

Data Access Under Chapter 246, Laws of 2015 to OFM RFP 15-1400 for State of Washington All Payer Health Care Claims Database (APCD)

	(A) Researchers with approval of an institutional review board Section 5(4)(a)	(B) Federal, state, and local government agencies <sup>1</sup> Section 5(4)(b)(ii)	(C) Any entity when functioning as the lead organization Section 5(4)(b)(ii)	(D) Lead organization when not operating as lead organization Section 6(6)(b)	(E) Agencies, research, and other entities approved by the lead organization <sup>2</sup> Section 5(4)(c)	(F) Released upon request Section 5(4)(d)
Use data release process (Y/N)	YES	YES	NO <sup>3</sup>	YES	YES	NO
Confidentiality agreement	REQUIRED With lead organization	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
Data use agreement	REQUIRED With lead organization	REQUIRED With OFM and lead organization	NOT REQUIRED	NOT REQUIRED	REQUIRED With lead organization	NOT REQUIRED
Direct patient identifiers <sup>i</sup>	+	-	-	-	-	-
Proprietary financial information <sup>ii</sup>	+	+	+	-	-	-
Indirect patient identifiers <sup>iii</sup>	+	+	+	+	+	-
Unique identifiers <sup>iv</sup>	+	+	+	+	+	+
Other data <sup>v</sup>	+	+	+	+	+	+

Notes:

+ = Releasable; - = Not releasable

<sup>1</sup> Government agencies are prohibited from using such data in the purchase or procurement of health benefits for their employees.

<sup>2</sup> Also includes the data vendor when not conducting WA-APCD-specified work.

<sup>3</sup> By October 31 of each year, the lead organization must submit to the Office of Financial Management a list of reports it anticipates producing in the following year.

<sup>i</sup> **Direct patient identifier:** Data variable that directly identifies an individual, including: Names; telephone numbers; fax numbers; social security number; medical record numbers; health plan beneficiary numbers; account numbers;

<sup>ii</sup> **Proprietary financial information:** Claims data or reports that disclose or would allow the determination of specific terms of contracts, discounts, or fixed reimbursement arrangements or other specific reimbursement arrangements between an individual health care facility or health care provider, as those terms are defined in RCW 48.43.005, and a specific payer, or internal fee schedule or other internal pricing mechanism of integrated delivery systems owned by a carrier

<sup>iii</sup> **Indirect patient identifier:** Data variable that may identify an individual when combined with other information

<sup>iv</sup> **Unique identifier:** An obfuscated identifier assigned to an individual represented in the database to establish a basis for following the individual longitudinally throughout different payers and encounters in the data without revealing the individual's identity

<sup>v</sup> **Other data:** Procedure codes; diagnoses codes; **age;** gender; claim paid date; billed, allowed and paid amounts (in some circumstances); service date; provider information