFM spent about \$910,000.⁹ The Legislature also appropriated \$3.275 million to HCA to maintain and continue WA-APCD operations, contract with a new lead organization, and provide data access to state agencies from Jan. 1, 2020 through June 30, 2021. For the six months of operations in fiscal year 2020, HCA spent about \$670,000 of these funds and spent about \$392,000 through Jan. 25, 2021 for fiscal year 2021. HCA currently has one full-time employee allocated to support the WA-APCD.

The 2019-21 biennial appropriation included funding to fully cover the cost of providing WA-APCD data access for state agencies. This was not clear to HCA, and in the spring of 2020, it asked state agencies to pay for continued access to the data for fiscal year 2021. This misunderstanding was cleared up without the state paying twice for the data. As no WA-APCD budget changes have been requested, HCA's 2021-23 biennial budget is expected to include funding to cover data access for state agencies. HCA has told some state agencies it will explore incrementally charging state agencies for access to the WA-APCD beginning in fiscal year 2023 or later. It is not clear the justification to begin charging state agencies or if the amount charged could negatively impact state agency access to the data.

⁹Complete information from the Office of the Chief Information Officer's IT Pool oversight of the WA-APCD appropriation can be found at: <https://waocio.secure.force.com/ProjectDetail?id=a060P00000t5Nm3QAE>.

Data product sales

Part of the financial resources the state needs to continue operating the WA-APCD comes from revenue generated from selling data products¹⁰. The price of data products varies by the type of data requested and who is making the request. A detailed description of the pricing and fee schedule is listed on the Washington HealthCareCompare website¹¹. Reviews of the pricing and fee schedules occur annually, and changes are made based on a variety of factors including sales, changes in cost to create products, and alignment with goals set forth in the financial plan for the WA-APCD. No updates were made to the price schedule in 2020, and HCA has indicated updates are planned for 2021.

Table 2 lists all the data requests resulting in sales since the release of the WA-APCD. Total sales were \$72,430 for FY 2019, \$62,790 for FY 2020, and \$72,217 for FY 2021. Some state agencies purchased additional data access beyond the data access already covered by grants and the legislative appropriations. HCA covered one data request through appropriations in 2020 from a University of Rochester PhD student for the release-upon-request data product (\$500).

Table 2. Data product sales from the WA-APCD by fiscal year

Data requestor	FY 2019 (7/2018- 6/2019)	FY 2020 (7/2019- 6/2020)	FY 2021 (7/2020- 6/2021)
OFM (Education Research Data Center)			\$3,050
Kaiser Foundation Health Plan of Washington	\$16,700	\$10,290	
Public Health Seattle and King County	\$15,000		
Washington Health Benefits Exchange (additional licenses)	\$22,750		
University of Washington	\$10,000		
Washington State Hospital Association		\$52,500	\$52,500
OHSU - CHSE (not acting as lead org)	\$7,980		
Washington State Medical Association			\$16,667
Veterans Affairs Puget Sound Health Care System			(in process - \$9,100)
Total	\$72,430	\$62,790	\$72,217

¹⁰ www.wahealthcarecompare.com/data-products

¹¹ <https://www.wahealthcarecompare.com/pricing>

Medicaid Match

Throughout the WA-APCD's existence, there have been discussions about seeking approval from the Centers for Medicare and Medicaid Services (CMS) to receive Medicaid match to support key WA-APCD functions. This process would allow for matching of federal dollars through the Medicaid program to defray costs of Medicaid-related components of database operations. In 2019 HCA testified that applying for Medicaid match would be a priority. To date, HCA has started drafting initial documents for the approval process but has not submitted them. Securing federal funds for partial costs of the WA-APCD would help lessen the financial burden to the state.

Although the WA-APCD no longer requires the database to be self-sustaining, RCW 43.371.020(5)(g) requires the lead organization to develop a financial plan that is "reasonable and customary" compared to other states' claims databases. Ideally, a financial plan would include a projection of data product sales and revenue generation along with costs to operate and maintain the database. As of the writing of this report, the WA-APCD does not have a financial plan in place. This leads us to our third recommendation.

Recommendation 3. Create a financial plan for the sustainability of the database that includes leveraging the Medicaid match and guaranteeing continued state agency access to the data.

The WA-APCD is a complex database that took a great deal of resources to implement and launch. A financial plan is needed and required in RCW 43.371.020(5)(g) to ensure the sustainability of the database, better allocate resources and prepare funding requests to the Legislature. The WA-APCD could leverage the previously created financial plan and look at potential funding examples included in APCD Council reports¹².

Given the current fiscal climate due to COVID-19, finding and obtaining federal sources of funding through grants or appropriations is critical. Several other states have been approved to receive Medicaid match for components of their APCDs. Funding for the WA-APCD should be included in the Medicaid match as part of the Advance Planning Document for the CMS.

Extending contracts of the data vendor and website developer for more than one year at a time will help the program better plan for future enhancements to the database including linking vital statistics, hospitalization, and other data sources. These actions increase the value of the database and make the data products more attractive to a broader group of data requestors.

The Governor's proposed 2021-23 biennial budget includes funding to cover the cost of data access for state agencies. This cost-free access should continue in future biennia for state agencies to prevent disruption of current and future health care services work.

¹² <https://www.apcdouncil.org/>

Are state agencies accessing WA-APCD data?

Data products became available for purchase in July 2018. Table 2 lists the data requestors who paid for data products and, thus, generated some revenue for the WA-APCD. Through grant funding, OFM initially covered data access for the Department of Health, OFM, HCA, Department of Labor and Industries, and Washington Health Benefits Exchange to use the analytic enclave. The analytic enclave is a secure cloud-based platform that enables users to access WA-APCD data, data augmentation services, and analytic tools without having to download the data onto local machines. Updated data files are loaded into the enclave about six months after the data is submitted to the database. Data files in the analytic enclave also contain Medicare fee-for-service data. OFM also provided enclave licenses to Public Health Seattle and King County and Providence CORE to complete work on behalf of the state for the Accountable Communities of Health. The initial data use agreements allowed access to the analytic enclave through June 30, 2019 (see Table 3). Chapter 43.371 RCW allowed all organizations with existing data use agreements in effect June 30, 2019, to extend their agreements through June 30, 2020 for continued data access.

As stated previously, appropriations included in the 2019-21 biennial budget included continuation of the analytic enclave licenses for state agencies and added the Office of the Insurance Commissioner (OIC). The Department of Labor and Industries discontinued its data use agreement for the biennium. HCA decided against paying for a FY 2021 enclave license for Providence CORE to continue its work for the Accountable Communities of Health, and Providence CORE decided not to pursue paying for continued access to the data.

The primary concern for state agency staff is whether they will continue to have access to the WA-APCD data for assisting the Accountable Communities of Health, implementing balance billing efforts, studying behavioral health issues, and understanding primary care expenditures.

Several state and local government agencies rely on the WA-APCD and Medicare fee-for-service data for information on cost and utilization of health care services. Appendix B includes examples of current and past uses of the WA-APCD data by state and local agencies, and other entities since the data became available. The proposed 2021-23 HCA appropriation continues funding to cover state agency access, but there is indication from HCA about charging state agencies for access in future years. These concerns for continued access to the WA-APCD data bring us to our fourth recommendation.

Recommendation 4. Ensure continued state agency access to the WA-APCD and Medicare fee-for-service data

State agencies need from HCA:

- Assurance of continued access to the WA-APCD data and Medicare fee-for-service data after the current biennium to prevent interruption of health care service projects and activities.
- Continued coverage of state agency costs to access WA-APCD and Medicare fee-for-service data through state appropriations to prevent the state paying twice for the WA-APCD.

Table 3. State agencies and entities conducting work on behalf of the state that have access to WA-APCD data by fiscal year

Data access covered by appropriations or grant funding	FY 2019 (7/2018- 6/2019)	FY 2020 (7/2019- 6/2020)	FY 2021 (7/2020- 6/2021)
OFM (Forecasting & Research Division/ Health Care Research Center)	X	X	X
Providence CORE	X	X	
Public Health Seattle and King County	X	X	X
Department of Labor and Industries	X	X	
Washington Health Benefit Exchange	X	X	X
Office of the Insurance Commissioner		X	X
Health Care Authority	X	X	X
HCA acting as the lead organization		Starting 1/1/2020	X
OHSU - CHSE acting as the lead organization	X	Ended 12/30/2019	
Department of Health	X	X	X

What improvements can be made to the WA-APCD data request process and data access?

Data requests and the sale of data products are essential to help fund the database. Data requestors help generate revenue and show the value of the WA-APCD through reports and analyses using the WA-APCD data.

According to WAC 182-70-200(3), the lead organization must maintain a log of all data requests and actions it takes on each request and post this log on a website. The log must include, at a minimum, the requester's name, requested data, purpose of the request, whether the request was approved or denied, the dates of data released (if approved), or the reason for denial.

Listed on the Washington HealthCareCompare website are approved data requests¹³. The details of each request include the required elements in statute except the dates of data release. The specific dates of data release and timeframe for use are included in data use agreements maintained by HCA.

How long does it take to fulfill a request for data products from the WA-APCD?

Many factors affect the timeline to fulfill a data request. These include:

- If the data request application is complete when submitted to the lead organization.
- The lead organization and data release committee's efficiency to prepare and review data requests.
- How timely the requester responds to questions or clarifications from the data release committee and lead organization.
- Whether the data request needs institutional review board approval.
- Whether the data request needs a public comment period (i.e., it contains protected health information or proprietary financial information).
- How efficiently requests are moved through HCA's internal review process and contract office after the data release committee's review.

Current data request review process

The data release committee reviews completed data requests either during scheduled committee meetings or through email. The committee provides the lead organization (currently HCA) with advice to approve or deny the request. If HCA (acting as the lead organization) approves the data request, it moves to the WA-APCD HCA program administration. Here, the chief data officer reviews the request. If the chief data officer approves, the application moves to the chief medical officer for review. If the chief medical officer approves, the department signs the data use

¹³ <https://www.wahealthcarecompare.com/past-requests?page=0>

agreement. The final step is the data use agreement is sent to contracts for execution by the agency and the data requestor.

As it stands, the entire data request review process, starting with the data release committee through contracts, takes several months to complete. HCA encourages data requestors to complete or submit for the Institutional Review Board (IRB), if needed, before submitting a data request application because data products cannot be released without IRB approval.

Tracking of inquiries for data products

HCA maintains a separate log of all data inquiries that did not result in a completed data use agreement, are in process or on hold (usually waiting for grant approval or funding). The reasons why data product inquiries may not result in a completed data use agreement include:

- Cost of data product.
- The entity chose to pursue a different data source.
- There were no responses to HCA's follow-up attempts to contact the requestor.

Unsuccessful data requests

The data release committee and HCA denied one data request in 2020. The request was deemed not an appropriate use of the WA-APCD by the data release committee. The data requester wanted to compare internal company data with WA-APCD data to examine duplicate discounts for drug pricing between the Medicaid Drug Rebate Program and the 340B Drug Pricing Program.

HCA also denied an informal data request from the University of California at Berkeley, which had conducted previous data validation of the WA-APCD while OHSU was the lead organization. UC Berkeley, which has worked with other state APCDs, proposed to HCA to continue validation work in exchange for use of the WA-APCD data for future grant projects. HCA declined the offer, and UC Berkeley declined to pursue data access through a formal data request application. Implications of the lack of a third party for data validation is discussed in the earlier section on data validation.

Data requestor feedback

OFM surveyed current and former data users in September 2020 to understand their experience requesting WA-APCD data and also gathered feedback from other data users. Respondents commented that the Washington HealthCareCompare website made it easy to find information about available data products and how to submit a data request application. Survey participants noted the lead organization was responsive to questions about applying for data access, and most users with enclave access noted it was easy to set up, use and communicate issues with Onpoint Health Data.

Stakeholders concerns about the data request process noted:

- Difficulty executing or updating existing data use agreements.
- Lack of clarity on the timeline to approve updates to data use agreements, and concern that the process has become slower since the oversight transfer.
- Different interpretations of approved data uses and a lack of notification to current data users regarding the changes.
- Different interpretations of what kind of protected information can and cannot be released to data users without having received communication about the changes.
- Concern that HCA staff are unclear about the role and function of the Institutional Review Board in reviewing data request applications with protected health information, thus delaying approval of data request applications.
- Difficulty getting access to custom data files.
- Inability to access certain data elements or records that they need and unclear why they can't access them.
- Problems with delayed response to inquiries or troubleshoot issues around accessing data files.
- Difficulty downloading data from the analytic enclave.

Data users have also informed OFM they feel that new data requests lack transparency when going through the different levels of internal HCA review.

The concerns raised by data users, along with our assessment of the current data request process, brings us to our fifth recommendation.

Recommendation 5. Improve transparency and efficiency of processes around data requests and updating data use agreements and ensure timely access to data once approved.

State law requires the lead organization to:

- Establish a transparent process to review data requests
- Include a timeline for processing requests
- Notify the requester of updates to the progress of the review (WAC 182-70-230(1)).

The WA-APCD should have an expedited process for updates to data sharing agreements, which currently follow the same process as new data requests. HCA should conduct a Lean process review of its internal review process to understand if each layer of review adds value. Additionally, people serving in different review layers should have experience and knowledge with data research, and the role of the Institutional Review Board. This is especially critical given the recent staff turnover within the WA-APCD program team.

Public posting of the detailed internal HCA review process is a way to be more transparent with processes. Communication with data requestors and current users who are updating data sharing agreements about the anticipated time for each layer of review while also holding themselves accountable to these timeframes would aid in improved transparency.

WA-APCD rules define protected health information using the Health Insurance Portability and Accountability Act and outline what data can be released based on the category of data requester (RCW 43.371.050). HCA, as a HIPAA-covered entity, may have different requirements regarding what can be approved for data use cases or what is defined as protected health information from the previous lead organization. Changes to WA-APCD interpretation of protected health information and data release rules should be communicated to current data requestors and users.

Responding to requests from data users to access the database and to requested files needs to be priority work so projects can be finished on time without unnecessary delay. Several data requestors noted concerns and problems with downloading or physically accessing data files after HCA approval. Delayed access to data files shortens how long data requestors have to conduct their analyses because of data sharing agreement time limits.

Are providers and facilities satisfied with the review and reconsideration process?

Providers and facilities must be given the opportunity through the review and reconsideration process to review WA-APCD results before they are published on the Washington HealthCareCompare website (RCW 43.371.060(4)). The review and reconsideration process for 2020 was delayed due to issues with the 3M contract mentioned earlier in this report. As expected, fewer stakeholders participated in the 2020 review session compared with past years given current strains on provider and hospital resources due to the COVID-19 pandemic.

Past review and reconsideration users responding to OFM's survey noted they were satisfied with the process for setting up access to review the data in the secure portal. Participants noted that Onpoint Health Data was responsive to suggestions for improving the display of data and functionality of the site. Respondents were not satisfied with a few key items:

- Not enough time to review information included in the portal.
- Lack of clarity on whether Onpoint Health Data removed incorrect information about patients, providers, or facilities once noted.
- Minimal or no updates about the lead organization transition (including contact information).
- Difficulty communicating with HCA and Onpoint Health Data on past issues with the portal.
- Lack of ability to perform a bulk upload of provider or patient information to help speed up the review process.

After the review and reconsideration period, Onpoint updates and removes any flagged data and prepares the files for Forum One to upload to the Washington HealthCareCompare website.

When will the Washington HealthCareCompare website data be updated next?

In the past, updates with the most recent year of data to the Washington HealthCareCompare website occurred in December. But because of the delay in contract negotiations with 3M, which resulted in a delay in opening the review and reconsideration portal, the update to the website with 2019 data is postponed until 2021.

Additional updates to the website continue. Forum One, the website developer, included a new design for the cost calculator to help users calculate their potential cost for certain medical procedures and redesigned the past data requests page. Forum One is also updating the sitemap to improve navigation. This work includes creating call-out boxes to highlight important items or links, and creating a price calculator to estimate how much data products will cost based on type of data needed, years of data and other features.

How can WA-APCD communications be improved?

Across the three groups OFM surveyed, some respondents noted there is:

- Lack of communication in general and around specific processes and operations.
- Minimal transparency of processes.
- Lack of updates about the future of the lead organization.

This feedback leads us to our final recommendation.

Recommendation 6. Increase communication, transparency of operations and outreach to potential data users.

We've provided examples throughout this report where HCA could improve communication with current stakeholders such as communicating more information to data requestors. Examples of how HCA could increase transparency by leveraging existing websites include:

Washington HealthCareCompare website

- Post approved *and* denied data requests with reasons why HCA rejected a completed data request. Only approved data requests are currently posted.
- Include the timeframe of data use agreements with each data request. This allows those viewing the website to understand if a requester is currently using the data.
- Update fee information for each data request to increase transparency around costs and show which requests generated revenue and which ones were covered through grants or appropriations.
- Include detail about all the layers of the internal HCA review on the website to increase transparency about the process.

- Update rulemaking timeline.
- Verify the copy of the data submission guide included on the website is the most recent (dated November 2019).

HCA WA-APCD website

- Update the website with current information. Include lead organization status and remove links that no longer work.
- Provide updates on the status of activities required in statute: rulemaking and review of common measure set.
- Include information about upcoming quarterly data submissions, contact information and other information to assist new data submitters.
- Post overview of available data products including years available along with links to where potential requestors can submit applications.
- Links from the WA-APCD website to other HCA web pages with the above data could be a way for HCA to keep information updated and available.
- Post processes for stakeholders to review all HCA data uses and requests as the lead organization.

Examples of how HCA could promote the value of the WA-APCD to stakeholders include:

- Systematically collect research and data analysis results from approved data users.
- Implementing third-party data validation efforts.

What committees have taken part in advising the WA-APCD?

The WA-APCD has a number of advisory committees serving different purposes.

APCD Select Committee

During the transition period from July through December 2019, HCA created the new APCD Select Committee. This committee, made up of key stakeholders and partners, was given periodic updates about the transition and asked to give input on their individual visions for the WA-APCD (see Appendix D).

Data policy advisory committee

The WA-APCD data policy advisory committee reviewed a proposed change to the data submission guide related to the Balanced Billing Protection Act. HCA updated both committees on the timeline of ongoing maintenance and operations of the WA-APCD, and proposed additional WA-APCD data products. Updates to the contract negotiations with the lead organization only stated that those negotiations were ongoing.

Data policy and data release advisory committees

Membership on the WA-APCD data policy and data release committees remained relatively the same after the transition from OFM to HCA (see Appendix E). Since Jan. 1, 2020, the WA-APCD data release committee reviewed several data request applications and submitted recommendations to HCA to approve or deny data requests. HCA updated the committee on the status of data sharing agreement extensions for state agencies.

State Agency Coordinating Structure

The committee includes members from the Department of Social and Health Services, DOH, Department of Corrections, Washington Health Benefits Exchange, Department of Labor and Industries, OIC, OFM and HCA (see Appendix C). Description of this group's requirements in statute are listed on page 8.

Conclusions

This review covered most operations and functions of the WA-APCD as outlined in law (RCW 43.371.090). The recommendations included in this report are meant to help improve current processes and improve transparent decision-making to help build trust in the database and with stakeholders. The WA-APCD is a valuable state resource. The state needs to ensure the database continues providing health care claims data to state agencies and other stakeholders and continues its function to improve transparency of health care cost and utilization as outlined in law (RCW 43.371.020(1)).

Appendix A: History of the WA-APCD

In 2014, the Legislature directed OFM in chapter 43.371 RCW to establish a statewide all-payer health care claims database to improve health care price transparency to:

- Assist patients, providers and hospitals to make informed choices about care;
- Enable providers, hospitals, and communities to improve by benchmarking their performance against that of others by focusing on best practice;
- Enable purchasers to identify value, build expectations into their purchasing strategy and reward improvements over time; and
- Promote competition based on quality and cost.

As the oversight agency, OFM created rules and contracted with the lead organization. The lead organization was tasked with coordinating and managing the database. The lead organization also:

- Contracted with a data vendor
- Ensured protection of the claims data
- Developed a financial sustainability plan, including fees for reports and data files
- Convened data release and data policy advisory committees
- Developed reports from the database, including reporting on the Statewide Common Measure Set for Health Care Quality and Cost.

The state did not allocate funding to implement the WA-APCD. OFM secured funding with two multi-year grants from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' Center for Consumer Information and Insurance Oversight, Rate Review Cycle III and Cycle IV. The CMS State Innovation Model grant that HCA received supported operational enhancements such as improvements to data collection and the production of the Washington State Common Measure Set for Health Care Quality and Cost reporting.

The statute required all health insurance carriers operating in the state and all third-party administrators paying claims on behalf of plans operating in the state to submit claims to the database. Additionally, all Medicaid servicers, the Public Employees Benefits program and the Washington Department of Labor and Industries are also required to submit. Self-funded plans can voluntarily submit claims data. Claims data includes covered medical services, pharmacy and dental claims, along with member eligibility and enrollment data that includes provider information. Additionally, OFM and DOH purchased Medicare fee-for-service data to be included in the database.

OFM began rulemaking in July 2015 while working toward procurement of a lead organization. Rulemaking was completed in December 2018. OFM led the development of rules related to data security and privacy, data submission, data requests and release, format for the calculation and display of data, fee schedules, penalties for inappropriate disclosures or uses, and audits. Through the request for proposal process, OFM chose the Center for Health Systems Effectiveness at

Oregon Health and Science University (OHSU) as the lead organization in July 2016. OHSU subcontracted with Onpoint Health Data as the data vendor and Forum One as the marketing and website developer. OFM and OHSU signed the WA-APCD contract on Oct. 5, 2016.

Key milestones of the WA-APCD were accomplished within six months of contract signing with the lead organization including registering data suppliers, conducting onboarding webinars, and releasing the data submission guide, all completed by January 2017. On March 15, 2017, data intake for the WA-APCD began with historical data from 2014 through the first two quarters of 2017. A second round of data suppliers, which included stand-alone dental plans and the Department of Labor and Industries, were onboarded in November 2017. The advisory committees – Data Policy and Data Release – began meeting in April and July 2017, respectively. The data vendor created a Master Patient Identifier and Master Provider Index, applied groupers, and worked with the lead organization to complete quality measure scoring and complete review and reconsideration with providers and hospitals.

To improve monitoring of technology projects funded by the state, the Office of the Chief Information Officer (OCIO) and OFM provide additional oversight through a gated funding process called the information technology pool. Projects, including the WA-APCD, are called out through Section 719 provisions within the 2019-21 operating budget. Information and documents related to the IT Pool gated funding approach are available on the project dashboard of the OCIO¹⁴. The WA-APCD is listed twice on the dashboard under OFM – once for the establishment of the WA-APCD and the second listing for the ongoing operations and maintenance that were under the oversight of OFM. Also included on the OCIO dashboard are quality assurance reports for the WA-APCD and a Post-Implementation Review Report.¹⁵

The public facing website of the WA-APCD – Washington HealthCareCompare (www.wahealthcarecompare.com) – was created in tandem with data collection efforts. The website includes cost of health care services and quality measure by facility and the Washington Statewide Common Measure Set. The Washington HealthCareCompare website received the 2018 National Association of Health Data Organizations “Innovation in Data Dissemination Award” which recognizes an organization’s dedication to communicate effectively complex health data to the broader public in a transparent and actionable manner. Both the website and associated WA-APCD data products¹⁶ became available to the public in July 2018. The first data users of the WA-APCD analytic enclave included the Office of Financial Management, Health Care Authority, Department of Labor and Industries, Department of Health, Washington Health Benefits Exchange, Public Health Seattle and King County, and Providence Center for Outcomes Research and Education. OFM created a data user group to help enclave users share information and present results from their claims data analyses. OFM continues to lead this data user group.

¹⁴ <http://waocio.force.com/ProjectList?id=001U000000Xbrf4IAB>

¹⁵ <http://waocio.force.com/sfc/servlet.shepherd/version/download/0680P000005BMF3QAO?asPdf=false&>

¹⁶ <https://www.wahealthcarecompare.com/data-products>

Appendix B: Examples of state agency and stakeholder use of WA-APCD data

Office of the Insurance Commissioner

Balance Billing:

On Jan. 1, 2020, the Balance Billing Protection Act (chapter 48.49 RCW) became effective. This act protects consumers who seek emergency medical services at out-of-network facilities, or ancillary or surgical services at in-network facilities, but receive services by an out-of-network provider.

Consumers pay applicable in-network cost-sharing for these services and cannot be billed for the remaining of the services (i.e., the balanced bill portion). The OIC, along with OFM, used the WA-APCD to develop a data set to be used in negotiations and arbitration proceedings related to balanced billing. OFM and OIC worked with provider and carrier stakeholder groups to develop and update the data set to include commercial health plan median in-network and out-of-network allowed amounts and median billed charged amounts by geographic area for the same or similar services. The data set, along with methodology and instructions for its use, is available on the OIC's Balance Billing Protection Act website: <https://www.insurance.wa.gov/arbitration-and-using-balance-billing-protection-act-data-set>.

Access to Behavioral Health Services:

In 2018, the OIC received a federal grant from the Centers for Medicare and Medicaid Services' Center for Consumer Information and Insurance Oversight to study access to behavioral health services in commercial health plans. In addition to two market surveys of health carriers in Washington, the grant includes a claims data analysis component. The OIC is currently using a de-identified merged dataset consisting of claims data from the WA-APCD and claims data obtained directly from health carriers via an OIC data call. The OIC is studying access to mental health and substance use disorder treatment services for commercial health insurance enrollees in Washington to assess:

- Out-of-network utilization related to inpatient medical/surgical and behavioral health services
- Denial rates for inpatient services
- Denial rates for continued inpatient stay and outpatient services.

Public Health Seattle and King County

Used the WA-APCD data to support multiple Accountable Communities of Health in creating reports, presentations and dashboards. The following is a list of data products PHSKC has produced for contracted ACHs (excluding HealthierHere), listed in chronological order (oldest first):

- Scoping APCD data services for ACHs (7/31/2018) – posted to the #apcd channel on Slack
- APCD Update (10/1/2018) – posted to the #apcd channel on Slack
- APCD data for ACHs (11/14/2018) – posted to the #apcd channel on Slack
- Data dashboard and results of demographics and emergency department use of Medicaid enrollees (11/2018)
- Medicaid member subsets defined by ED use (2/2019) – a Category 2 Tableau dashboard sent as an encrypted data file to our ACHs
- Prioritizing APCD use for ACHs (3/29/2019) – posted to the #apcd channel on Slack
- APCD Inpatient Visits Summary (4/1/2019) – posted to the #apcd channel on Slack
- Guidance and R scripts for processing HW Dashboard dataset (6/4/2019) – posted to the #apcd channel on Slack
- A presentation on leveraging WA-APCD data to support ACHs, presented to North Sound ACH (6/2019)
- Data dashboard of performance measures by ACH region and county (7/2019)
- A webinar for North Sound ACH showcasing WA-APCD analyses (8/12/2019)
- An analysis (presented in Tableau) of chronic conditions among WA State Medicaid members (8/2019)
- Population Health Chronic Disease Summaries produced for a North Central ACH health care provider symposium (10/2019)
- An analysis assessing whether WA-APCD data can be used for behavioral health analysis (10/2019)
- Emergency Department utilization data drawn from WA-APCD data was included in a COVID-19 population risk data dashboard produced for North Sound ACH (4/2020)

Office of Financial Management

Used data from the WA-APCD for various reports and issue briefs.

- Chapter 415, Laws of 2019 required OFM to convene a group of stakeholders representing provider organizations to discuss and define primary care providers and services. OFM collaborated with Onpoint Health Data to estimate primary care expenditures based on the workgroup recommendations and prepare a report to the Legislature:
<https://www.ofm.wa.gov/sites/default/files/public/publications/PrimaryCareExpendituresReport.pdf>

- In partnership with Onpoint Health Data, created several WA-APCD health measures dashboards including:
 - HEDIS quality measures dashboard (<https://www.ofm.wa.gov/washington-data-research/health-care/health-care-access-utilization-and-quality/washington-state-hedis-quality-measures-claims-based-data-dashboard>)
 - Prevalence of chronic conditions in Washington (<https://www.ofm.wa.gov/washington-data-research/health-care/health-care-access-utilization-and-quality/prevalence-chronic-conditions-washington-data-dashboard>)
 - Relationships between cost, utilization and quality measures in health care – data dashboard (<https://www.ofm.wa.gov/washington-data-research/health-care/health-care-access-utilization-and-quality/relationships-between-cost-utilization-and-quality-measures-health-care-data-dashboard>)
- Monitoring the Impacts of the Affordable Care Act in Washington, November 2020 (https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/pdf/monitoring_the_impacts_of_the_ACA.pdf)
- Hospital Uncompensated Care and Medicaid Shortfall Following Affordable Care Act; Research Brief No 96, August 2020 (<https://www.ofm.wa.gov/sites/default/files/public/dataresearch/researchbriefs/brief096.pdf>)
- Data from the WA-APCD was used in the Diabetes Epidemic and Action Report, December 2019 (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-220-2019DiabetesEpidemicActionReport.pdf>)
- Calculating clinic visit costs by county and procedures (https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/APCD/clinic_visit_costs_by_county_and_procedures_cost.pdf)
- Estimating cesarean section rate and variation in costs in delivery options across Washington (<https://www.wahealthcarecompare.com/sites/default/files/inline-files/C-section%20rate%20and%20costs.pdf>)
- Estimating hip replacement costs (<https://www.wahealthcarecompare.com/sites/default/files/inline-files/2017%20Hip%20Replacement%20Infographic.pdf>)
- Estimating knee replacement costs (<https://www.wahealthcarecompare.com/sites/default/files/inline-files/2017%20Knee%20Replacement%20Infographic.pdf>)
- Estimating total cost of care by legislative districts (<https://www.wahealthcarecompare.com/sites/default/files/inline-files/2017%20Total%20Cost%20of%20Care%20Infographic.pdf>)
- OFM reports on opioid prescribing:
 - Pharmacy Quality Alliance Opioid Prescribing Measures in Washington State, 2014-18; Research Brief No 97, November 2020

- <https://www.ofm.wa.gov/sites/default/files/public/dataresearch/researchbriefs/brief097.pdf>)
- Rapid tapering of long-term opioid prescriptions in Washington state, January 2017. Washington All-Payer Claims Database, 2015-2017.
https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/pdf/opioid_taper.pdf
 - Changes in Long-Term Opioid Prescriptions Following Closure of the Seattle Pain Center, Washington All-Payer Claims Database, 2015-2017
https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/pdf/opioid_discontinuation.pdf
 - Opioid Prescribing Patterns in Washington State: Trends in Opioid Prescriptions Among Adults without Cancer, 2014-2018
https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/pdf/opioid_prescribing_trends.pdf

Center for Health Systems Effectiveness at Oregon Health and Science University

Used data from the WA-APCD to administer a survey to a sample of primary care practices and hospitals across Washington state as part of its evaluation of Washington State's Medicaid Transformation Project.

University of Washington – Harborview Injury Prevention and Research Center

Will investigate the role of chronic prescription opioid and benzodiazepine use among injured patients and lay the groundwork for a new line of study into the intersection of injury and chronic use of controlled substances. The study will examine members of the WA-APCD with an injury from 2014 to 2017 (with one year of follow-up) who were treated with post-discharge opioid and benzodiazepine prescriptions. The study will assess the association between patient characteristics including type of injury and treatment and development of chronic opioid and benzodiazepine prescription use. The study will also assess the risk of subsequent injury and overdose following chronic prescription opioid and benzodiazepine use and create prediction models for chronic use and overdose. Findings will inform clinical prescribing practices for injury patients and serve as the first step in development of additional evidence-based primary prevention programs.

Department of Health

Used the WA-APCD data to examine claims flagged as pertaining to a member with a chronic disease diagnosis to examine distribution of disease in the database and gather information about utilization of care. Another project is using billing codes to identify developmental screening in children under three years old to assess the timing of development screenings and look at factors that might affect timely receipt of screening.

Appendix C: WA-APCD State Agency Coordinating Committee

- Vishal Chaudhry – Health Care Authority
- Kirsta Glenn – Department of Labor and Industries
- Leah Hole-Marshall – Washington State Health Benefits Exchange
- David Mancuso – Department of Social and Health Services
- Thea Mounts – Office of Financial Management
- Candace Myrum – Office of the Insurance Commissioner
- Ian Painter – Department of Health
- Amanda Pierpoint – Department of Corrections

Appendix D: APCD Select Committee

The following members participated on the HCA's APCD Select Committee between July 2019 and December 2019.

- Halley Agnello – Community Health Plan of Washington
- Amanda Avalos – Health Care Authority
- Lia Carpenoit – Community Health Plan of Washington
- Peter Dunbar – Foundation for Healthcare Quality
- Bill Ely – Kaiser Permanente
- Mary Fliss – Health Care Authority
- Kathy Gilles – Kaiser Permanente Washington
- Bryant Karras – Department of Health
- Jeff Keim – Cambia Health Solutions
- Kathryn Kolan – Washington State Medical Association
- Ross Laursen – Premera Blue Cross
- David Mancuso – Department of Social and Health Services
- Thea Mounts – Office of Financial Management
- Megan Oczkewicz – Health Care Authority
- Melanie Oliver – Health Care Authority
- Cathie Ott – Health Care Authority
- Charlie Parks – Premera Blue Cross
- David Roth – Northwest Health Law Advocates
- Claudia Saunders – Washington State Hospital Association
- Jeb Shepard – Washington State Medical Association
- Mandy Stahre – Office of Financial Management
- Alex Wehinger – Washington State Medical Association
- Ginny Weir – Bree Collaborative

Appendix E: WA-APCD Advisory Committees

WA-APCD Data Policy Advisory Committee:

- Suman Majumdar – Health Care Authority
- Amy Anderson – Association of Washington Business
- Jonathan Bennett – Washington State Hospital Association
- Jac Davies – Northwest Rural Health Network
- Peter Dunbar – Foundation for Health Care Quality
- Bill Ely – Kaiser Permanente
- Jeff Keim – Cambia Health Solutions
- Ross Laursen – Premera Blue Cross
- Thea Mounts – Office of Financial Management
- Jeb Shepard – Washington State Medical Association

WA-APCD Data Release Advisory Committee:

- Cathie Ott – Health Care Authority
- Jonathan Bennett – Washington State Hospital Association
- Stacy DeLong – Providence Center for Outcomes Research and Education
- Kathy Gilles – Kaiser Permanente Washington
- Matt King – Washington Technology Solutions (WaTech)
- Charlie Parks – Premera Blue Cross
- Jeb Shepard – Washington State Medical Association
- Mandy Stahre – Office of Financial Management
- Ginny Weir – Bree Collaborative

