

Washington State All-Payer Claims Database and Lead Organization Biennial and Annual Grant Activity Report

**A detailed examination of the overall
cost, performance, and effectiveness of
the database and lead organization**

Engrossed Substitute Senate Bill 5741; Section 8(1,2); Chapter 319; Laws of 2019

[RCW 43.371.080](#)

March 31, 2026

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Executive summary

The Washington State All Payer Claims Database (WA-APCD) remains a cornerstone resource for understanding health care utilization, costs, and quality across Washington state. By collecting claims and eligibility data from public and private payers, the WA-APCD facilitates transparency initiatives, policy development, and consumer decision-making. The WA-APCD is an integral component of Washington's ongoing health care improvement efforts as it provides access to timely and reliable health care claims data that are essential to improving health care quality, reducing costs, and promoting transparency.

This biennial report is being provided to the Legislature pursuant to [RCW 43.371.080](#):

The authority shall report every two years to the appropriate committees of the legislature regarding the cost, performance, and effectiveness of the database and the performance of the lead organization under its contract with the authority. Using independent economic expertise, subject to appropriation, the report must evaluate whether the database has advanced the goals set forth in RCW 43.371.020(1), as well as the performance of the lead organization. The report must also make recommendations regarding but not limited to how the database can be improved, whether the contract for the lead organization should be modified, renewed, or terminated, and the impact the database has had on competition between and among providers, purchasers, and payers.

The authority shall annually report to the appropriate committees of the legislature regarding any additional grants received or extended.

This third biennial report covers fiscal years (FY) 2024 and 2025 (July 1, 2023–June 30, 2025), a period marked by ongoing oversight of data submission, data release, and consumer-facing website operations as well as organizational and analytic capacity building, all made possible through funding allocated by the state Legislature in the 2023–2025 biennial budget.

House Bill (HB) 1382, signed into law on May, 17, 2025, further modernized the WA-APCD by updating reporting requirements, data disclosure standards, and lead organization provisions. These statutory enhancements are designed to strengthen the database's utility, promote greater transparency in health care costs and quality, and better align operations with current needs. These changes take effect after the current reporting period; accordingly, the detailed impacts, including implementation efforts and any operational adjustments, fall in the subsequent reporting period and will be comprehensively detailed in the next report.

Key highlights for the FY 2024–2025 reporting period include:

- The program secured federal matching funds from the Centers for Medicare & Medicaid Services (CMS) for Medicaid-only operating costs of the database
- The WA-APCD's annual budget of \$2.2 million was notably lower than peer states' APCD models, as reflected in the limitations on investment in staffing, data integration, versatility, and new use cases
- The program had growth in covered lives represented in the database now representing over five and a half million lives with medical coverage (approximately 71% of the total Washington population, an increase of 1% from the previous report)
- Four WA-APCD committees contributed to database efficiency and effectiveness

- Website traffic on [Washington HealthCareCompare](#) grew by 104% year over year during the two-year reporting period
- The program fulfilled 23 data requests for state agencies, researchers, and other organizations
- Notable data use cases leveraging WA-APCD data included:
 - Updated cost trends and related reporting for the [Health Care Cost Transparency Board](#)
 - Updated the Surprise Billing Dataset (RCW 43.371.100)
 - Published a health care utilization and outcomes [public use dashboard](#)

Costs to administer the WA-APCD

Background

The 2023–2025 operating budget provided \$2.2 million per fiscal year to sustain WA-APCD operations, maintain the database and public-facing website, and continue to provide data access to state agencies.

State funding for the WA-APCD remained static at levels established in 2019, while program costs increased to support increased utilization, as well as due to inflation. The Washington State Health Care Authority (HCA) requested additional financial resources in a 2024 decision package for the 2025–2027 biennium to meet rising utilization and costs to operate the WA-APCD, however, this request was not approved. No open solicitations for federal grant programs exclusively for APCDs were posted during this reporting period. Additional funds could allow HCA to support the full lead organization scope of work, advance the accessibility and usefulness of the WA APCD, procure independent economic expertise to evaluate the database, and address the full reporting requirements outlined in statute in a future reporting period.

WA-APCD budget and expenditures

Maintaining program operations

As detailed in the [March 2024 WA-APCD biennial report](#), the procurement action plan for the WA-APCD lead organization included:

- Debriefs from prior negotiations.
- An environmental scan of other state APCD models.
- Phased activities involving a Request for Information (RFI) and planned Request for Proposal (RFP).

Debriefs informed improvements in procurement methodology and the environmental scan by Manatt Health identified significant underfunding as a key weakness of the WA-APCD program. The WA-APCD's budget of \$2.2 million was notably lower than peer state APCD models, limiting investment in staffing, data integration, versatility, and new use cases. The environmental scan provided an assessment of the market demand for the current WA-APCD products and pricing, as well as identified opportunities for growth. As health care affordability concerns rise, increased funding would allow the program the opportunity to engage large employers and purchasers to understand and address their health care data needs through targeted reporting.

Following the scan, HCA proceeded to the RFI phase to engage potential partners. The RFI identified barriers related to the limited budget; there was a lack of interest due to the budget limitations and other concerns such as fit and scope. Limited budget and resources have also impeded the program's ability to meaningfully engage and follow-up with the large self-funded employers of the state and associated health plans to voluntarily submit data to the WA-APCD.

HB 1382 (2025) authorized HCA to serve as the lead organization or to designate one through a competitive procurement process. As noted in the executive summary, details related to implementation of the statutory change fall outside the scope of this reporting period and will be detailed in the next report.

Maintaining the database as the lead organization

HCA is a hybrid entity made up of both Health Care Components (HCC) and non-HCCs. The WA-APCD program is designated as a non-HCC. Only HCA's HCCs are subject to the Health Insurance Portability and Accountability Act (HIPAA); programs deemed non-HCCs are not subject to HIPAA but are subject to the Washington Uniform Health Care Information Act. During this FY 2024–2025 reporting period, HCA, acting as the lead organization, maintained management, funding, and operations of the database as provided in [Chapter 43.371 Revised Code of Washington \(RCW\)](#) and [Chapter 182-70 Washington Administrative Code \(WAC\)](#).

Grants received

CMS matching funds

HCA claimed Medicaid funding at the 50% Federal Financial Participation (FFP) rate from CMS during this reporting period for the Medicaid allocable share of WA-APCD operating costs. The Medicaid allocable share is 35% and is based on the percentage of Medicaid covered lives; it equates to federal funding of 17.5% of total cost. The allocation allowed WA-APCD to make progress on sustaining WA-APCD operations and to hire two data analysts to enhance progress on analytic, reporting, and cost and quality initiatives. No other grants were received during this reporting period.

Data vendor services for maintaining the WA-APCD

The WA-APCD includes data from calendar year 2014 onward with eligibility and claims data for over five million covered lives, representing approximately 71% of the total Washington population.

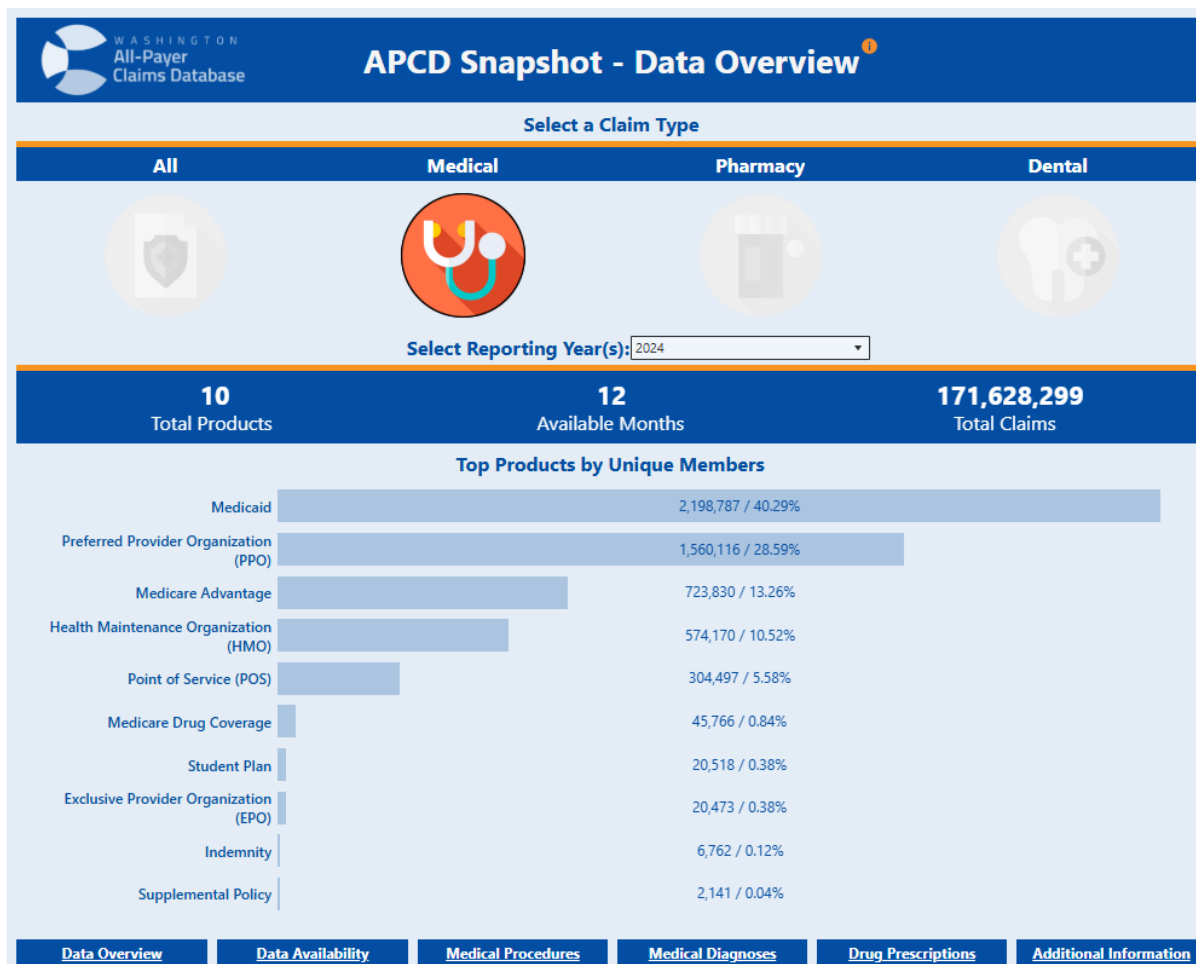
During the FY 2024–2025 reporting period, the WA-APCD collected eligibility files and medical, dental, and pharmacy claims data from the following entities:

- Medicaid – fee-for-service (FFS) and managed care
- Medicare – FFS and Medicare Advantage
- Public Employees Benefits Board (PEBB) and the School Employees Benefits Board (SEBB)
- Washington State Department of Labor and Industries
- Washington's commercial payers

Self-insured plans are invited to submit data on a voluntary basis to the database. WA-APCD covered lives and claims, by market segment, during this reporting period are reflected in [Table 2](#) of this report.

HCA, acting as the lead organization, contracted with Onpoint Health Data (Onpoint), the data vendor, in compliance with the requirements of RCW 43.371.020(3) to ensure successful database operations. Onpoint has supported over fifteen APCDs across the nation in recent years and has served as the WA-APCD data vendor since its inception. During this reporting period, Onpoint provided reliable data intake, validation, integration, and analytics to support statewide health care reporting needs.

Image 1: WA-APCD Snapshot – Data Overview



Data note: Using the Snapshot’s dashboards you can quickly explore what data is available, how many people have insurance from year to year, which medical procedures are being performed, and which drugs are being prescribed most often — and what all of this costs for health plans and consumers.

Web vendor services: maintaining Washington HealthCareCompare

The WA-APCD program contracted with Forum One, the web vendor, in compliance with the requirements of RCW 43.371.020(3) to ensure successful website operations during this reporting period. Forum One is the original web vendor and during this reporting period they continued to provide ongoing support for website maintenance and enhancements that align with the WA-APCD mission to promote health care transparency and informed decision-making.

Washington HealthCareCompare (WAHCC), the WA-APCD website, is a tool for residents of Washington to consult to make informed health care decisions. It contains information on health care providers and facilities and compares the cost and quality of medical care and services. The program refreshed this valuable state asset’s cost and quality data annually during this reporting period. The public accountability section of WAHCC displays information and scores for the Statewide Common Measure Set measures. Measures track important elements of health and health care performance. Results are displayed by Accountable Communities of Health (ACH) region and type of coverage (e.g., Medicaid or commercial).

WAHCC compares measure performance in ACH regions for Washington and, if available, the national benchmark of the 90th percentile performance among all Medicaid plans nationwide.

Image 1: Screenshot of the WAHCC homepage

Users can find health care providers and facilities and compare the cost of medical care and services.

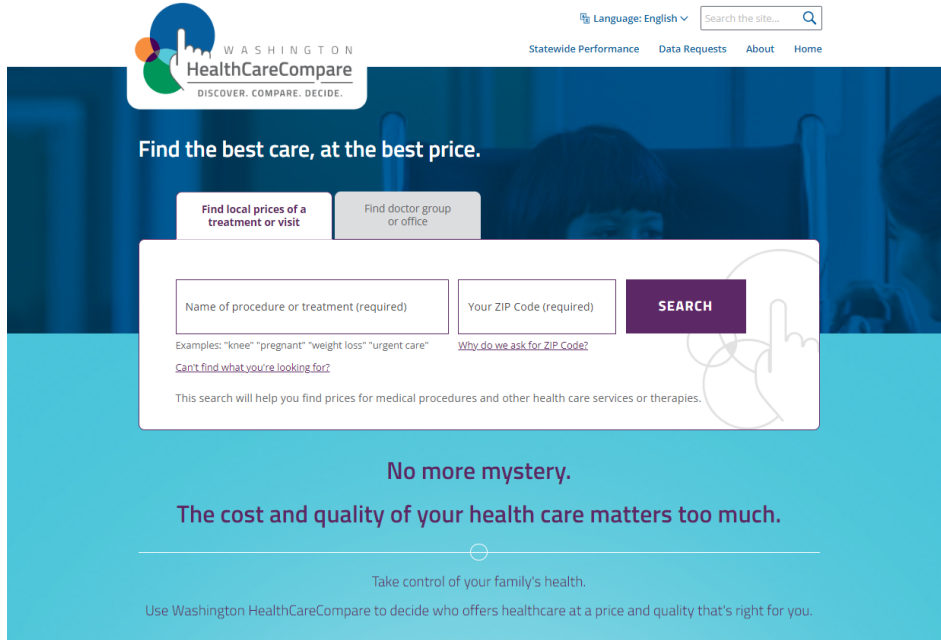


Image 3: Screenshot of WAHCC dashboard of quality results by region

Users can compare quality of care across Accountable Communities of Health regions



WA-APCD program cost summary

The following table presents the program budget overview for the current reporting period, detailing planned allocations and actual expenditures across key categories. During this FY 2024–2025 reporting period, resources and attention were mainly focused on program maintenance to ensure operational stability and sustainability, resulting in prioritized spending on ongoing support activities rather than new initiatives.

Table 1: WA-APCD budget and expenditure detail

Total biennial WA-APCD program cost: \$4,447,791

Fiscal year	HCA budget	Program cost item	Actual expenditure
2024	\$2,222,000	Lead organization*	\$216,306
		Data Vendor	\$1,713,880
		Web Vendor	\$105,100
		CMS Medicare data	\$24,000
		NCQA^ public reporting measure specifications data	\$15,419
		FY 2024 Total	\$2,074,705
2025	\$2,222,000	Lead organization*	\$383,950
		Data Vendor	\$1,772,720
		Web Vendor	\$175,702
		CMS Medicare data	\$24,000
		NCQA public reporting measure specifications data	\$16,714
		FY 2025 Total	\$2,373,086

*Lead organization cost includes salary, benefits, goods and services (e.g., building costs), travel, and equipment and the increase in lead organization expenditures reflects the hiring of two analysts, December 2023 and June 2024, respectively.

^National Committee for Quality Assurance

WA-APCD performance

Submitter registration

WA-APCD works with payers to bring in the best quality data possible. During the reporting period, legislatively mandated data submitters registered each year to provide a range of basic information, including organization and contact details and estimated number of covered lives, average claims, and dollars paid. The WA-APCD program tracked this information, which served as a data quality and trending reference point for taking in submissions from each participating payer.

Data submission intake and processing

Payer files are the foundation of the WA-APCD as they provide comprehensive information on

1. What health care items and services that insured individuals receive.
2. How much is paid for those items and services.

The WA-APCD created submission rules that govern what specifications the files need to adhere to when being submitted and ensure the data is processed under the same rules and monitored and formatted consistently. Data submissions were accepted through secure file transfer protocol (SFTP) with industry standard PGP (Pretty Good Privacy) encryption. The WA-APCD required data submitters to submit on a quarterly basis; submitted file types include eligibility, pharmacy, medical, and dental.

Table 2 provides the types of claims and number of covered lives available in the database and the percentage of the Washington population represented in the WA-APCD during FY 2023, FY 2024, and FY 2025. Fiscal year 2023 is included for historical reference. FY 2024 percent of total population captured in the database is referenced throughout this report, as Medicare FFS data for the full FY25 was not available from CMS at the time this report was produced.

Table 2: WA-APCD covered lives and claims during state fiscal years* 2023–2025, by market segment

WA-APCD Membership Counts - Medical and Pharmacy Eligibility

Market Segment	FY 2023	FY 2024	FY 2025
Commercial	2,162,312	2,181,481	2,190,163
Self-Insured	613,278	639,359	657,297
Public Employees Benefits Board (PEBB)	382,674	382,575	378,470
School Employees Benefits Board (SEBB)	286,863	293,825	296,399
Exchange	288,337	331,900	374,882
Medicaid	2,161,180	2,165,115	2,135,159
Medicare Advantage	682,373	756,364	805,846
Medicare FFS ¹	902,212	899,525	-
Total Lives with Medical Coverage (including Medicare FFS where available) ²	5,624,673	5,672,818	5,595,991
Total WA Population ³	7,951,150	8,035,700	8,115,100
% of Total Population Captured (including Medicare FFS) ⁴	71%	71%	
Other Insurance Markets			
Dental	4,903,076	4,774,302	4,672,657
Worker’s Compensation	126,707	126,990	124,310
Out-of-State Lives	4,668,816	5,041,202	513,143

*State fiscal year is the 12-month period from July 1 to June 30 of the following year. Example: FY 2023 represents July 1, 2022 – June 30, 2023.

¹Note that Medicare FFS data is only available through 12/31/2024; FY 2025 does not have Medicare FFS data available for the full year and corresponding fields are therefore blank at present.

²Total Lives with Medical and/or Pharmacy 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, and are taken from member counts from the month at mid-point of the fiscal year (e.g. 12/2024 for FY25).

³Total WA population estimate based on OFM reporting.

⁴Data in WA-APCD include only health insurance-covered lives. The total state population also includes uninsured Washington state residents. According to [OFM data](#), the state uninsured rate was 4.8% in 2023.

Submitters used credentials to access the Onpoint Claims Data Manager secure reporting portal, which provided visibility on files' submission progress, including up-to-date reporting on stage, status, reasons for file failure, and resubmission deadlines. Upon receipt, Onpoint decrypted data submissions and performed pre-load checks, and inspected for quality and compliance with fundamental submission requirements. This enabled tracking and reporting on compliance and resubmissions.

Data operations specialists followed each submission from start to finish and provided submission support and updates throughout the process. Onpoint processed variance requests related to program completeness thresholds; most commonly requests were when a data submitter's system did not collect a required element or had special considerations based on the population that they serve. HCA, acting as the lead organization, monitored submission status reports and provided submission communications to ensure compliance. HCA processed submitter applications for waivers per WAC 82-75-080(2) and extensions per WAC 82-75-080(3).

Data security and quality

To deliver the highest-quality data, the WA-APCD program performs rigorous quality checks at every stage of the data lifecycle. These checks ensure outputs align with expectations, validate reliability, and accurately reflect health care delivery and utilization across Washington.

The WA-APCD adheres to industry-leading privacy and security standards to safeguard the confidentiality of personal health information and proprietary business data. Onpoint maintains full compliance with HIPAA and The Health Information Technology for Economic and Clinical Health (HITECH) requirements and holds Health Information Trust Alliance (HITRUST) CSF Certified status — a recognized gold standard in health information security.

To support data submission, Onpoint provides dedicated technical assistance to data suppliers' staff. This guidance helps ensure submissions meet established data layouts, completeness thresholds, quality validation rules, and compliance requirements.

HCA, acting as the lead organization, and Onpoint, as the data contractor, both use methods and subject matter experts in health data assessments, while carefully following standard processes to check that the data is valid and reliable. Ongoing, collaborative processes include:

1. Data completeness and validity checks.

- Claims Data Manager data quality validation and threshold checks were performed to verify data quality and accuracy.
- A battery of validations assessed the interrelationships of individual data elements and evaluated rates against parameter-driven thresholds to detect anomalies and errors.
- Trending and cross-file quality checks examined data points, as their companion fields and data completeness changed over time.
- Submitter attestation reports were delivered to each data supplier to validate their member counts, allowed amounts, and member payment responsibilities.
- All WA-APCD data suppliers attested the results provided were accurate.

2. Cross-payer validation.

- This validation step involved examination of post-consolidated, processed data to analyze specific metrics (e.g., demographics, rolling aggregation figures, provider-and facility-related metrics, the quality of the master patient and provider directories).

3. Quality, utilization, and expenditure metrics review.

- Healthcare Effectiveness Data and Information Set (HEDIS) and other measures developed for the WA-APCD underwent extensive annual quality assurance and review by an independent measures-coding expert prior to rates being posted for provider review. Certification of all NCQA HEDIS measures included in Washington’s Common Measure Set to include processing of test decks, external results review, followed by measure certification approval from NCQA.

4. Roster validation.

- Practices were invited to update and validate their provider rosters annually through the Performance Reporting Portal. The following are results from the roster validation period for the 2024 Washington HealthCareCompare website refresh:
 - Total number of active medical practices, pre-roster update period: 560
 - Total number of active medical practices, post-roster update period: 559
 - Total number of providers, pre-roster update period: 8,531
 - Total number of providers, post-roster update period: 9,506
 - Total number of medical practices validated: 338 (out of 560 total medical practices)

5. Review and Reconsideration.

- Providers and practices were afforded the opportunity to verify quality, utilization, and expenditure measures annually, prior to public release on Washington HealthCareCompare through the Performance Reporting Portal.

6. Program-initiated validation checks.

- Advanced data validation reports were created to assess completeness across specific products and populations: substance use disorder data quality and Medicare Advantage data quality.

During this reporting period, the comprehensive validation efforts undertaken—coupled with the robust data quality processes that have been systematically implemented—have substantially strengthened the accuracy and reliability of the WA-APCD data.

WA-APCD committees’ contributions to the database efficiency efforts

The four WA-APCD committees convened throughout the reporting period. See [Appendix A: WA-APCD committee roster](#) for the committee members.

State Agency Coordinating Committee

Established pursuant to RCW 43.371.090, the State Agency Coordinating Committee convened quarterly during the reporting period to ensure the database meets the needs of state agencies and other authorized data users. The committee comprises representatives from relevant state agencies with related data interests, as well as the Washington Health Benefit Exchange. It provided advice to HCA on key issues, including advancements toward the broader policy objectives of enhancing database use through improved access to cost and quality information.

HCA WA-APCD Oversight Committee

The HCA WA-APCD Oversight Committee convened monthly throughout FY 2024 and FY 2025 to address strategic and cross-functional decision-making and to advance program strategy. The committee's primary responsibilities include driving continuous improvement and ensuring dedicated time for strategic dialogue around higher-level direction and policy advice to guide the long-term vision and priorities of the WA-APCD program. Members include HCA executives and subject matter experts.

WA-APCD Data Release Advisory Committee

Established pursuant to RCW 43.371.020(5)(h), the WA-APCD Data Release Advisory Committee convened bimonthly throughout FY 2024 and FY 2025. The committee's core function is to safeguard patient privacy, prevent re-identification risks, and ensure releases align with statutory goals while complying with applicable privacy laws and regulations. This includes providing critical stakeholder input and recommendations on formal data release requests, like those involving protected health information or proprietary financial data. Members include representatives of provider and consumer groups, health care purchasers, health plans, and state agencies involved in maintenance of the WA-APCD.

WA-APCD Data Policy Advisory Committee

Established pursuant to RCW 43.371.020(5)(h), the WA-APCD Data Policy Advisory Committee convened on an as-needed basis throughout FY 2024 and FY 2025. The committee's primary role is to provide essential stakeholder input and recommendations on policies governing data submission, collection, and release — ensuring the database remains comprehensive, accurate, and aligned with statutory objectives. Members include representatives of provider and consumer groups, health care purchasers, health plans, and state agencies involved in maintenance of the WA-APCD.

WA-APCD effectiveness

Meaningful data use

During this reporting period, the WA-APCD program advanced health care transparency at both the policy and consumer levels through strategic data dissemination. The program shared data in two key ways:

1. **Consumer-facing transparency tools on Washington HealthCareCompare:** Publicly accessible price and quality transparency resources were maintained and updated on the WA-APCD website, (wahealthcarecompare.com) empowering individuals to make informed health care decisions.
2. **Data request fulfillment:** The program responded to requests from individuals and organizations, providing custom and tailored datasets and reports to support initiatives aimed at improving health care quality, affordability, and equity across Washington.

These efforts underscore the WA-APCD's commitment to leveraging comprehensive claims data to drive meaningful improvements in the health care system.

Washington HealthCareCompare (WAHCC)

Increasing access and transparency to WA-APCD data is essential to the original legislative vision of the WA-APCD which supports transparent public reporting of health care information ([WAC 182-70-010](#)). Making interactive tools available on WAHCC is one of the methods the WA-APCD program continued to employ during this reporting period to make the health care marketplace more transparent. The [Washington State Common Measure Set](#) is the foundation for WA-APCD quality reporting. The WA-APCD reportable Common Measure Set was incorporated into the website refresh twice during this period to promote awareness and transparency in the health care market by reporting on:

- Whether providers and health systems deliver efficient, high-quality care.
- Geographic and other variations in medical care and costs as demonstrated by data available on WAHCC.

During this reporting period, a new Washington Public Use File (PUF) was developed and deployed on WAHCC providing clear, interactive details on health care costs and utilization in Washington. These interactive dashboards provide access to summary data from the WA-APCD, covering medical and pharmacy claims. With these dashboards, Washington residents, policymakers, and researchers can answer important health care trend questions as noted in the following screenshot of the dashboard. This tool empowers users—from policy makers to the public—to explore trends and variations, advancing our mission of transparency and impact.

Image 4: Screenshot of the WAHCC PUF dashboard

On the dashboard, users can answer health care trend questions. Focus areas include services, diagnoses, utilization, prescription drugs, providers, and members.

Washington State Health Care Authority **Public Use File Dashboards - Home** WASHINGTON All-Payer Claims Database

Welcome to the Public Use File Dashboards for Washington State's all-payer claims database (WA-APCD). To explore the data, click on any of the 6 focus areas below. To change your focus area, click the "Home" tab at the bottom of any dashboard.

- Services**
What are the most frequent healthcare services in Washington?
- Diagnoses**
What are the most commonly diagnosed conditions in Washington?
- Utilization**
In what types of settings do Washingtonians receive healthcare?
- Prescription Drugs**
How much do Washingtonians spend on prescription drugs?
- Providers**
Who provides Washingtonians with healthcare?
- Members**
How much do Washingtonians spend on healthcare each year?

WAHCC website utilization report

During this two-year reporting period, WAHCC site users interacted most with the provider cost and quality search pages, followed by the data request pages where users learn about applying for WA-APCD data. Geographically, the top three locations for users were Seattle, Ashburn, and Olympia. There was an increase in total users, from 15,164 in FY 2024 to 30,996 in FY 2025, which is a 104% increase, year over year. The number of search results more than doubled and organic searches remained the top channel for traffic origination, followed by referrals from another website. This is important because one of the main goals of WAHCC has always been to grow organic traffic.

Data release program

During this FY 2024–2025 reporting period, HCA, acting as the lead organization, provided data sets and customized reports to entities seeking to bring transparency to the cost of health care and inform development of innovative public health strategies aimed at supporting a healthier Washington. A broad array of customers used WA-APCD data, including:

- State agencies
- Public health departments
- Researchers
- Students
- Health care systems
- Providers
- Nonprofit institutions
- Independent entities

Table 3 lists all the data release program clients, whose Data Use Agreements (DUA) were approved, amended, or renewed during the reporting period. Release of WA-APCD data is governed by Washington state statute (Chapter 43.371 RCW and Chapter 82-75 WAC). All requests adhered to a rigorous application process designed in full compliance with state law, ensuring every required step—including committee review—was followed. Throughout the process, the WA-APCD program collaborated closely with requestors to deliver technical assistance with items, such as:

- Identifying the best ways to tailor data requests to make the best use of WA-APCD data.
- Ensuring only the minimum amount of data needed for the intended use is requested.
- Understanding WA-APCD data privacy and security requirements.
- Navigating the application and review process.

HCA, acting as the lead organization, maintained a [log on WAHCC of all formal requests](#) and action taken on each request. The log includes information including the name of the requestor, data requested, and purpose of the request, and whether the request was approved or denied.

During this reporting period, the WA-APCD program continued to provide a diverse array of data products and solutions tailored to meet varied stakeholder needs. These included custom reports, custom and standard datasets, and the Analytic Enclave. Analytic Enclave is a secure, high-performance, cloud-based environment that enables authorized users to access either custom or standard data products while leveraging their preferred analytic tools in a controlled and compliant setting.

Table 3: Data use agreement product types by organization

Organizations with approved Data Use Agreements	Product type
Washington State Department of Health [†]	Analytic Enclave, standard dataset
Washington Health Benefit Exchange [†]	Analytic Enclave, custom datasets
Public Health Seattle & King County [†]	Analytic Enclave, standard dataset
Pierce County Council	Custom dataset
Washington State Office of the Insurance Commissioner [†]	Analytic Enclave, custom datasets, custom report
Office of Financial Management (OFM) [†]	Analytic Enclave, custom dataset, standard dataset
Health Care Authority (HCA) [†]	Analytic Enclave, custom datasets, standard dataset, custom report
Washington State Department of Corrections	Custom dataset
University of Rochester [†]	Standard dataset
College of the St. Scholastica	Standard dataset
The Evergreen State College, WA Institute for Public Policy	Custom dataset
University of Arizona	Custom dataset
University of Washington (UW), Health Services Department	Custom dataset
UW, School of Medicine	Custom dataset
UW, Department of Epidemiology	Custom dataset
UW, Infectious Diseases Education & Assessment program	Analytic Enclave, custom dataset
UW, Evans School of Public Policy and Governance	Custom dataset
RAND	Custom dataset
University of Mannheim [†]	Standard dataset
NORC at the University of Chicago	Custom dataset
Hammurabi Insurance Services, Inc.	Standard dataset
Boston University [*]	Custom dataset
Michigan State University	Custom dataset

[†]State appropriations used to fund state agency access to data during the two-year reporting period totaled approximately \$591,000.

^{*}Data product gross revenue during the two-year reporting period totaled approximately \$20,000.

During this reporting period, data users actively leveraged WA-APCD data to analyze and report on variations in health care costs and outcomes, while identifying targeted opportunities for interventions

aimed at reducing such disparities. These insightful reports would not have been feasible without WA-APCD data. Additionally, there was an increase in legislative activity compared to the previous reporting period. Lawmakers and state agency data users more frequently incorporated WA-APCD as a data source in new bills designed to help control costs and ensure Washington residents receive the highest quality of care.

Select WA-APCD use cases

During this reporting period, the WA-APCD was used to support:

- The state's [Health Care Cost Transparency Board](#), which is responsible for overseeing HCA's development of a health care cost growth target, measurement of total health care expenditures, identification of health care cost trends and cost drivers, and providing recommendations to the legislature for lowering health care costs.
- The **Office of the Insurance Commissioner** (OIC), updating the state's "[Surprise Billing Dataset](#)" to support insurer and provider surprise bill negotiations, as required by the Balance Billing Protection Act. Additionally, OIC used WA-APCD data for a [maternity cost sharing study](#), to update a [gender affirming treatment](#) report, and to assess commercial health plan claims data utilization and coverage of [ground ambulance services](#), all in support of legislatively required reporting efforts.
- Several **Washington State Office of Financial Management** (OFM) research reports, including [potentially avoidable emergency department utilization](#) in Washington, [Medicaid costs for the most commonly treated conditions](#), [health outcomes and costs associated with polypharmacy](#), and [understanding maternal health care in WA](#). The WA-APCD is also a crucial component of the work currently being done related to updating the Washington State Health Plan.
- The **Washington State Department of Health** (DOH) efforts, including public health surveillance of tobacco use, preventive services utilization, and a review of tobacco use and treatment codes available in WA-APCD inform a range of public health planning and evaluation activities.
- The **Washington State Institute for Public Policy** was directed by the legislature to assess the potential need for developing specialized long-term care services and support for adults with traumatic brain injuries (TBI) in the state. This work will inform state legislators and groups working with the TBI-affected community about the prevalence of TBI and access to relevant health care services, with the purpose of supporting the appropriate provision of specialized care services and long-term supports for adults with TBI.
- **Boston University** is working to compare Veterans Health Administration (VHA) and non-VHA health care systems and the choice of veterans to rely on VHA or non-VHA systems for their services, such as intensive care, primary care, mental health, and specialty care services.
- The **Washington State Department of Corrections** is working with WA-APCD data to better understand the health care services received by individuals in community reentry and supervision, to assess health care access, utilization, and effectiveness for this population.

Other publicly published reports derived from WA-APCD data

- External research at academic institutions including the University of Washington, University of Arizona, and Michigan State University.
- NORC at the University of Chicago created the [Physician and Physician Practice Research Database](#) (3P-RD), a database that captures information on physician and physician practice

characteristics in 13 states. 3P-RD aims to address gaps in the availability of physician data at the state and market level.

- Researchers at the RAND Corporation repriced commercial medical claims from across the United States using Medicare's groupers and pricing algorithms to support the fifth release of the public [Prices Paid to Hospitals by Private Health Plans](#) report profiling commercial prices as a percent of Medicare prices for hospitals and hospital systems.

Grants extended: WA-APCD data fee waivers and reductions

HCA, acting at the lead organization, provided WA-APCD funds in FY 2024–2025 to two doctoral students with limited resources to pay the cost of requested data files (Release Upon Request data product). The Release Upon Request data product is a standard dataset that contains summary level data only and was designed with students in mind. Requestors are required to meet specific criteria for fee reductions.

OFM Statewide All-Payer Health Care Claims Database Review and Recommendation Report

The OFM biennial review of the WA-APCD serves as an independent review of WA-APCD performance and operations. The report provides recommendations to promote accountability and ensure the WA-APCD meets statutory goals, such as improving health care price and quality transparency and advancing health outcomes through better data access and use. HCA actively worked to address the recommendations through targeted actions, internal reviews, and planned follow-up during this reporting period. The following is a summary of progress on the recommendations.

- **Recommendation 1:** The stakeholder engagement process was a priority during this reporting period to improve transparency and accountability of expectations and requirements around HCA's various roles with the WA-APCD. As outlined in the [Maintaining program operations](#) section above, numerous activities and stakeholder engagement efforts took place to consider the direction of the lead organization. Resulting operational adjustments fall in the subsequent reporting period and will be comprehensively detailed in the next report.
- **Recommendation 2 and 3:** HCA conducted an internal financial review to assess the program's fiscal status and sustainability. Significant modifications were made to the 2026 program budget and updates are being made to the data product fee schedule that will be in place in FY2027. Details of these changes, including the rationale, specific adjustments, and their projected impacts, will be included in the next lead organization report. Regarding the other database and program tasks required in statute and rule listed in the OFM report, HCA completed the de minimis rule making process ([WAC 182-70-040](#)). WA-APCD committee members participate in the Washington State Performance Measurement Coordinating Committee and have collaborated in a 2024 effort to reduce the size of the current common measure set and to identify priority measures from the existing Washington State Common Measure Set that may be considered for the core set. HCA will focus on developing an audit guide during the next reporting period and as noted above, due to budget constraints, HCA has not been able to procure independent economic expertise to evaluate the performance of the lead organization.
- **Recommendation 4:** HCA has prioritized ensuring continued and robust agency access to and use of WA-APCD data, including access to Medicare fee-for-service data, recognizing its critical role in informing health policy, public health efforts, and program oversight.

- **Recommendation 5 and 6:** HCA has improved transparency and efficiency of processes around data requests to include deploying a new data element request form to help simplify the request process. HCA deployed online training documentation for our end-user community to help support new WA-APCD data users and facilitated quarterly user group meetings. The data dictionary was updated to include a streamlined data submission transmittal report that highlights issues and documents resolutions. Tableau was added to the suite of Analytic Enclave tools to enable high-level data visualization, exploration, and reporting. There remains a need for increased investment in program capacity to help support timelier WA-APCD access and release processes.

Performance of the lead organization

Lead organization activity summary

During this reporting period, HCA continued to perform all lead organization duties, responsibilities, and obligations to ensure that the WA-APCD Program remained fully operational. HCA, acting as lead organization, created or renewed and maintained all legal and contractual obligations of all contracts. This included subcontracts and Data Use Agreements to the subcontractors, data release customers, and data submitters. HCA, acting as the lead organization, adhered to WA-APCD program requirements as specified in Chapter 43.371 RCW and Chapter 182-70 WAC, and performed services required to plan, coordinate, administer, manage, and operate the WA-APCD Program as the lead organization. This included:

- Overseeing the day-to-day operations, budgetary activities, and management of the WA-APCD Program.
- Ensuring collection of data from data suppliers as provided in RCW 43.371.030.
- Maintaining and improving data quality.
- Ensuring appropriate controls and protocols to protect the privacy and security of collected and released data.
- Developing a communications plan and ensuring delivery of required reporting and stakeholder communications.
- Making database information available as a public resource.
- Processing data requests from individuals and organizations.
- Collaborating with partners across the state and beyond to innovate with WA-APCD data and work to enhance WA-APCD capabilities.

Lead organization recommendations

Opportunities for enhancing the WA-APCD

As summarized in Table 2, data in the WA-APCD represents 71% percent of the total population in Washington, offering a robust foundation for understanding health care utilization, costs, and outcomes. This substantial coverage positions the WA-APCD as a vital resource for evidence-based policy, research, and transparency initiatives. However, strategic enhancements are needed to perform on the full lead organization scope of work and further elevate its comprehensiveness, accessibility, and analytical value, solidifying its role as the premier trusted source for health care data in the state.

The following items are ways in which HCA could enhance the database:

Extend and expand datasets in WA-APCD

- Incorporate long-term care data to provide a more complete view of services for aging and disabled populations
- Encourage voluntary submissions from additional entities, such as local and county governments with self-insured plans (attempts to recruit voluntary submitters have been under sources and unsuccessful to date)
- Integrate substance use disorder service utilization data, in compliance with 42 CFR Part 2 regulations
- Add vital statistics data from the Washington State Department of Health to enrich analyses of health outcomes and social determinants
- Enhance the WA-APCD with non-claims data (e.g., prescription drug rebates) to create a more complete picture of costs, quality, and utilization

Enhance value to the public

- Expand the number and variety of publicly available datasets and reports on WAHCC
- Advance health care cost transparency through updated tools, dashboards, and consumer-friendly resources
- Develop interactive public reporting on cost trends, quality measures, and disparities to empower informed decision-making

Enhance value to researchers and authorized data users

- Provide business intelligence and advanced analytic tools within the secure Analytic Enclave environment
- Harmonize data submission formats and standards with other states to facilitate multi-state comparisons and reduce burden on submitters
- Tailor targeted reports and datasets to address specific needs of employers, purchasers, and policymakers augmenting data with linkages to additional sources, such as social determinants of health or alternate payment model details, to support deeper analytics

These enhancements are informed by stakeholder feedback and aligned with statutory goals. Increased resources will be essential to the ability to implement these opportunities in future reporting periods.

Conclusion and next report contents

This report details the administration of the WA-APCD for the period of July 1, 2023, to June 30, 2025, during which time HCA provided ongoing program administration as well as lead organization oversight of WA-APCD data submission, data release, and consumer-facing website operations. HCA continues to engage with stakeholders to expand the WA-APCD program's impact and strengthen its role in informing Washington's health care transformation efforts.

Future biennial reporting will maintain this established format and, using independent economic expertise, subject to appropriation, include an evaluation of whether the database has advanced the goals set forth in RCW 43.371.020(1), as well as the performance of the lead organization.

Appendix A: WA-APCD committee rosters

WA-APCD State Agency Coordinating Committee

- Vishal Chaudhry, Washington State Health Care Authority (HCA)
- Kirsta Glenn, Washington State Department of Labor and Industries (L&I)
- Leah Hole-Marshall, Washington Health Benefit Exchange (HBE)
- David Mancuso, Washington State Department of Social and Health Services (DSHS)
- Thea Mounts, Washington State Department of Corrections (DOC)
- Simon Casson, Washington State Office of the Insurance Commissioner (OIC)
- Ian Painter, Washington State Department of Health (DOH)

WA-APCD Data Policy Advisory Committee

- Suman Majumdar, HCA
- Amy Anderson, Association of Washington Business
- Jonathan Bennett, Washington State Hospital Association
- Jac Davies, Northwest Rural Health Network
- Charlie Parks, Premera Blue Cross
- Bill Ely, Kaiser Permanente
- Jeff Keim, Cambia Health Solutions
- Mandy Stahre, OFM

WA-APCD Data Release Advisory Committee

- Christopher Chen, HCA
- Jonathan Bennett, Washington State Hospital Association
- Matt King, Washington Technology Solutions (WaTech)
- Charlie Parks, Premera Blue Cross
- Dennis McDermot, OFM
- Ginny Weir, Bree Collaborative
- Cyndy Harrison, Kaiser Foundation Health Plan of Washington

HCA WA-APCD Oversight Committee

- Vishal Chaudhry, HCA's Strategy, Policy & Innovation (SPI) division
- Laura Shayder, HCA's Division of Legal Services (DLS)
- Mich'l Needham, HCA-SPI
- Judy Zerzan-Thul, HCA's Clinical Quality and Care Transformation (CQCT) division
- Annette Schuffenhauer, HCA-DLS
- Lorie Geryk, HCA-SPI
- Lou McDermott, HCA Deputy Director
- Joe Opdhal, HCA-SPI