WA-APCD Data Release Application

This application (“Data Application”) is the first step in all requests for Washington All-Payer Claims Database (WA-APCD) data products, in accordance with Revised Code of Washington ([RCW) 43.371.020(1),](http://app.leg.wa.gov/RCW/default.aspx?cite=43.371.020) [RCW 43.371.050](http://app.leg.wa.gov/RCW/default.aspx?cite=43.371.050) and Washington Administrative Code [(WAC) 182-70-210](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-210).

**Instructions**

The WA-APCD Lead Organization (Health Care Authority (HCA)), is available to help data applicants identify the best ways to describe and tailor their data requests, and to understand the privacy and security requirements and limitations on the uses of WA-APCD data products. Contact the Lead Organization at apcd@hca.wa.gov.

After completion of the Data Application email it as a Word formatted document to apcd@hca.wa.gov. **Final decisions will not be made until a completed Data Application is accepted, including all attachments.**

The WA-APCD will follow up within 5 business days to provide an application processing time estimate. Routine requests typically take 15 days to process.

Tracking Table (For WA-APCD use):

|  |  |
| --- | --- |
| WA-APCD Data Application # |  |
| Name of Applicant |  |
| Complete Data Application Received Date |  |
| PHI/PFI Requested (yes/no) |  |
| Data Request Approved/Denied & Date |  |
| Reason for Approval/Denial |  |
| Comment Period Ends (if applicable) |  |

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# Section 1. Data Applicant Information & Type of Request

Provide the information below for the Applicant: the individual who is completing this Application and the organization that will be legally responsible for the Data.

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Organization | Click here to enter text. |
| Mailing address | Click here to enter text. |
| Telephone number | Click here to enter text. |
| Email address | Click here to enter text. |

## Applicant category

1. **Select the applicant’s organization type as defined in RCW** [**43.371.050(4).**](http://app.leg.wa.gov/RCW/default.aspx?cite=43.371.050)

☐ Researcher. See Section 2 Institutional Review Board (IRB) Status

☐ Federal, state, or local government agency, including government owned providers

☐ WA-APCD Lead Organization

☐ Other. Describe: Click here to enter text.

1. **What is the organization’s tax status?**

☐ For-profit entity

☐ Tax exempt, non-government entity

Enter your tax exempt ID#: Click here to enter text.

☐ Government entity

☐ Not applicable/Applicant is an individual

1. **Explain the funding source for this work.**

|  |
| --- |
|  |

**Section 1. Data Applicant Information & Type of Request**

## Type of Request

Details on available WA-APCD data and data products can be found on the WA-APCD website [Data Products](https://www.wahealthcarecompare.com/data-products) page.

1. **Select the type of product that you are requesting by checking one of the boxes below (check only one option).**

☐ **Custom Report**: WA-APCD produces analytics output on behalf of the applicant. This is an analytic product not a data product. Complete only Sections 1, 2, 4, 5 & 8 of this Data Application. You will receive a formal cost estimate once we review your data application. Pricing is determined based on the estimated number of hours required for the requested analysis.

[ ]  **Per Person Standard Report:** Cost per member per month and utilization per 1,000 person rates for client designated population (e.g. primary care medical practice population, Accountable Community for Health region population, etc.)

[ ]  **Data File (Machine-readable)**: The granularity of data-file products ranges from summary level data (e.g. per member per month values) to claimant-level medical service line records.

[ ]  **Analytic Enclave**: WA-APCD sponsored cloud-based data and analytic environment in which applicant accesses WA-APCD data and analytic tools, in a HIPAA-compliant setting, through a virtual private network.

# Section 2. Project Information

## Project Title and Timeline

1. **Provide the project title:** Click here to enter text.
2. **Enter the following dates for the project.**

|  |  |
| --- | --- |
| Project start date | Click here to enter text. |
| Target date to receive data | Click here to enter text. |
| Target date to finish using date | Click here to enter text. |
| Project completion date | Click here to enter text. |
| Date recipient will destroy data | Click here to enter text. |

**Section 2. Project Information**

## Intended Use

1. **In the box below, provide a statement of 300 words or less describing the purpose of your Project and how it supports WA-APCD goals outlined in** [**RCW 43.371.020(1)**](http://app.leg.wa.gov/RCW/default.aspx?cite=43.371.020)

*The database must improve 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 practices; enable purchasers to identify value, build expectations into their purchasing strategy, and reward improvements over time; and promote competition based on quality and cost.*

This summary will be posted on the [Washington HealthCareCompare](https://www.wahealthcarecompare.com/) website.

|  |
| --- |
| Click here to enter text. |

**4. Does your Data Application include a request for (check all that apply):**

[ ]  Allowed cost information (allowed amount)\*

[ ]  Proprietary financial information\*

[ ]  Neither allowed cost nor proprietary financial information →skip to Q. 6

\*See [RCW 43.371.010](http://app.leg.wa.gov/RCW/default.aspx?cite=43.371.010) and [WAC 182-70-020](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-020) for definitions of these terms. Note, consult with the WA-APCD if you are uncertain about which allowed cost information uses constitute a proprietary financial information use.RCW 43.371.050(4)

**5.** **If Applicant seeks allowed cost information or proprietary financial information explain the: i) cost unit (e.g. per person, episode, service-line specific, etc.), ii) proposed use of the cost data, iii) data end users, and iv) approach to ensure adherence to Format for the Calculation and Display of Data Rule** [**WAC 182-70 500**](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-500) **to** [**WAC 182-70-520**](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-520).

|  |
| --- |
| Click here to enter text. |

**Section 2. Project Information**

**6. Attach a description of the planned analyses or queries to be performed using WA-APCD data. Include sufficient detail for reviewers to assess the suitability of data you are requesting for the goals of your analysis (no word limit, typically 2-5 pages). Also include information about the end users of these data reports or other products. Address each of the relevant elements of Format for the Calculation and Display of Data Rule (**[**WAC 182-70-500**](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-500) **to** [**WAC 182-70-520**](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-520)**). This information must be included and marked as “Attachment E.”**

**Research applicants:** Attach your Institutional Review Board (IRB) protocol (the precise and detailed design for conducting the research study; specifically, it is the study plan submitted to an IRB for review) or equivalent section of a grant application if these adequately describe your proposal, including your research questions, proposed methodology, and analytic plan for the Project, covering:

* Proposed sampling/case finding method
* Main statistical/computational methodology
* Unit of analysis and rationale for the proposed analytic methods

**Non-research applicants:** Include your questions and analytic objectives, the audience(s) for the information, and how findings will be used. If applicable, include a template or mock-up of the tables or reports you want to receive and any other information that will assist the reviewers in understanding your request.

## Institutional Review Board (IRB) Status

**Complete this section IF the data use is a research purpose.**

[Per WAC 182-70-210](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-210), research applicants must attach a copy of an IRB application and either an approved or exempt IRB determination status notification (Attachment B). Researchers must use an IRB registered with the United States Department of Health and Human Services’ Office of Human Research Protections either located within or outside Washington State.

**7. Do you have an IRB approved or exempt determination for your Project?**

[ ]  Yes. Attach a copy of the application and approval or exempt determination notification to this Data Application.

[ ]  The IRB application is under review. Attach IRB application and enter date submitted to IRB (note: an application will not be considered complete until an IRB approval or exempt determination notification is included): Click here to enter a date.

[ ]  No, this data request is not subject to IRB review. Explain: Click here to enter text.

**Section 2. Project Information**

## Public Benefit

**8. If Applicant seeks to use the Data for activities that are in the public benefit, describe the public benefit use by explicitly addressing the public benefit criteria listed below.**

|  |
| --- |
| Click here to enter text. |

The following public benefit criteria are used to evaluate pertinent data requests. It is not the intent that a data request asserting public benefits meet all of the following criteria.

1. Proposed use aligns with the WA APCD statutory goals
* 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 practices
* enable purchasers to identify value, build expectations into their purchasing strategy, and reward improvements over time
* promote competition based on quality and cost
1. Funder’s mission and business activities are consistent with WA-APCD’s statutory goals
2. Aligned with work in Washington to improve health care access, quality and affordability
3. Benefits accrue to Washington residents broadly – not limited to a population served by the data applicant or, if so limited, the benefits indirectly accrue to broader population
4. Data product or results are available to the public at no charge
5. Data product or results are not commercialized: not used for an organization’s direct financial gain
6. Data work is not predominately focused on an organization’s business improvement: operations, marketing and sales, financial, or otherwise. Exceptions to this criterion are data uses that support health and care quality improvements whose benefits accrue to patients and others.

# Section 3. Additional information for Data File/Analytic Enclave Requests

**Complete this section if you are requesting a Data File or Analytic Enclave product.**

All entities receiving and storing a WA-APCD data file or using WA-APCD data in the Analytic Enclave must comply with the provisions of [WAC Chapter 182-70](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70) and [RCW 43.371](http://app.leg.wa.gov/RCW/default.aspx?cite=43.371) in addition to the provisions listed in this form and in the WA-APCD Data Use Agreement (DUA) and Data Management Plan (DMP).

## Data Recipient information

The Data Recipient (“Recipient”) is the person who is legally responsible for the Data and its uses and who shall execute the WA-APCD DUA. Additionally, the Recipient must execute the DMP. Any Recipient contractors, agents or other third party (each an “Additional Organization”) that are to possess or have access to the Data also must adhere to the requirements contained in the DUA and be a signatory to the DMP. Additionally, the Recipient, Recipient employees, and all other individuals who are authorized to access the Data including individuals from Additional Organizations (“Authorized Data Users”) shall execute a Confidentiality Agreement prior to accessing the WA-APCD Data.

1. **Provide the information below for the Recipient. When WA-APCD data are ready to be released, the Recipient will be sent an email with instructions to access the data or Analytic Enclave.**

|  |  |
| --- | --- |
| Data Recipient Name | Click here to enter text. |
| Title | Click here to enter text. |
| Organization | Click here to enter text. |
| Mailing Address | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| Organization Website | Click here to enter text. |

1. **Name all individuals who would have access to the WA-APCD data (“Authorized Data User”) along with their role and the name of their affiliated organization.\***

|  |  |  |
| --- | --- | --- |
| Authorized Data User Full Name\* | Title/Role | Organization |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |

\*If an Analytic Enclave Application, add an asterisk to the name(s) of person(s) who would have seat licenses with direct access to the Data in the Analytic Enclave.

**Section 3. Additional information for Data File/Data Enclave Requests**

## Previous Experience & Supporting Qualifications

1. **Describe the Recipient’s previous experience using health care claims data. List past research, analysis, and products developed using health care claims or provider data. If limited or no previous experience, consider requesting a Custom Report in lieu of a WA-APCD Data File. Attach supporting documentation for staff qualifications, including resumes (Attachment C).**

|  |
| --- |
| Click here to enter text. |

## Frequency

1. **WA-APCD Data are refreshed quarterly. Data products can be provided on a one-time basis or as a recurring subscription (quarterly or annual). Please select frequency below:**

[ ]  One-time request for a single dataset

**OR**

[ ]  Quarterly subscription

☐ Annual subscription

[ ]  Enter the date that the subscription would end Click here to enter a date.

## Data Elements

The WA-APCD is committed to protecting the privacy and security of Washington’s health claims data. The WA-APCD Data uses are limited to purposes permitted under applicable laws, including [RCW 43.371](http://app.leg.wa.gov/RCW/default.aspx?cite=43.371).

1. **Select the type of data you request by checking one of the boxes below (select only ONE option).**

☐ No person/claimant-level Data (e.g. data aggregated at a diagnosis, procedure, area, or other levels)

☐ Safe Harbor Data Set

☐ Limited Data Set

☐ Patient-Identified Data Set

See data element worksheet for a list of variables included in each dataset. [RCW 43.371.050(4)](https://app.leg.wa.gov/rcw/default.aspx?cite=43.371.050) specifies the categories of applicants who can receive various identifiers. Please verify your eligibility before requesting data listed in this section.

**Section 3. Additional information for Data File/Analytic Enclave Requests**

1. Recipient shall confirm all applicable state privacy and security laws and regulations as set forth in [RCW Chapter 43.371](https://app.leg.wa.gov/rcw/default.aspx?cite=43.371), [WAC Chapter 182-70](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70) and the Washington State Office of the [Chief Information Officer (OCIO) IT Security Standards 141.10](https://ocio.wa.gov/policy/securing-information-technology-assets-standards) and, as applicable, the privacy and security standards set forth in the federal Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) in preparing this Data Application have been evaluated.

☐ Yes, I have evaluated all applicable state and federal law and regulations

Explain the extent to which applicable state and federal privacy and security laws and regulations apply to this data request

|  |
| --- |
| Click here to enter text. |

## Data Element Selection and Justification

1. **Complete and attach the Data Element Request Form Excel worksheets (Attachment D) and acknowledge completion by checking the box below. Use this Form to specify the requested population, time periods and data elements.**

☐ I have completed and attached the Data Element Worksheet (Attachment D).

**Section 3. Additional information for Data File/Data Enclave Requests**

1. **Will the WA-APCD Data be linked with data from other sources (data may be linked if express authorization granted in DUA)?**

☐ Yes (proceed to Question 9)

☐ No (skip to Section 4)

1. **If the WA-APCD Data is to be linked with data from other sources, please explain the following in the box below:**
* With which other data set(s) will the Recipient link WA-APCD data?
* Explain rationale for linking to other data sets to achieve the Project’s purpose?
* Once the linkage is made, what non-WA-APCD data elements will appear in the new linked file?
* What steps will be taken to prevent re-identification?
* Describe approvals that have been obtained to receive and link WA-APCD data with other data (e.g., IRB, entity providing linked data)

|  |
| --- |
| Click here to enter text. |

1. **List and explain the WA-APCD data elements to be used to perform the linkage.**

|  |
| --- |
| Click here to enter text. |

# Section 4. Information Dissemination

**Data Recipient shall complete the following information dissemination questions.**

1. **Describe any plans to disclose Data or data output/derivative products to anyone other than those Authorized Data Users listed in Section 2. And, explain the end-user audiences for such disclosures. Data output includes disclosure in any medium or format including but not limited to machine-readable data, manuscripts or reports, software application displays, data visualizations or other presentation displays. Alternatively, explain if disclosure is limited to Authorized Data Users only.**

|  |
| --- |
| Click here to enter text. |

1. **Will any data output be derived from any of the following: i) direct identifiers, ii) proprietary financial information, or iii) by linking WA-APCD Data to any other information?**

☐ No

☐ Yes

# Section 5. Redistribution

## Commercial Redistribution

“Commercial redistribution” means Recipient uses WA-APCD Data or derivative products, to provide products or services to third parties for a fee or other benefit.

1. **Will the Recipient resell or otherwise receive financial benefit from use of the data?**

☐ Yes

☐ No

1. **Will the Recipient use the data to provide professional services such as consulting?**

☐ Yes

☐ No

1. **Will the Recipient sell reports or other information products that incorporate the data?**

☐ Yes

☐ No

**Section 5. Redistribution**

1. **Will the Recipient sell a software product that incorporates the data?**

☐ Yes

☐ No

1. **If you answered “yes” to any questions from 1 to 4, please describe the product and provide details on the use of WA-APCD data in the product.**

|  |
| --- |
| Click here to enter text. |

## Non-Commercial Redistribution

“Non-commercial redistribution” means Recipient uses WA-APCD Data or derivative products to provide products or services to the general public at no cost.

1. **Will the Recipient provide the general public with reports or other information products that incorporate the data?**

☐ Yes

☐ No

1. **Will the Recipient provide the general public a software product that incorporates the data?**

☐ Yes

☐ No

1. **Will the Recipient provide the general public a data product at no cost?**

☐ Yes

☐ No

1. **If you answered “yes” to any questions from 6 to 8, please describe the product and provide details on the use of WA-APCD data in the product.**

|  |
| --- |
| Click here to enter text. |

# Section 6. Use of Additional Organizations

**If you are using an Additional Organization, complete Attachment A to provide the required information on any Additional Organizations, including any Recipient contractors or agents or other third party that are to possess or have access to the requested data as part of the Project, and acknowledge completion. Provide one copy of Attachment A for each Additional Organization.**

☐ I have completed and attached Attachment A for each Additional Organization that will possess or have access to the requested data.

☐ No Additional Organization is included in this application.

# Section 7. Data Security, Transmission, and Storage

Authorized Data Users must adhere to the WA-APCD rules, statute, and DUA regarding Data security, transmission, and storage. Data that include proprietary financial information, direct patient identifiers, indirect patient identifiers, unique identifiers, or any combination, will be governed by a WA-APCD DUA that provides adequate privacy and security measures, including accountability and breach notification requirements. Until data are destroyed, every copy of the data must be maintained according to the policies and procedures outlined in the WA-APCD DUA. The DMP is required by [WAC 182-70-220](https://apps.leg.wa.gov/wac/default.aspx?cite=182-70-220) and is a companion form that accompanies the Data Application. Like the Data Application, the DMP is an Exhibit of the Data Use Agreement.

1. In the last five (5) years, has Recipient and/or the Additional Organization been subject to a state or federal regulatory action related to a data breach and has it been found in violation and assessed a penalty, been a party to a criminal or civil action relating to a data breach and found guilty or liable for that breach, or had to take action to notify individuals due to a data breach for data maintained by Recipient and/or the Additional Organization or for which the Recipient and/or the Additional Organization was responsible for maintaining in a secure environment?

☐ No

☐ Yes. If you answered yes, describe how the breach was resolved and what steps were taken to prevent a recurrence.

|  |
| --- |
| Click here to enter text. |

1. Has Recipient and/or the Additional Organization violated a data use agreement, nondisclosure agreement or confidentiality agreement in the last three (3) years?

☐ No

☐ Yes. Provide the facts surrounding the violation or data breach, the cause of the violation or data breach, and all steps taken to correct the violation or data breach and prevent a reoccurrence.

|  |
| --- |
| Click here to enter text. |

# Section 8. Attestation

By submitting this Data Application, the Applicant attests that it is aware of its data privacy and security obligations imposed by WA-APCD’s laws and rules and is compliant with the aforementioned privacy and security standards. The Applicant further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure, or use of any WA-APCD data provided in connection with an approved Data Application.

By my signature below, I attest to (1) the accuracy of the information provided herein; (2) my organization’s ability to meet the data privacy and security requirements described in this Data Application, supporting documents and penalties associated with the inappropriate disclosures or uses of direct patient identifiers, indirect patient identifiers, or proprietary financial information adopted under [RCW 43.371.070(1);](https://app.leg.wa.gov/RCW/default.aspx?cite=43.371.070) and, (3) my authority to bind the organization seeking WA-APCD data for the purposes described herein.

|  |  |
| --- | --- |
| Signature of Data Recipient Authorized Signatory: |  |

|  |  |
| --- | --- |
| Printed Name of Authorized Signatory | Click here to enter text. |
| Title | Click here to enter text. |
| Organization | Click here to enter text. |
| Original Request Date | Click here to enter a date. |
| Date Request Revised | Click here to enter a date. |

# Attachment A. Additional Organizations or Individuals

## Additional Organization #\_\_\_\_

1. **Provide the following information for Additional Organizations who will work with the WA-APCD data.**

|  |  |
| --- | --- |
| Company Name | Click here to enter text. |
| Contact Person | Click here to enter text. |
| Title | Click here to enter text. |
| Address | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| Organization Website | Click here to enter text. |
| Term of Contract | Click here to enter text. |

1. **Will the Additional Organization have access to the data at a location other than your location, your off-site server, or your database?**

☐ No

☐ Yes.

1. **Describe the tasks and products assigned to this Additional Organization for this Project.**

|  |
| --- |
| Click here to enter text. |

1. **Describe the qualifications of this Additional Organization to perform such tasks or deliver such products and attach resume(s).**

|  |
| --- |
| Click here to enter text. |

1. **Describe your oversight and monitoring of the activity and actions of this Additional Organization.**

|  |
| --- |
| Click here to enter text. |

# Attachment B. IRB Application and Approved or Exempt IRB Determination Status Notification

# Attachment C. Supporting Documentation for Staff Qualifications, Including Resumes

# Attachment D. Data Element Worksheet

# Attachment E. Section 2 Project Information Attachment