

Washington State All-Payer Claims Database and Lead Organization biennial 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

March 29, 2024

Washington State All-Payer Claims Database and Lead Organization biennial report

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Clinical Quality and Care
Transformation
P.O. Box 45502
Olympia, WA 98504
Phone: (360) 725-1612
Fax: (360) 586-9551
hca.wa.gov

Forum One
1601 5th Ave Suite 900,
Seattle, WA 98101
Phone: (206) 623-1556
forumone.com

Onpoint Health Data
55 Washington Ave
Portland, ME 04101
Phone: (207) 623-2555
onpointhealthdata.org

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Executive summary

The Washington State All Payer Claims Database (WA-APCD) is a tool used to collect health care claims data for reporting, analytics, and to help the public make their health care decisions. The WA-APCD is an integral component of Washington's ongoing health care improvement efforts and provides access to timely and reliable health care claims data that are essential to improving health care quality, reducing costs, and promoting transparency.

Engrossed Substitute Senate Bill (ESSB) 5741 (Chapter 301, Laws of 2019) made changes to support future operations of the WA-APCD. These changes included:

- Transferring authority and oversight for the database from the Washington (WA) State Office of Financial Management (OFM) to the Washington State Health Care Authority (HCA).
- Other changes to improve and ensure successful and sustainable database operations for access to and use of the data to improve health care, provide consumers useful and consistent quality and cost measures, and assess total cost of care in WA.

Section 8 (1-2) of the bill states:

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.

HCA is proud to offer this second biennial report, detailing the administration of the WA-APCD between July 1, 2021 and June 30, 2023 (state fiscal year (FY) 2022/FY 2023). This reporting period was 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 Washington State Legislature in the 2021-2023 biennial budget. Transfer of authority and oversight for the database from OFM to HCA was successfully completed by January 1, 2020 and transition details were included in the first WA-APCD and lead organization biennial report, published on March 2022.

Key takeaways from this report include the following:

- The total biennial WA-APCD program cost was \$3,268,045
- Center for Medicare & Medicaid Services (CMS) matching funds were obtained for Medicaid-only operating costs of the database
- Over 5 million lives with medical coverage (70 percent of the total WA population) were represented in the database during FY 2022-2023

- The program used methods and experts in health data assessment, while carefully following standard processes to assure the data is valid and reliable
- Four WA-APCD committees contributed to database efficiency and effectiveness
- WA-APCD website use increased by 36 percent over the two year reporting period
- The WA-APCD program fulfilled data requests for 15 different stakeholder organizations
- Multiple example use cases illustrate how WA-APCD data is being leveraged by data users to promote price transparency and better health care, including:
 - Developed health care cost growth targets
 - Analyzed cost trends and drivers
 - Updated the Surprise Billing Dataset
 - Evaluated health care utilization and outcomes

Costs to administer the WA-APCD

Background

In the 2021-2023 biennial budget, the Legislature appropriated \$2.2 million, per fiscal year, to HCA to maintain and continue WA-APCD operations, contract with a new lead organization (LO) and provide data access to state agencies. HCA is considering seeking funding for resources to procure independent economic expertise to evaluate the database during the 2025-2027 biennium, thus enabling full reporting requirements outlined in the statute to be addressed in a future reporting period.

During this reporting period (FY 2022/FY 2023), HCA continued to act in an interim capacity as the State's LO for the WA-APCD. Contract negotiations for the WA-APCD LO ended unsuccessfully on June 10, 2022, and HCA used the time post-procurement to systematically gather, record, and analyze information regarding the procurement process and APCD market conditions in other states, to help HCA make the best decision about the re-procurement of the WA-APCD LO.

Action plan for the procurement of the WA-APCD Lead Organization

The plan included procurement debriefs, a comprehensive scan and comparison of other APCD program models (environmental scan), and Request for Information (RFI) and Request for Proposals (RFP) activities. Two procurement debriefs were held in November 2022 and identified challenges and successes realized in contract negotiations with Washington Health Alliance and identified action items and targets for procurement methodology and documentation improvements.

Following the debriefs, HCA conducted a Request for Qualifications and Quotation (RFQQ) in February 2023 to procure research and analysis services to evaluate other state program models and program administration strategies to inform HCA's approach for its next procurement. The APCD environmental scan was conducted by Manatt Health Strategies, LLC, between April and June 2023, and included interviews with WA state stakeholders, peer states, and a national scan of other state APCD models.

Manatt assessed WA-APCD's internal and external strengths, weaknesses, opportunities, and threats and developed recommendations for strengthening the WA-APCD's oversight and approach for its next procurement. A link to the full environmental scan findings is included in Appendix B of this report.

Following the environmental scan, HCA moved forward with the RFI stage of the procurement plan, allowing HCA to ask questions of potential partners to further an understanding of potential solutions. At the time of the writing of this report, the RFI period had not ended.

WA-APCD budget and expenditures

LO services: maintaining program operations

HCA is a Hybrid Entity made up of both Health Care Components (HCCs) and Non-HCCs. The WA-APCD program is designated as a non-HCC. Only HCA's HCCs are subject to HIPAA and programs that are deemed Non-HCCs are not subject to HIPAA but are subject to the Washington Uniform Health Care Information Act. During this FY 2022- 2023 reporting period, HCA, acting as the LO, 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 \(WAC\)](#).

Data vendor services: maintaining the WA-APCD

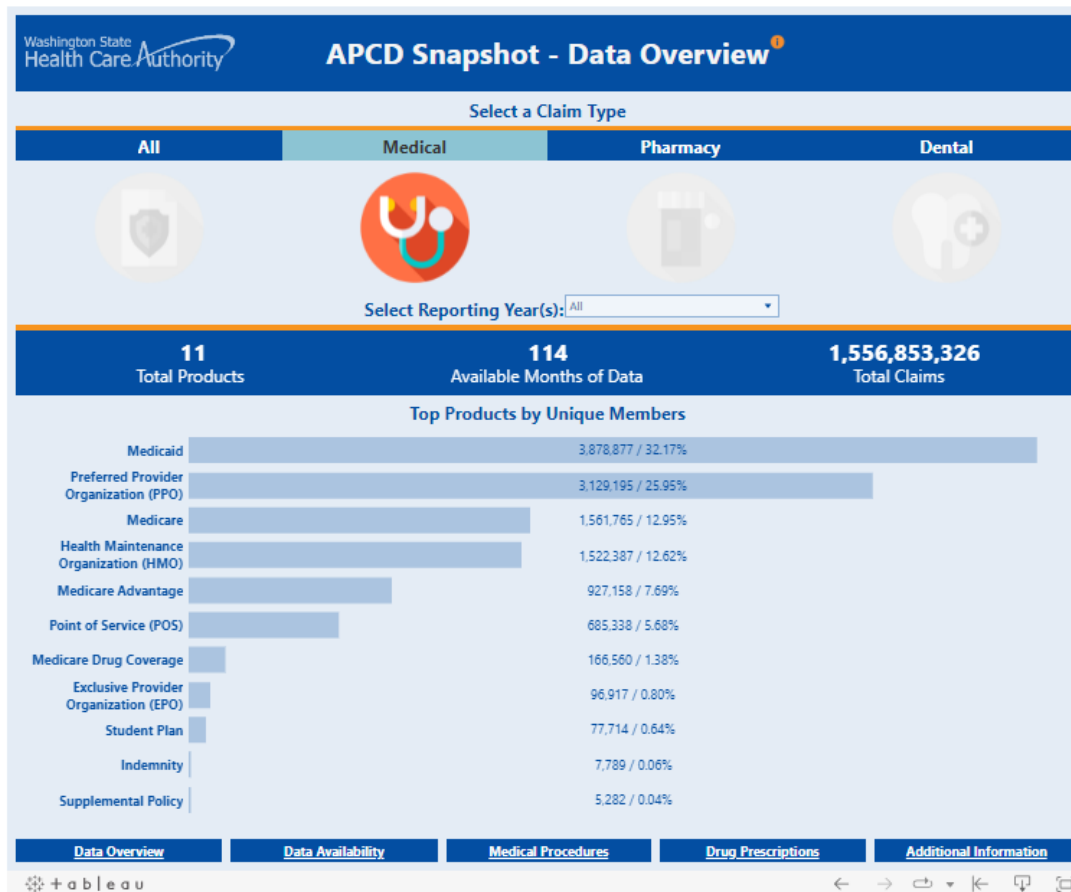
The WA-APCD includes data from calendar year 2014 onward with eligibility and claims data for over 5 million covered lives, representing approximately 70 percent of the total WA population.

During the FY 2022/FY 2023 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, School Employees Benefits Board
- 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 during this reporting period, by market segment, are reflected in Table 3 on page 11 of this report. HCA, acting as the LO, 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.

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

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

HCA, acting as the LO, 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.

Image 1: Screenshot of the WAHCC homepage where you find health care providers and facilities and compare the cost and of medical care and services

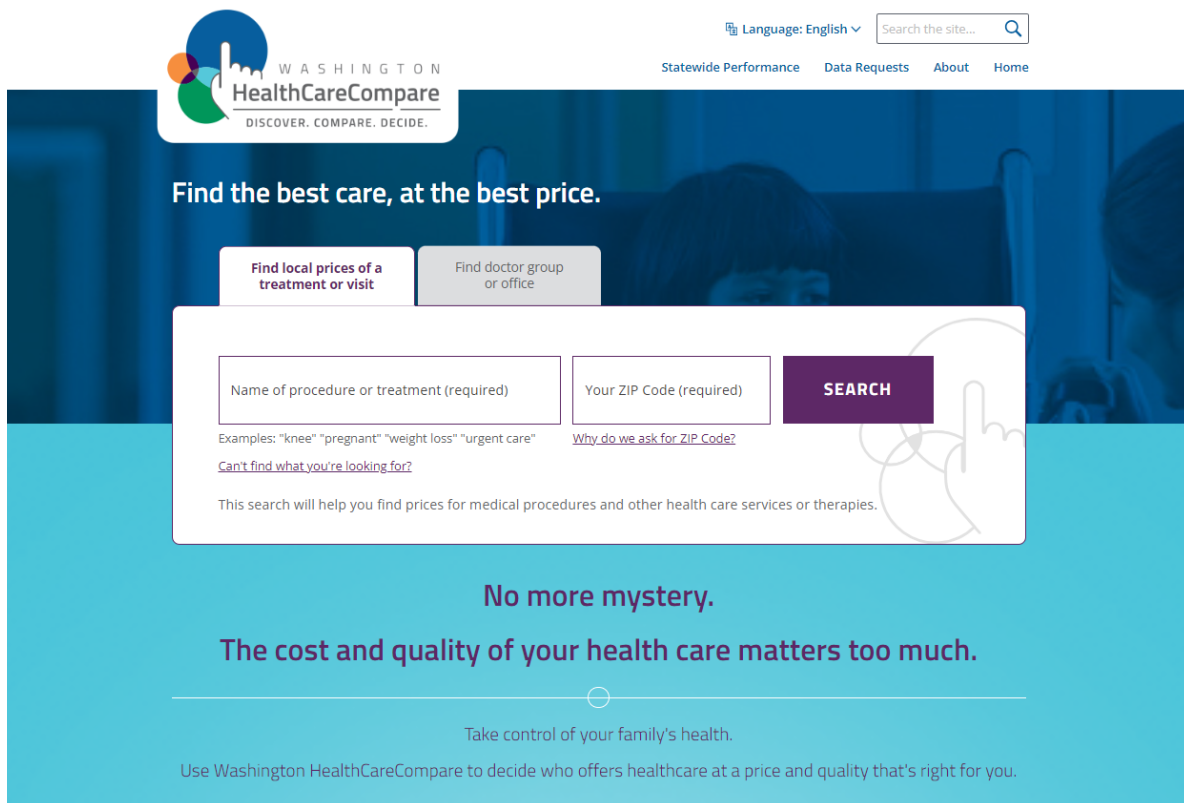


Image 3: Screenshot of the WAHCC where you compare the cost and quality across Accountable Communities of Health regions



Table :1 WA-APCD budget and expenditure detail

Total biennial WA-APCD program cost: \$3,268,045

Fiscal Year	HCA Budget	Program Cost Item	Actual Expenditure
2022	\$2,222,000	LO*	\$117,445
		Data Vendor	\$1,006,318
		Web Vendor	\$76,785
		CMS Medicare data	\$51,500
		NCQA^ public reporting measure specifications data	\$14,534
		Mathematica Policy Research Inc.	\$117,175
		FY 2022 Total	\$1,383,757
		2023	\$2,222,000
Data Vendor	\$1,489,425		
Web Vendor	\$101,265		
CMS Medicare data	\$45,500		
NCQA public reporting measure specifications data	\$14,970		
Manatt Phelps & Phillips LLP	\$60,000		
FY 2023 Total	\$1,884,288		

*LO cost includes salary, benefits, goods and services (e.g., building costs), travel, and equipment

^National Committee for Quality Assurance

During this FY 2022/FY 2023 reporting period, resources and attention were mainly focused on program maintenance and procurement planning with the expectation HCA would transition LO functions to the Apparently Successful Bidder (ASB). Even with this focus on just program maintenance, utilization of WA-APCD resources, as indicated by website usage, increased by 36 percent, year-over-year.

Grants received

The Centers for Medicare & Medicaid Services matching funds

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

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 what health care items and services insured individuals receive and how much is paid for those items and services. The WA-APCD created and adheres to submission rules that govern what specifications the files need to adhere when 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 3 provides the types of claims and number of covered lives available in the database and the percentage of the WA population represented in the WA-APCD during FY 2021, FY 2022, and FY 2023. Fiscal year 2021 is included for historical reference and FY 2023 does not include the percent of total population captured in the database, as Medicare FFS data was not yet available from CMS at the time this report was produced.

Table 2: WA-APCD covered lives and claims during state fiscal years* 2021 – 2023, by market segment

WA-APCD Membership Counts - Medical and Pharmacy Eligibility			
Market Segment	FY 2021	FY 2022	FY 2023
Commercial	2,162,412	2,196,040	2,171,265
Self-Insured	580,984	624,019	611,937
Public Employees Benefits Board (PEBB)	382,080	385,949	384,512
School Employees Benefits Board (SEBB)	269,827	284,411	287,617
Exchange	437,161	510,876	495,147
Medicaid	1,931,176	2,163,272	2,285,658
Medicare Advantage	539,025	587,300	638,161
Medicare FFS ¹	967,312	895,449	-
Total Lives with Medical Coverage (including Medicare FFS where available) ²	5,377,219	5,517,738	4,937,524
Total WA Population ³	7,766,925	7,864,400	-
% of Total Population Captured (including Medicare FFS)	69%	70%	-
Other Insurance Markets			
Dental	4,472,953	4,682,421	4,894,686
Worker's Compensation	124,409	124,219	116,536
Out-of-State Lives	3,091,824	3,121,704	4,653,999

*State fiscal year is the 12-month period from July 1st to June 30th of the following year. Example: FY 2023 represents 7/1/2022 – 6/30/2023

¹Note that Medicare FFS data is only available through 12/31/2021; only FY 2021 has Medicare FFS data available for the full year.

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. Note the drop in FY 2023 is due to the lack of Medicare FFS data for that period.

³[Total WA population estimate based on OFM reporting](#). Note that the OFM population estimates are currently only available through 2022.

Submitters used credentials to access the Onpoint Claims Data Manager (CDM) 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 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 LO, monitored weekly 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 ensure the best data possible, the WA-APCD program conducts quality checks throughout the process to align outputs with expectations and to ensure data reflects health care in Washington. The WA-APCD program adheres to industry-leading data privacy and security standards to protect the confidentiality of personal information and business data. Onpoint follows HIPAA security rules and has earned certified status by the Health Information Trust (HITRUST) Alliance. Onpoint provides technical assistance to data submitters' technical staff to ensure they understand and meet the established data layouts, completeness thresholds, quality validations, and compliance processes.

HCA, acting as the LO, and Onpoint used methods and experts in health data assessment, while carefully following standard processes to check that the data is valid and reliable. These processes included:

1. Data completeness and validity checks.

- a. Claims Data Manager (CDM) data quality validation and threshold checks were performed to verify data quality and accuracy.
- b. A battery of validations assessed the interrelationships of individual data elements and evaluated rates against parameter-driven thresholds to detect anomalies and errors.
- c. Trending and cross-file quality checks examined data points, as their companion fields and data completeness changed over time.
- d. Submitter attestation reports were delivered to each data supplier to validate their member counts, allowed amounts, and member payment responsibilities on a quarterly basis.

- e. All WA-APCD data suppliers attested the results provided were accurate.
- 2. **Cross-payer validation.**
 - a. 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 indices).
- 3. **Quality, utilization, and expenditure metrics review.**
 - a. Healthcare Effectiveness Data and Information Set (HEDIS) and other measures developed for the WA-APCD underwent extensive quality assurance and review by an independent measures-coding expert prior to rates being posted for provider review.
- 4. **Roster validation.**
 - a. Practices were invited to update and validate their provider rosters annually through the Performance Reporting Portal. Below are results from the roster validation period for the 2023 HealthCareCompare website refresh:
 - i. Active medical practices total, pre-roster update period: 550
 - ii. Active medical practices total, post-roster update period: 560
 - iii. Provider total, pre-roster update period: 7,874
 - iv. Provider total, post-roster update period: 8,531
 - v. Total medical practices validated: 245 (out of 560 total medical practices)
- 5. **Review and Reconsideration.**
 - a. 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.**
 - a. HCA, in its role as the LO, contracted with Mathematica to perform validation checks to support the understanding of the quality of the Medicaid data submissions. The validations selected by Mathematica represented a mix of validation checks and included the following checks: longitudinal, ICD-10 code format, HCPCS code format, NCD code format, claims linkage, diagnosis code frequency, procedure code frequency, and claims consistency. No significant findings were identified that raised concerns about the overall usability of the data.

The validation efforts undertaken over this reporting period, as well as data quality processes that have been implemented, have significantly improved the users' confidence in the WA-APCD data accuracy.

WA-APCD committees' contributions to the database efficiency efforts[†]

State Agency Coordinating Committee

The State Agency Coordinating Committee, required in RCW 43.371.090(1), began meeting in 2020. The Committee met quarterly during this reporting period to ensure the database meets the needs of state agencies and other data users. This body consists of state agencies with related data needs and the Washington Health Benefit Exchange. The Coordinating Committee advised HCA on matters to ensure the database meets the needs of state agencies and other users (e.g., adding vital statistics data from Washington State Department of Health and promoting the goal of improving health outcomes through better cost and quality information).

HCA WA-APCD Oversight Committee

The HCA WA-APCD Oversight Committee met monthly during FY 2022/FY 2023 to focus on strategic and cross-functional decision-making and program strategy development. Committee work encompassed the oversight and continuous improvement of the WA-APCD program processes and framework. The committee is responsible for ensuring adequate time is spent on strategic dialog, to ensure the database meets the needs of the state agencies and other data users. The committee also ensures procurement activities are conducted in line with applicable rules and regulations. Members include HCA executives and subject-matter experts.

WA-APCD Data Release Advisory Committee

The WA-APCD Data Release Advisory Committee, required in RCW 43.371.020(5)(h), convened every other month during FY 2022/FY 2023 and provided input to HCA, acting as the LO, on formal data-release requests. 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

The WA-APCD Data Policy Advisory Committee, required in RCW 43.371.020(5)(h) to provide input on data collection, reporting, and related policies, met as needed, during FY 2022/FY 2023. Members include representatives of provider and consumer groups, health care purchasers, health plans, and state agencies involved in maintenance of the WA-APCD.

†See Appendix A: WA-APCD committee rosters

WA-APCD effectiveness

Meaningful data use impact

During this reporting period, the WA-APCD program supported data requests for transparency in health care at both the policy and consumer levels. WA-APCD released data in the following two ways: 1. provided consumer-facing price and quality transparency tools on the program's website and 2. fulfilled WA-APCD data requests from individuals or organizations to improve health care in Washington.

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 that HCA, acting in interim capacity as the LO, continued to employ during this reporting period to make the health care marketplace more transparent. The Common Measure Set is the foundation for WA-APCD quality reporting. The WA-APCD reportable Common Measure Set was incorporated into the website refresh two times 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.

Important website design improvements were made to help users find the information they want on WAHCC, in the language they prefer. Search functionality was added to make the site searchable. It enables users to find content by searching for particular words without understanding or exploring the entire website, a quick and less complex way to find content. A new language tool was added to allow users to easily switch between different language versions of the website, making consuming content in their preferred language possible.

In June 2023, WAHCC received a Merit Healthcare Ad Award in the website category from the 40th Annual Advertising Awards, the largest and most well-recognized health care advertising awards competition in North America. Over 4,300 entries were received and a national panel of judges reviewed all entries based on creativity, quality, message effectiveness, consumer appeal, graphic design, and overall impact.

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, Spokane, and Olympia. There was an increase in total users, from 11,136 in FY22 to 15,164 in FY23, which is a 36 percent 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 FY2022-2023 reporting period, HCA, acting as the LO, 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
- Hospital associations
- Health care systems
- Providers
- Nonprofit institutions
- Independent entities

Table 3 lists all the data release program clients, whose data use agreements (DUA) were approved or DUAs were amended/renewed during the reporting period. Release of WA-APCD data is allowable under Washington state statute (Chapter 43.371 RCW and Chapter 82-75 WAC). An application process, developed in accordance with WA statute, was utilized to ensure the required steps in the data request and release process, including committee review, were executed. HCA, acting as the LO, worked with requestors throughout the data request process to provide 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 LO, maintained a log on WAHCC of all 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. This link can be used to reference the log: wahealthcarecompare.com/past-requests.

The WA-APCD program offered various data products and solutions during this reporting period, including custom and standard reports, custom and standard datasets, and an Analytic Enclave. The Analytic Enclave is a secure, highly performant, cloud-based service offering users a custom or standard data product with the analytic tools of their choice.

Table 3: Data use agreement product types by organization

Organizations with approved Data Use Agreements	Product type
Washington State Department of Health [†]	Analytic Enclave
Washington Health Benefit Exchange [†]	Analytic Enclave; custom datasets
Public Health Seattle & King County [†]	Analytic Enclave
Washington State Office of the Insurance Commissioner [†]	Analytic Enclave; custom reports
OFM [†]	Analytic Enclave; custom dataset; Release Upon Request dataset
HCA [†]	Analytic Enclave, custom datasets, custom reports
Washington State Hospital Association [†]	Analytic Enclave
University of Rochester [†]	Release Upon Request dataset

Organizations with approved Data Use Agreements	Product type
VA Puget Sound Health Care System*	Custom dataset
University of Washington (UW), Health Services Department*	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
Quilted Health*	Custom dataset
NORC*	Custom dataset
Hammurabi Insurance Services, Inc.*	Release Upon Request dataset
Michigan State University*	Custom dataset

†State appropriations used to fund state agency access to data during the two-year reporting period totaled approximately \$579,000.

*Data product gross revenue during the two-year reporting period totaled approximately \$97,000.

During this reporting period, data users relied on WA-APCD data to report variations in costs and health outcomes and are targeting opportunities for interventions to reduce this variation. None of these reports would have been possible without WA-APCD data. During this reporting period we saw an increase compared to the last reporting period in lawmakers writing the WA-APCD into legislation as a source for data to help control costs or ensure Washingtonians have access to the best possible 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 to analyze [geographic access to gender affirming treatment](#), [audio-only telemedicine utilization trends](#), [fertility benefits](#), and commercial health plan claims data utilization and coverage of [ground ambulance services](#), all in support of legislatively required reporting efforts.
- Several **OFM** research studies, including a 2022 report of [COVID-19 diagnoses, treatments, outcomes, and costs in the WA-APCD](#) and a 2022 report [assessing the health impacts of wildfire smoke exposure](#).
- 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.

Other publicly published reports derived from WA-APCD data

- External research at academic institutions including the University of Washington, University of Rochester, 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 fourth 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. Some states (Hawaii, Arkansas, and Washington) had relative prices below 175 percent of Medicare prices, while other states (Florida, West Virginia, and South Carolina) had relative prices that were at or above 310 percent of Medicare prices.

Grants extended: WA-APCD data fee waivers and reductions

HCA, acting at the LO, provided WA-APCD funds in FY 2022- 2023 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 the Data Release Advisory Committee members to consider granting fee waivers and reductions.

Performance of the Lead Organization (LO)

LO activity summary

During this reporting period, HCA continued to perform all LO duties, responsibilities, and obligations to ensure that the WA-APCD Program remained fully operational. HCA, acting as LO, created, or renewed and maintained all legal and contractual obligations of all contracts, including subcontracts and data use agreements in a seamless manner to the subcontractors, data release customers and data submitters. HCA, acting as the LO, adhered to WA-APCD program requirements, as specified in Chapter 43.371 RCW and Chapter 182-70 WAC, and performed services required to coordinate, administer, manage, and operate the WA-APCD Program as the LO. 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,
- Implementing LO procurement plan WA-APCD committee rosters.
- Collaborating with partners across the state and beyond to innovate with WA-APCD data and work to enhance WA-APCD capabilities.

Lead Organization recommendations

HCA has been acting in the capacity of the WA-APCD LO since January 2020, while working to procure a LO. Reporting requirements ask for recommendations on the LO structure; as completion of the new procurement is pending, HCA has not included LO structure recommendations.

How the database can be improved

As summarized in Table 3, data in the WA-APCD represents 70 percent of covered lives in the state of Washington. While this provides a very large representation of health care usage in the state, there are opportunities for improvement that will enhance the public utility of WA-APCD as a trusted data source for health care related clinical and policy research. Through planning and priority setting activities and involving stakeholder input (e.g., carriers, providers, data users), the WA-APCD program strategically identifies program improvements and priorities. We have outlined ways in which the database can be strengthened below:

Extending and expanding datasets in WA-APCD

- Adding long-term care data
- Encouraging voluntary submitters, e.g., local and county governments with self-insured plans
- Adding substance use disorder service utilization data subject to 42 CFR Part 2
- Adding vital statistics data from Washington State Department of Health

Enhancing value of database to public

- Increasing the number of publicly available datasets on WAHCC
- Improving health care cost transparency

Enhancing value of database to users

- Providing business intelligence and analytic tools in the Analytic Enclave
- Coordinating data submission formats across states
- Addressing employer and purchaser health care data needs through targeted reporting

Conclusion

Summary and next report contents

This report details the administration of the WA-APCD between July 1, 2021, and June 30, 2023 during which time HCA provided ongoing program administration as well as LO oversight of WA-APCD data submission, data release and consumer-facing website operations. HCA continues to engage with stakeholders in order to expand the WA-APCD program's contributions and further its ability to inform Washington State's health care transformation efforts. Future reporting will follow this same 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, Health Care Authority
- Kirsta Glenn, Department of Labor and Industries
- Leah Hole-Marshall, Washington Health Benefit Exchange
- David Mancuso, Department of Social and Health Services
- Thea Mounts, Department of Corrections
- Marc Baldwin, Office of Financial Management
- Simon Casson, Office of the Insurance Commissioner
- Ian Painter, Department of Health

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
- Charlie Parks, Premera Blue Cross
- Bill Ely, Kaiser Permanente
- Jeff Keim, Cambia Health Solutions
- Mandy Stahre, Office of Financial Management

WA-APCD Data Release Advisory Committee:

- Christopher Chen, Health Care Authority
- Jonathan Bennett, Washington State Hospital Association
- Matt King, Washington Technology Solutions (WaTech)
- Charlie Parks, Premera Blue Cross
- Dennis McDermot, Office of Financial Management
- Ginny Weir, Bree Collaborative
- Cyndy Harrison, Kaiser Foundation Health Plan of Washington (KPWA and KPNW)

HCA APCD Oversight Committee

- Vishal Chaudhry, HCA-CQCT
- Laura Shayder, HCA-DLS
- Mich'l Needham, HCA-POLICY
- Judy Zerzan-Thul, HCA-CQCT
- Annette Schuffenhauer, HCA-DLS
- Mary Fliss, HCA-CQCT
- Lorie Geryk, HCA-CQCT
- Lou McDermott, HCA Deputy Director

Appendix B:

APCD environmental scan

Please view the [WA-APCD SWOT Analysis and Recommendations presentation](#) on our website for more information.