Population Health Management Systems Inventory Information
Systems and Entities
December 2018

Visio # Key[1]	Type	Entity or System Name	Description	Notes and System Contact Information (if applicable)[2]
1	Entity	Medicaid Provider	Depending upon the provider type (e.g., hospital, clinic, primary care practice, specialty practice, substance use disorder clinic, mental health professional, community-based organization, Area Agencies on Aging, Emergency Medical Service), the entity may have differing requirements and capabilities for the collection, storage and sharing of beneficiary information. Provider capabilities for managing client data and use of information systems differs across a broad spectrum of maturity levels.	Patient-level data is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations.
2	System	Internal Billing/Finance System	When a Medicaid patient encounter is provided, in most cases, the providers' internal billing system produces a claim sent to a variety of systems (e.g., MCO, Comprehensive Hospital Abstract Reporting System). The Internal Billing/Financial Systems can be included within an Electronic Health Record system or a separate system (e.g., some larger providers who use their EHR systems to generate batches of claims that automatically come to ProviderOne or an MCO's payment system). In some cases, claims may not be generated or filed electronically (e.g., some providers generate paper billing records that go to a billing service).	Internal Billing/Finance data, but the data derived from these systems populate ProviderOne data and HW dashboard

[1] The Visio # corresponds with the number included on the Visio that provides a high-level visualization of the organizational entities and systems that constitute Washington's statewide HIT/HIE infrastructure. The Visio is attached at the end of the inventory.

[2] Because ACHs as organizations are not HIPAA-covered entities, they will not generally have access to client-level data for purposes of managing and monitoring the impact of their selected projects. Requests for an ACH or its contractor to receive client-level data will be considered on a case-by-case basis and ACHs should not assume they will be able to receive that level of data from HCA, HCA's business associates, or other entities with which HCA shares data.

Visio # Key[1]	Type	Entity of System Name	Description	Notes and System Contact Information (if applicable)[2]
3	System	Coordinated Care Management System (CCMS)	Providers and care managers may use a Coordinated Care Management System (CCMS) to record and track beneficiaries' care management information (e.g., assessment tools and results, risk stratification scores, care team participants, care plans). CCMS systems may also carry claims-based or clinical information about individual recipients subject to care management or care coordination.	Patient-level data is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations.
4	System	Electronic Health Record (EHR)	Providers can document clinical activities in an EHR system. EHR systems that meet certain criteria can be configured and connected to multiple external systems (e.g., statewide and regional HIE services, alert-notification systems, prescription monitoring program, immunization registries) to send or receive clinical data for different purposes (e.g., to support care management or care coordination activities).	Information contained in EHR systems is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations.
5	Entity	Health Homes	Managed by HCA, Washington's health home program includes lead entities (e.g., a MCO or Community Based Organization) that maintain a network of community-based care coordination organizations (CCOs) with the capacity to serve at least 1,000 to 2,000 beneficiaries. CCO responsibilities include assigning care coordinators to eligible beneficiaries, ensuring beneficiary engagement in the development of a Health Action Plan, monitoring care and outcomes, initiating changes in care, and addressing the full needs of the beneficiary consistent with his or her plan of care. A key component of Health Homes is an in-depth assessment of the individual conducted by a Care Coordinator, resulting in the joint development of a Health Action Plan. Health Action Plan includes: - Patient/client demographics - MCO information - Care Coordinator information	Point of Contact: HCA: Alice Lind alice.lind@hca.wa.gov Nicole Bishop Nicole.bishop@hca.wa.gov

			- Diagnosis, Problem list - Assessment areas -- include (not limited to): Required: PHQ-9, Katz ADL, BMI, Pediatric System Checklist-17. Optional: Pain, Falls Risk - Goals/action steps The Health Action Plan is transmitted to OneHealthPort. Additional details available at: Washington Health Home Program OneHealthPort Canonical Guide	
6	Entity	Pathways HUB	The Pathways HUB is an evidence-based community care coordination approach focused on reducing modifiable social determinants of health-based risk factors for high-risk individuals and populations. Six of the 9 ACH's will establish a Pathways program, using the Pathways HUB as a business entity that provides administrative services to support outreach, referral, support for care coordination service delivery and billing/payment. The Pathways HUB administrative agency receives referrals from community health care providers and other sources and directs the referral to contracted community care coordination agencies (CCA's). CCA's provide direct services using community care coordinators (CCCs)—typically community health workers—who reach out to at-risk individuals through home visits and community-based work. Once a CCA and its CCS engage an at- risk individual, the CCC and the individual completes a comprehensive assessment of health, social, behavioral health, economic, and other issues that place the individual at increased risk. The CCC provides care coordination and support for identified risk factors using one or more of the 20 based, standardized Pathways. The HUB, by definition, is a neutral administrative entity that does not directly provide	HCA: Suzanne Swadener Suzanne.swadener@hca.wa.gov Pathways/CCS: Sarah Redding: Bob Harnach: Bob.harnach@ccspathways.com

			care coordination services. The HUB works with multiple care coordination agencies, trains and supports them to identify those in the community at greatest risk, and assesses and tracks each modifiable risk with standardized "pathways." The community's Pathways HUB meets the National HUB certification standards through the Pathways Community HUB Institute. Source: Pathways Community HUB Institute, Community Care Coordination Learning Network. "Connecting those at risk to care: the quick start guide to developing community care coordination pathways." January 2016.	
7	System	Care Coordination System (CCS)	Care Coordination System (CCS). The Pathways HUB is an entity that meets the National HUB certification and tracks, monitors, and reports on client services and promotes collaboration, intersectoral teamwork, and community–clinical linkages. Although a digital data system is not mandatory, the HUB needs to develop accurate and efficient methods for tracking and monitoring data collection for at-risk clients and providing administrative services, including contract negotiation and implementation, referral management, billing and payment processes. HUBs typically rely on information technology to perform this task. Whatever approach is used, the HUB system must ensure the protection of client information at all times. HUB's typically use a technology vendor to provide digital information systems that support the Pathways HUB Model. For example, all ACHs implementing the Pathways Hub Model have elected to use Care Coordination System (CCS). CCS provides two software systems: (1) Pathways HUB Connect and (2) Pathways Mobile. CCS's systems provide risk scores; care coordination documentation and Pathways tools; business intelligence; an integrated education portal; connectivity to EHRs, HIEs, and 2-1-1 systems and other organizations; invoicing for outcomes; direct messaging and secure fax for care team status updates; licensed screening tools; and PCMH	Allowing Medicaid claims and clinical data into "Pathways Systems" will require HCA review on a case-by-case basis. HCA: Suzanne Swadener Suzanne.swadener@hca.wa.gov Pathways/CCS: Sarah Redding: Bob Harnach: Bob.harnach@ccspathways.com

			(Patient Centered Medical Home) and TCM/CCM (Transitional Case Management/Complex Case Management) tools and reports. Additional info available at "CCS Pathways Overview Presentation to Pierce ACH." March 3, 2015.	
8	System	OneHealthPort Single Sign On Service	The OneHealthPort Single Sign-On (SSO) service protects and simplifies access to provider-facing web portals. It has been operational since 2003 and is pervasive in provider organizations in the Northwest serving over 75,000 organizations and over 100,000 individual users within those organizations. The SSO enables individual health workers within provider organizations to securely interact with the data and applications available on health plan and clinical portals. The SSO performs five key functions: - Identity management – An Administrator registers their organization with OneHealthPort and agrees to a common participation agreement and terms and conditions for the SSO service. Once registration is completed, the Administrator nominates other users at their organization, to whom OneHealthPort distributes a digital credential. - Authentication – OneHealthPort authenticates the user (e.g. is this person who they say they are) and passes their roles and organizational affiliations to the portal, which handles the authorization (e.g. what do they get to see). - Second factor – If requested by the portal owner, OneHealthPort can provide second factor authentication capability. - Single Sign-On – The OneHealthPort digital credential facilitates secure access to participating sites accessed through the OHP portal. This simplifies workflow for provider organizations juggling multiple log-ons and passwords. - Drives adoption – OneHealthPort works with the trusted community created by the SSO platform to	OHP: Rick Rubin, CEO rickr@onehealthport.com HCA: Dylan Oxford Dylan.Oxford@hca.wa.gov

			train users and drive adoption of its participating portals. The costs of the SSO service are paid by the portal owners. The service is available at no cost to provider organizations, though provider organizations must register to use the service. Additional information available here.	
9	Entity	Medicaid Managed Care Organizations	HCA contracts with five Medicaid Managed Care Organizations (MCOs) through three Apple Health contracts for prepaid, comprehensive system of medical and health care delivery that includes preventive, primary, specialty and ancillary health services. The purchase and administration of behavioral healthcare into managed care systems will be integrated by 2020. Regions have begun the transition from behavioral health service purchase and administration by Behavioral Health Organizations (BHOs) to the Managed Care Organizations through the Fully Integrated Managed Care (FIMC) contracts. Additional information is available at the below locations: Managed Care Billing, Providers, and Partners Managed Care Quality Strategy	Data from Medicaid MCOs feeds ProviderOne and the HW dashboard. Patient-level data from MMCOs is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations. Point of Contact: Taylor Linke Taylor.Linke@hca.wa.gov
10	System	Comprehensive Hospital Abstract Reporting System (CHARS)	The Comprehensive Hospital Abstract Reporting System (CHARS) is a Department of Health (DOH) system that collects record level information on inpatient and observation patient community hospital stays and is used to: (1) identify and analyze hospitalization trends; (2) establish statewide diagnosis related group (DRG) weights, as a way of comparing hospital stays across all hospitals; and (3) identify and quantify health care access, quality, and cost containment issues. Additional information and application for detailed data and public aggregate is available here.	Point of Contact: DOH: Melanie Payne, MPH Melanie.payne@doh.wa.gov Bryant Karras Bryant.karras@doh.wa.gov

11	System	OneHealthPort HIE Service	OneHealthPort serves as the lead organization for Health Information Exchange (HIE) in Washington State. The HIE service provides healthcare organizations a secure, low-cost means to share standardized messages between trading partner systems. The HIE has been operational since 2011 and has over 1,400 facilities connected. In Washington, all hospitals are currently connected, as are an increasing number of practices and payers. The HIE serves as the gateway for a number of DOH registries. The HIE service is supported using a Common Contractual (Trust) Framework including a HIE Participation Agreement, Business Associate Agreement, User Policy and Security Policy. The framework was developed with participation from industry stakeholders as well as government entities to develop a low-cost contractual model with oversight and transparency for a broad range of HIE uses. The OHP HIE service supports transactions such as: - Exchange of C-CDA (Consolidated Clinical Document Architecture) documents - Electronic Laboratory Reporting, Cancer Event Reporting, and Syndromic Surveillance messages to the Department of Health - System-to-system query capability to the Prescription Monitoring Program database at the Department of - Immunization reporting and query to the Department of Health* - Admission/Discharge Notifications to health plans from hospitals - Electronic reporting to Department of Labor and Industries *The Prescription Monitoring Program and Immunization Information System are described elsewhere in the Inventory. Organizations using OHP's HIE services have access to the following tools: - Secure Hub Service. Send and receive electronic	Patient-level data available through the OHP HIE service is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations. Point of Contact: OHP: Rick Rubin, CEO rickr@onehealthport.com HCA: Dylan Oxford Dylan.Oxford@hca.wa.gov

			information to other HIE participants - Clinical Data Repository (CDR). See description below. - Provider Directory. The Provider Directory collects provider information (e.g., provider name, organizational identifiers) that can be used for submitting electronic messages through the HIE from an EHR system or sending Direct email messages. - Validation Testing and Quality Improvement Enables organizations to check C-CDA document message structure and format conformance with national standards prior to submitting C-CDA documents to the CDR. Supports use of real patient data on a secure service that is deleted once the test is completed. To use OneHealthPort's HIE services, organizations must sign a participation agreement and pay a single annual subscription fee that covers all services. Organizations contracted with the HIE must register facilities (e.g., hospitals, clinics or practices in the organization) before exchanging information. Additional information available here.	
12	System	Regional HIE Services	Regional health information exchanges in Washington include: - Medical Information Network North Sound (MIN-NS) which offers: ○ Full bi-directional HIE integration with Electronic Medical Records ○ telehealth service ○ View only access to Regional HIE ○ Alerts and Notices (e.g., EDIE and Care Plans) ○ Direct Secure Messaging ○ Secure File Sharing ○ Population Health - Reliance a regional HIE organization serving parts of CA, OR, and SW WA. Services include: ○ Community Health Record, featuring Patient Search, Electronic Health Record (EHR) Connectivity and Consolidated Clinical Inbox	Medical Information Network North Sound (MIN-NS) Reliance eHealth Collaborative Inland Northwest Health Service Health Commons

			○ Provider to Provider Referral System (e.g., partners with Collective Medical Technologies (CMT)) ○ Provider to Provider Secure Messaging - Inland Northwest Health Service. Seeks to bring high-quality, cost-effective health care to the region through innovative collaborations of health care services. HIT services include the use of telemedicine, video-conferencing network. This technology facilitates live, confidential interaction for two or more locations involved in patient consults, rural medicine, health education, medical training, business administration and other activities. - Health Commons: An IT platform to facilitate IE between providers at the point of care. Health Commons was piloted initially in OCH for a use case focusing on information exchange between primary care and substance use disorder treatment providers sharing information on shared patients requiring treatment for Opioid Use Disorder. GCACH and Puget Sound Fire are leveraging Health Commons to support different HIE use cases.	
13	System	Washington CDR (OneHealthPort)	The OneHealthPort Clinical Data Repository (CDR) is a repository which collects clinical and claims information and makes it accessible on a patient-specific basis at the point of care. The service has been collecting clinical and claims data since 2017 with access to the clinical portal made available in July 2018. The clinical portal permits health care providers to view clinical information for their payments. The CDR operates under a "sponsorship" model, through which sponsoring organizations pay an annual per life fee that covers the cost of the CDR Service. As the initial CDR sponsors, HCA and their partner MCOs, are sponsoring the inclusion of all the Medicaid managed care lives in the CDR. Health care providers who meet the criteria listed below are required to submit clinical encounter data in the Consolidated	Patient-level data available through the OHP CDR service is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations. Point of Contact: OHP: Rick Rubin, CEO rickr@onehealthport.com

			Clinical Document Architecture (C-CDA) format to the CDR: - Participated in the Medicaid EHR Incentive Program (e.g., acute care hospitals and primary care providers), and - Provide care for Washington's Medicaid beneficiaries, and - Use a certified Electronic Health Record (CEHRT) The CDR currently provides the following: - Collection of C-CDAs, the national standard for exchanging clinical information from EHRs - Clinically relevant elements of claim and encounter (administrative) data - Query/transaction based access to a Master Patient Index (MPI) loaded with eligibility information for all sponsored lives to match the patients' identity Future enhancements to the CDR include the following: - Accept electronic documents from providers who do not have EHRs and enable authorized users to have access to those documents - Allow providers to query the CDR through their EHRs and access information about their sponsored patients in their regular EHR workflow. The availability of this feature will be dependent on the EHR vendors' readiness to support one of three query standards (XDS.b, XCA, and FHIR) - Export basic reports and data to facilitate advanced analytics in support of population health - Create, store, and provide access to custom forms. For example, OneHealthPort currently stores over 19,000 Health Action Plans created to help coordinate care for select high-risk	HCA: Dylan Oxford Dylan.oxford@hca.wa.gov

			Medicaid beneficiaries Additional information available at: HCA and OHP	
14	System	EDIE/PreManage (CMT)	Managed by Collective Medical Technologies (CMT) the: - EDIE (Emergency Department (ED) Information Exchange) system provides event-based, risk-driven notifications; alerts; and reports triggered by hospitals' HL7 Admission Discharge and Transfer feeds associated with beneficiaries' transitions. EDIE alerts are provided to ED clinicians--many integrated directly into their EMR--on behalf of patients upon ED registration. Notifications are only triggered based on established criteria at each hospital, such as frequency of ED or inpatient visits, multiple facilities in a short period, or existence a patient care plan. In support of care management and coordination, EDIE users can manually enter care plans in open text fields, or security events to ensure staff safety in the hospital setting. In addition, CMT and OHP have worked together to link EDIE and the Prescription Monitoring Program (PMP) in most of the state's hospitals. This partnership enables notifications of potential "at risk" controlled substance use by providing PMP data as a part of an EDIE notification. In summary, the EDIE system provides risk-driven notifications, alerts, and reports associated with beneficiaries' transitions that are triggered by hospitals' HL7 Admission Discharge and Transfer feeds. - PreManage tool provides similar notifications, reporting, and care collaboration tools on patient hospital discharges to authorized care managers/clinicians in a variety of settings	Collective Medical Tech Point of Contact: Justin Keller Justin.keller@collectiveme dicaltech.com

			(including health plans, MCOs, primary care, behavioral health, community paramedics, and post- acute care). In November 2017, CMT received approximately $47 million in venture capital funding to expand use of its event notification systems and care coordination applications (i.e., EDIE and PreManage) nationwide. Additional information available at: Collective Medical Tech Washington ACEP Center for Health Policy. "Washington State Medicaid: Implementation and Impact of "ER is for Emergencies" Program." May 4, 2015. Collective Medical Tech Press Releases	
15	System	Washington Health Alliance (Voluntary APCD)	The Washington Health Alliance is a private, non-for-profit (501c3) and a statewide health improvement collaborative with 185 member organizations. The Alliance was organized and built by key stakeholders across Washington. The Alliance convenes purchasers, providers, health plans and patients to improve the quality and value of health care for the people of Washington state. The Washington Health Alliance focuses on reducing: underuse of effective care and overuse of unnecessary tests/procedures as well as the medical cost trend in Washington. The Washington Health Alliance areas of focus are: - Improving transparency of the health care system through performance measurement and reporting on quality, utilization, patient experience and price. - Strengthening purchaser and consumer engagement in buying for value.	Point of contact: Washington Health Alliance: Susie Dade sdade@wahealthalliance.org HCA: Laura Pennington Laura.pennington@hca.wa.gov

			- Aligning payment to providers with desired outcome of higher quality at a lower price. - Supporting performance improvement in collaboration with other organizations. The Washington Health Alliance (Alliance) launched a voluntary All Payer Claims Database (APCD) in 2007. Today, the Alliance's APCD includes claims information on approximately 4 million Washingtonians from data provided by over 30 data submitters including the six main commercial carriers in the state, all five Medicaid MCOs and numerous major self-funding purchasers (e.g., Boeing, King County and the Association of Washington Cities). The Alliance's reporting tool, the Community Checkup, can be found at www.wacommunitycheckup.org The Community Checkup includes results for the Washington State Common Measure Set on Health Care Quality and Cost. The Alliance reports publicly on quality metrics at the clinic, medical group (of four or more providers), hospital and health plan levels. In addition, the Alliance reports results for the state, counties and Accountable Communities of Health. The Alliance also conducts and reports publicly on the CG-CAHPS Patient Experience survey. In May 2017, the Alliance announced that a majority of their data submitters, including all of the self-funded purchasers, begin to voluntarily include price data in their regular data submissions. The Alliance will begin reporting on price variation in 2018. Additional information can be found at: Network for Regional Healthcare Improvement. "Washington Health Alliance: A Case Study in Operating a Voluntary All Payer Claims Database." October 31, 2016.	

			Washington Health Alliance. "Reporting on Pricing a Critical Step in Alliance's Promotion of Transparency." May 16, 2017.	
16	System	WA-APCD (OHSU/OnPoint)	In 2015, the Washington legislature initiated a statewide all-payers claims database as a public resource for improving the delivery of health care across the state. In July 2016, Washington's Office of Financial Management (OFM), selected Oregon Health and Science University's (OHSU) Center for Health Systems Effectiveness (CHSE) as the lead organization and Onpoint Health Data as the data vendor Administered by OFM, the WA-APCD collected its first round of claims and enrollment data submissions from commercial health insurers, Medicare Advantage, and Medicaid plans in July 2017. This initial data covers the 2013-2016 service period and includes more than 4 million Washingtonians. The purpose of the WA-APCD is to improve health care price transparency and to: - Assist patients, providers, and hospitals to make informed choices about care - Enable providers, hospitals, and communities to improve by benchmarking their performance against that of others by focusing on best practice - Enable purchasers to identify value, build expectations into their purchasing strategy, and reward improvements over time - Promote competition based on quality and cost WA-APCD systematically collects all medical claims, pharmacy claims, and dental claims from private and public payers. As self-funded insurers are voluntary data suppliers, this data largely is excluded from the WA-APCD OFM grouped data submitters and data submissions into two groups: - Group 1 submitters: commercial health plans,	Point of contact: WA-APCD team can be reached at (503) 494-1454 or wa-apcd@ohsu.edu OFM Program contact: Thea Mounts WA-APCD Program Director contact: Ted von Glahn Onpoint Health Data contact: James Harrison

			including dental for insurers that write both health and dental; Medicare Advantage, Medicaid MCOs, and the Washington HCA (including both Medicaid fee-for-service and Public Employee Benefits). - Group 2 submitters: voluntary self-funded, Dental-only, and Workers compensation plans. Other data submitters to be considered for Group 2 or later include CMS and its Medicare fee-for-service program. Historic data submissions were supplied for the January 1, 2013 - December 2016 period. Beginning with 2017, these claims and eligibility files, for the prior 90-day period, are supplied every quarter. Data submitters supply the following data types as applicable: - Eligibility - Medical claims - Medical encounter records - Prescription drug claims - Dental claims WA-APCD augments the data in a number of ways including provision of a Master Patient Identifier, which tracks members over time and across payers, a Master Provider Index and medical service groupers to organize data into care episodes and bundles. Access to and Use of the WA-APCD Requests for claims data must include the following: - the identity of any entities that will analyze the data; the stated purpose of the request; - a description of the proposed methodology; - the specific variables requested; - how the requester will ensure all data is handled to ensure privacy and confidentiality protection;	

			- the method for storing, destroying, or returning the data to the lead organization; and - protections that will ensure the data is not used for any purposes not authorized by the approved application There are prohibitions/limitations on disclosing information that identifies: individuals patients/providers and proprietary information. **NOTE: WA APCD went live in Spring 2018** Access to WA-APCD will be granted via an application process. Details can be found here. Section 10, Chapter 223, Laws of 2014 (House Bill 2572). Available here. State of Washington, Office of Financial Management. "State of Washington All Payer Health Care Claims Database (WA-APCD): Letter to Data Suppliers." November 23, 2016. Washington State Office of Financial Management. "WA-APCD Data Submission Program Guidelines." March 27, 2016. Washington State Legislature. "FINAL BILL REPORT ESSB 5084."	
17	System	ProviderOne (HCA)	ProviderOne is Washington's Medicaid payment system. It provides Medicaid business functions and maintains information in areas such as provider enrollment, client eligibility including third party liability, benefit package maintenance, managed care enrollment, claims processing and prior authorization. As of November 2017, P1 supported nearly 1.9 million Medicaid clients; approximately 85% are enrolled in managed	ProviderOne data is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations, but ProviderOne data feeds the HW dashboard. Point of Contact:

			care and 15% are fee-for-service. P1 paid over $11.5 billion in FY17 to over 180,000 providers including 82,000 medical providers and nearly 100,000 social service providers. P1 supports 1,800 concurrent users, both providers and state users. P1 interfaces with eligibility systems to allow real-time update of records and processing of managed care enrollments for clients; it is one of three integrated mission-critical Washington systems: 1. P1, the state's Medicaid payment system, supports over $11.5 billion in annual Medicaid payments to provider and managed care plans across the state. P1 is maintained and operated by the HCA, the single Medicaid Agency for the State of Washington; 2. The Department of Social and Health Services (DSHS) manages the Automated Client Eligibility System (ACES) that consolidates Medicaid and other human service eligibility functions and the Eligibility Service (ES) component that provides eligibility business rules for Medicaid and Qualified Health Plan (QHP) consumers; 3. The Washington Health Benefit Exchange (HBE) manages the operation of Washington's Healthplanfinder (HPF), the state's online marketplace for individuals, families and small businesses to search for and enroll in QHP and Washington Apple Health (Medicaid). The P1 Operational Data Store (ODS) is a data warehouse that stores and disseminates information to the business user community. The P1 Online Transaction Processing (OLTP) data store is the system's transactional database for the system and contains all of the transactional history and supporting master	Cathie Ott Cathie.ott@hca.wa.gov

			data required to support claims adjudication. The OLTP database is the primary source for the ODS. The P1 Data Warehouse supports the generation of various ad-hoc queries, pre-built reports, and federally specified reports using SQL or Cognos as a reporting and analysis tool. Reports can be predefined and run on a scheduled basis, or custom-run using runtime variables for dynamic reporting. State users also have access to the ODS to run ad hoc queries using SQL reporting tools. <u>Access to and Use of ProviderOne</u> P1 is a state-of-the-art modular system with a rules engine at the core of business processing. The services and components included in P1 encompass the following: 1. Client, provider, reference, prior authorization, claims receipt and adjudication, managed care, Coordination of Benefits /Third Party Liability (COB/TPL), financial and drug rebate components; 2. Integrated Pharmacy Point of Sale (POS) module 3. Data Store including Data Warehouse and query capability, Program Management, Reporting, Surveillance and Utilization Review functionality 4. Modern Contact/Call Management System 5. Electronic card swipe functionality supporting client eligibility 6. Integrated Voice Response (IVR) component 7. Imaging and document management services 8. MC-Track, a module for managed care contract compliance and monitoring Medicaid clients eligible under Modified Adjusted Gross Income (MAGI) rules utilize the HealthPlanFinder online portal for submission of eligibility which is determined by the Eligibility Service Rules Engine and returned to HPF. If a client is determined to be Medicaid eligible, they are presented with the Medicaid MCO options available in their region, and	

			they are able to select their MCO in the same way that other HPF consumers select their QHP. Client MCO plan selection is returned to P1 in real time for MCO processing. The P1 system was enhanced in January 2016 to integrate social service and provider payments into the federally-certified MMIS. For these services, a separate module provides a modern payroll-like system that meets federal requirements and supports increased management efficiencies through better utilization and expenditure data across Medicaid. P1 also supports claims processing for the Department of Corrections and supports temporary suspension of Medicaid eligibility for DOC and the State's 52 county jails. <u>Future Capabilities</u> HCA is developing requirements for a Medicaid provider-screening tool that automates the screening of providers against federal data bases using the LexisNexis tool.	
18	System	HW Data Dashboard (HCA and Providence CORE)	**HCA/ARM:** The HCA's Analytics, Research, and Measurement (ARM) division leads and coordinates the State's Demonstration-related data development efforts in close partnership with HCA's Enterprise Data Management and Analytics (EDMA) and HIT Operational Planning leadership, the Department of Social and Health Services Research's Data Analytics team (DSHS-RDA), and the Department of Health (DOH). ARM serves as ACH's primary point of contact for data and analytic guidance and product development and advises HCA in the identification and resolution of strategic, tactical, and technical issues where data and analytics are required to support effective and efficient implementation of the Demonstration.	Point of Contact: HCA: Karen Jensen Karen.jensen@hca.wa.gov Point of Contact: Access to ProvidenceCore data products in support of the Healthier Washington initiatives are managed by the ARM team. Please contact: Karen Jensen Karen.jensen@hca.wa.gov

			In June 2016, the ARM team launched the Healthier Washington Data Dashboard, a tool provided to all Accountable Communities of Health (ACHs) and local health jurisdictions across the state, giving them access to interactive information for community assessments. The dashboard supports the need for ACHs to have actionable data on population health and social determinants of health and include a subset of measures from the Common Measure Set and population measures from the Department of Health and other sources. These measures can be viewed through multiple filters and visualizations. Future iterations of the dashboard will include new measures and functionalities, expanded filtering, and trending over time capabilities. The majority of data in the HW dashboard is derived from ProviderOne data. Additional information available at: Washington Health Care Authority. "Healthier Washington Data Dashboards Factsheet." February 2017. **ProvidenceCORE:** The Providence Center for Outcomes Research and Education is an independent research team focused on improving the health of underserved populations. As health reforms put greater accountability on health systems for population health and greater understanding of the upstream social determinations of health, there is growing need for data that can help communities come together around shared information and shared goals. ProvidenceCore uses and makes available data for research, program evaluation, and is also expressed in interactive dashboards for reporting and strategic planning at the state, local or organizational level. CORE's data system calculates cost and utilization information and can express outcomes geospatially using geographic information systems. The system and interactive dashboards allow for tracking patterns in key	

			health care transformation outcomes and the ability to filter by key demographic and other groups of interest. ProvidenceCore is contracted by HCA to provide HW dashboard support and support of the P4P metrics. Some ACHs have contracted with ProvidenceCore to provide additional data analytics capacity. Healthier Washington Dashboard: Washington State has embarked on a multi-year initiative called Healthier Washington with three key goals: 1. Build healthier communities and people through prevention and early attention to disease 2. Integrate care and social supports for individuals who have both behavioral and physical health needs 3. Reward quality health care over quantity, with state government leading by example as Washington's largest purchaser of health care Foundational to the initiative are ACHs that are organized around common goals for the communities they serve. ProvidenceCORE is building interactive dashboard that combines Medicaid claims with immunization and survey data from the Department of Health to create population health measures. ACHs will have access to this tool to help them find the most effective strategies to meet the goals of Healthier Washington and the health of those they serve. Additional Information is available here.	
19	System	Statewide Master Provider Directory (MPD)	As specified in the Washington State Medicaid Transformation Project Standard Terms and Conditions, the state "shall ensure a comprehensive provider directory strategy that supports the programmatic objectives of the demonstration."	Point of Contact: HCA:

			The development of statewide MPD and/or a federation of organizations' existing MPDs will be guided by the State of Washington's HIT Strategic Roadmap and Operational Plan. **NOTE: The Master Provider Directory is in an exploratory phase** Additional information available at: Department of Health and Human Services Centers for Medicare & Medicaid. "Centers for Medicare & Medicaid Services (CMS) Approval Correspondence to Washington's request for a new five-year Medicaid demonstration project entitled, "Medicaid Transformation Project" (No. l 1-W-00304/0)." January 9, 2017. Health IT Strategic Roadmap and Operational Plan (under Health Information Technology tab)	Shaun Wilhelm Shaun.wilhelm@hca.wa.gov
20	System	Statewide Master Person Index (MPI)	The Washington State Medicaid Transformation Project Standard Terms and Conditions, specifies that the state shall ensure "a comprehensive Medicaid enterprise master person index (MPI) that supports the programmatic objectives of the demonstration." The development of statewide MPI and/or a federation of organizations' existing MPIs will be guided by the State of Washington's HIT Strategic Roadmap and HIT Operational Plan. Multiple existing systems in Washington currently utilize their own distinct patient indexes or identifiers – the Master Person Index will leverage one or more of these systems (or create a federated solution which links identifiers across systems) to create an index that can be used to appropriately identify unique persons across systems. **Note: The Master Person Index is in an exploratory phase** Additional information available at:	Point of Contact: HCA: Shaun Wilhelm Shaun.wilhelm@hca.wa.gov

			Department of Health and Human Services Centers for Medicare & Medicaid. “Centers for Medicare & Medicaid Services (CMS) Approval Correspondence to Washington's request for a new five-year Medicaid demonstration project entitled, "Medicaid Transformation Project" (No. l 1-W-00304/0).” January 9, 2017. Health IT Strategic Roadmap and Operational Plan (under Health Information Technology tab)	
21	Entity	Washington Information Network 2-1-1 (WIN211)	2-1-1 systems provide referral information and support referral placement for health, human and social service organizations. In 2003, the Washington state legislature passed ESHB 1787 in support of the creation of a 2-1-1 system for the state and gave specific leadership responsibilities to WIN 211. RCW 43.211 “Before a state agency or department that provides health and human services establishes a new public information telephone line or hotline, the state agency or department shall consult with WIN 211 about using the 211 system to provide public access to the information.” WIN211’s database includes a wide range of free health and human services (i.e., 5,100 community organizations providing over 21,000 vital services such as housing assistance, Veteran’s services, senior services or the location of a local food bank) and can be accessed online at www.win211.org. 2-1-1 is a phone number, similar to 9-1-1, that people can call for information and referral to health, human and social service organizations. ACHs are leveraging relationships with local 2-1-1 hubs to support stakeholders’ care management and coordination efforts. For example, some ACHs are integrating social service information in 211 into portals to support referrals to social service providers.	Point of Contact: WIN211: Tim Sullivan, Director tsullivan@pfp.org

			Additional information available here.	
22	Entity	Local Health Departments/ Local Health Jurisdictions	Across Washington's 39 counties and regions, 35 local health Jurisdictions (Local Health Departments and Districts) collaborate with area partners to protect and improve the health of and environment for all the people within their jurisdictions. ACHs have identified local public health department as key resources for filling data gaps. For example: the Tacoma-Pierce County Public Health Department provided data on teen birthrates, low birth weight, and infant deaths by zip code to fill gaps in data needed for target population setting, data on opioid deaths to aid in developing our partner goals and requirements for the opioid strategy, and county jail data to aid in target population analysis for diversion and other project areas. Many local health jurisdictions already have community health assessments or have worked with hospital partners on community health needs assessments In addition, DOH has made available a list (with links) to the local health Jurisdiction assessment coordinators. They are a great resource to contact when working on regional needs assessments, prioritizations and planning.	Point of Contact: DOH: Melanie Payne, MPH Melanie.payne@doh.wa.gov Bryant Karras Bryant.Karra@doh.wa.gov
23	Entity	Information Systems and Indian HealthCare Providers	Washington State is home to twenty-nine federally recognized tribal governments, five non-federally recognized tribes, and two urban Indian health providers (UHIPs). The State establishes and maintains government-to-government relationships with Indian Tribes in the development of policies, agreements, and program implementation that directly affect Indian Tribes and has developed a consultation process that is used by the agency for issues involving specific Indian Tribes. Medicaid agencies must: - Seek advice on a regular, ongoing basis for its Medicaid, Medicaid-related, and CHIP programs. - Notify Tribal leaders, Tribal clinic directors, UIHO executive directors, and other Tribal organization	Point of Contact: HCA: Jessie Dean: Jessie.dean@hca.wa.gov Lena Nachland: Lena.nachand@hca.wa.gov

			leaders of state plan amendments, waivers, and other projects. - Schedule in-person meetings if requested On May 29, 2015, the State notified tribes, urban Indian health organizations, and other tribal parties of its intent to pursue a Section 1115 waiver Demonstration (aka the Medicaid Transformation Demonstration or Demonstration). CMS approved the state's application. American Indians/Alaskan Natives (AI/AN) may receive health care services from an array of providers who may participate in various programs (e.g., Medicaid, Medicare, and/or the Indian Health Service). Program requirements and information systems needs may vary across programs. As part of the Medicaid Transformation Demonstration incentive payments are available for achieving milestones that reflect the development of more effective health systems and greater capacity within IHCPs to support and expand the coordination of physical and behavioral health care and social services for Medicaid clients and to enable IHCPs to help reduce unnecessary use of intensive services and settings by Medicaid clients without impairing health outcomes. Demonstration funds are available for: - Systems improvements including; o Electronic Behavioral Health Records. Support for the installation of electronic behavioral health records that interface with electronic health records. o Clinical Data Repository (CDR). Support for the creation of the system interfaces for tribal health programs, IHS facilities, and UIHPs (Urban Indian Health Providers) to export and import client clinical data into one or more clinical data	

			repositories including state-contracted data repositories (e.g., the CDR operated by OneHealthPort and the Emergency Department Information Exchange (EDIE) operated by Collective Medical Technologies, Inc.). ○ Population Health Management. Support for the creation of a population health management tool for tribal health programs, IHS facilities, and UIHPs to use, drawing data from CDRs and other state- contracted data repositories (e.g., the CDR operated by OneHealthPort and the EDIE operated by Collective Medical Technologies, Inc.). In December 2017, the tribes and IHCPs submitted to the state an: (i) IHCP Planning Funds Plan; and (ii) a plan for Statewide Improvement of AI/AN Behavioral Health. These Plans included: - An inventory of the data, health information technology, and population health management systems at tribes, IHS facilities, and UIHPs in Washington State and analogous social service/case management data and information systems at tribes in Washington State; and - Anticipated investments in data, health information technology, and population health management systems at tribes, IHS facilities, and UIHPs and analogous social service/case management data and information systems at tribes to enable tribes, IHS facilities, and UIHPs to implement the strategies and evidence-based and promising practices. The tribes and IHCPs have submitted to the state a consolidated IHCP Projects Plan.	

			The State of Washington's HIT Operational Plan includes tasks related to HIT/HIE and IHCPs. Health IT Strategic Roadmap and Operational Plan (under Health Information Technology tab) (see Tasks 05-006 -05010).	
24	System	Prescription Monitoring Program (DOH)	In 2007, State law called for the creation of a Prescription Monitoring Program (PMP) to improve patient care and reduce prescription drug misuse by collecting dispensing records for Schedule II, III, IV and V drugs and making the information available to medical providers and pharmacists as a tool in patient care. Program rules took effect August 27, 2011, and the program started data collection from all dispensers on a voluntary basis on October 7, 2011. The PMP is a centralized database that collects data on controlled substances prescribed to patients and makes the data available to healthcare providers. Prescribers are able to review prescription history information and look for potential interactions. On a daily basis, pharmacies submit a file of the schedule II, III, and IV prescriptions from the payers that they have dispensed in the last 24 hours. The DOH processes and cleans the data and after 72 hours, makes the data available in the PMP. Effective October 1, 2016, dispensing pharmacies were subject to the following changes: - Dispensing records must be submitted within one business day. - Zero reporting is required when no controlled substances are dispensed for a day. - Additional fields added for required reporting (when available):	PMP data can be accessed by physicians, pharmacists, dentists, physician assistants, nurse practitioners, and other licensed clinicians and professionals authorized by the DOH. Point of Contact: DOH: Melanie Payne, MPH Melanie.payne@doh.wa.gov Bryant Karras Bryant.Karra@doh.wa.gov HCA: Shaun.Wilhelm@hca.wa.gov

			○ NPI and phone numbers for both the prescriber and dispenser ○ Species Code ○ Partial fill Access to and Use of the PMP PMP data can be accessed by physicians, pharmacists, dentists, physician assistants, nurse practitioners, and other licensed clinicians and professionals authorized by the DOH. Public or private entities may get data for statistical, research or educational purposes. They will receive data without information that could be used to identify individual patients, dispensers, prescribers and people who received prescriptions from dispensers. The PMP is accessed through one of four mechanism: 1) the PMP portal supported by Appriss; 2) OneHealthPort's (OHP's) statewide Health Information Exchange (HIE) service • Access via OHP's HIE service is provided to licensed practitioners with a valid, current registration in the online PMP system. The response provided from the PMP database to OHP's HIE is a real-time transaction based on the authentication of the requestor's license in the PMP system and a match of the patient record request; directly from a provider's Electronic Health Record System (EHR) using a public Application Programing Interface (API) to facilitate exchange directly with EHR platforms. • In the summer of 2017, the Washington DOH launched an API from the EHR vendor Epic that resulted in an increase in 4,000 queries per day; or (4) the Emergency Department Information Exchange (EDIE). Data from the PMP is used to constructed metrics related to opioid/other substances (e.g., metrics related to prescribing,	

			overdose mortality, and prevalence of substance use disorder). Statistics and trends are reported statewide, by ACH and county. The DoH PMP dashboard as available here. The Support Act included several provisions related to the PMP/PDMP, including adding a requirement to the Medicaid program that by October 1, 2021 the State shall require each Medicaid covered provider to check (as specified by the State) the prescription drug history of Medicaid beneficiaries being treated by the covered provider through a "qualified PDMP" before prescribing to such individual a controlled substance (Section 5042 of the Support Act). Additional Information available at: Washington State Chapter 70.225 RCW. "Prescription Monitoring Program." Washington State Department of Health. "Prescription Monitoring Program (PMP) Program Overview." Washington State Department of Health. "Prescription Monitoring Program: System Design, Intent and Use." Washington State Department of Health. "Prescription Monitoring Program (PMP) Dispensers Data submission requirements changed October 1, 2016."	
25	System	Washington Immunization Information System (WAIIS) (DOH)	The Washington State Immunization Registry (WAIIS) is a web-based information system that contains over 8 million child and adult immunization records. WA IIS has bidirectional interfaces that connect to 2,100 organizations including hospitals, primary care providers, pharmacies, schools, clinics, tribes, the Indian Health Service, and health plans. More than 90% of immunization is submitted to the WAIIS via an HL7 interface.	Point of Contact: DOH: Melanie Payne, MPH Melanie.payne@doh.wa.gov Bryant Karras Bryant.Karra@doh.wa.gov

			In order to enroll in the WAIIS, an organization must have a licensed healthcare provider on staff, do business in Washington State, and provide immunization services. Via a web-based portal, authorized users can voluntarily access immunization records, document administered historical vaccines, identify which vaccines are due or overdue, print patient records, and manage vaccine inventory. Washington State DOH also provides aggregated data sets for immunization rates at the state and county levels. <u>Access to and Use of WAIIS</u> Using a web-based portal, providers access WAIIS to assess immunization coverage, generate patient lists showing up-to-date and not up-to-date patients, create reminders/recalls, identify patients due or overdue for vaccines, and run patient lists or other outputs. In order to enroll in the WAIIS, an organization must have a licensed healthcare provider on staff, do business in Washington State, and provide immunization services. Organizations designate a primary contact who manages access for users within the organization. To participate as an eligible hospital or eligible provider, the Washington State DOH establishes information sharing agreements with organizations and institutions, not individual users. The Washington State DOH maintains separate information sharing agreements for: (1) healthcare providers that wish to view immunization data stored within the IIS to assist in immunization verification and documentation, and (2) licensed healthcare organizations, providers and schools that wish to exchange immunization data with the IIS to provide or coordinate healthcare for their patients. Additional Information:	

			Washington State Department of Health. "Washington State Immunization Information System 101: Basic IIS Functionality For Beginners."	
26	System	PRISM (DSHS/RDA)	The Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Division maintains the predictive Risk Intelligence SysteM (PRISM) web application that features state-of-the-art predictive modeling tools and health service data integration to support care management for high-risk Medicaid and dual-eligible clients. Developed in 2008 and piloted in March 2009, PRISM uses predictive modeling risk scoring algorithms; integrates information from medical, social, behavioral health, and long-term care data systems; and provides beneficiary health and demographic information from Medicaid administrative data sources. The secure online PRISM web application has two features: - a detailed description of an individual Medicaid client's claims, risk, demographic and assessment data available for the past 15 months (adults) or 24 months (children). - for those granted this capability, a list of clients associated with a particular group that can be sorted by predictive risk tools (PRISM risk score, Risk of Inpatient Admission), Emergency Room use, Inpatient hospital visits and other service modalities for triage purposes. DSHS/RDA generates PRISM risk scores (expected future medical expenditures relative to a comparison group) and Risk of Inpatient Hospitalization score on a monthly basis for selected distribution. The PRISM web application itself has no other data summary capabilities; it is not designed for evaluation or research purposes. Data Flows Between Sources and Users	Points of Contact: DSHS/RDA: David Mancuso david.mancuso@dshs.wa.gov Bev Court beverly.court@dshs.wa.gov

			PRISM draws billing, demographic, and assessment data from multiple sources: - Medicaid Fee-For-Service and Managed Care data from ProviderOne - Behavioral health data from Behavioral Health Organizations not already in ProviderOne. - Medicare claims data from federal sources. - Long term assessment data from the CARE system Users do not submit or input data to PRISM. The data in the PRISM system presented through the web application are refreshed weekly. Access to and Use of PRISM Access to PRISM requires organization's signing a specific PRISM data use agreement with HCA and DSHS which details the HIPAA-covered allowed uses of protected health information. PRISM users have role-based access and can only view populations assigned to them. PRISM supports more than 1,400 authorized users performing care management or program management functions, including: - Medicaid managed care plans - Behavioral Health Organizations - Area Agencies on Aging - HCA and DSHS program staff - Health Homes (whose use is required by the Medicaid State Plan) - Other state agencies Authorized PRISM users have access to a detailed records of each Medicaid beneficiary for the past 15 months (adults) or 24 months (children) using multiple tabs:	

			- Detailed eligibility, enrollment and demographic data - Risk factors and most recent diagnosis or prescription in that risk factor - A summary dashboard that graphically displays use of inpatient hospital, outpatient emergency room, Medicaid skilled nursing facility and Medicare skilled nursing facility over time. - RX prescriptions filled - A summary dashboard of filled prescriptions by drug class illustrating gaps in fills and potential drug interactions - Inpatient hospital admissions - Outpatient emergency room visits and likelihood of being preventable. - Long term care services - Laboratory - Provider list with links to contact information - Mental health services - Long-term care functional assessments - Health risk indicators for children - All medical claims and encounters Care coordinators can access a PRISM Health Report that summarizes service utilization and health conditions that can be printed by the care coordinator and share the report with the Medicaid client and/or authorized providers. Each summary sheet can be printed as an Adobe PDF document. Additional Information: Kaiser Family Foundation. "Medicaid Health Homes: A Profile of Newer Programs." August 4, 2016. "Predictive Risk Intelligence System (PRISM): A decision-support tool for coordinating care for complex Medicaid clients."	

27	System	Integrated Client Database (DSHS/RDA)	Established and Maintained by the DSHS Research and Data Analysis Division, the ICDB is a longitudinal client database containing detailed service risks, history, costs, and outcomes. ICDB is used to support cost-benefit and cost offset analyses, program evaluations, operational program decisions, geographical analyses and in-depth research on the 2.2 million clients DSHS serves each year (not sure this is quite right). The ICDB draws information from over 30 data systems across and outside of DSHS. It is created by extracting and matching client records from administrative data collected by DSHS and other state agencies in their ongoing work with Washington residents. The ICDB may include the following for individual clients across time: identifiers, service history and service cost across DSHS, demography, geography of residence and service, risk indicators, outcomes, birth and death records, medical diagnoses, medical costs, prescription drug use, alcohol and drug problems, mental illness indicators, homelessness, functional disability status, chronic health conditions, criminal justice encounters, incarcerations, employment status, and wages. ICDB information is monitored for consistency and accuracy.	Data in the ICDB is subject to HIPAA privacy requirements (and in some cases, 42 CFR Part 2). As a result, access to patient level data is subject to applicable privacy laws and sanctions for violations. Points of Contact: DSHS/RDA: David Mancuso david.mancuso@dshs.wa.gov Katie Bittinger katherine.bittinger@dshs.wa.gov
28	System	ARM Datasets & Tools	In support of Healthier Washington, Analytics, Research, and Measurement (ARM) integrates data from multiple sectors. Better data systems enable Healthier Washington and its partners to perform more strategic analysis and make fact-based decisions about health care service delivery, policy and program development, and health care reform investment strategies. Source: Healthier Washington. “Glossary of Terms.” August 2017.	ARM continues to develop data products to serve ACHs. Data requests can be made by contacting: HWAIM@hca.wa.gov
29	Entity	Accountable Communities of Health (ACHs)	Accountable Communities of Health (ACH) are groups of people and organizations from a variety of sectors in a given region within the State of Washington that share a common interest in improving health. There are nine (9) ACHs in the state.	

			With support from the State, ACHs develop, implement and monitor transformation projects under the Medicaid Transformation Demonstration and provide the following functions: . establishing and maintaining a governance and organizational structure that complies with the terms of the Demonstration and the DSRIP Planning Protocol; . developing and submitting a Project Plan for the approval of the HCA that meets the requirements of the DSRIP Planning Protocol; . preparing, filing and certifying progress milestones, performance metrics, and such other reports to HCA as are required under the Project Plan and the DSRIP Planning Protocol; and . keeping partnering providers, informed of all DSRIP related communications received by the ACH from the State.	
30	System	Charges and Convictions Data	The Washington State Administrative Office of the Courts provides data on charges and convictions. The Information Services Division provides IT support to all levels of courts through the development, operation, and maintenance of the statewide Judicial Information System (JIS). The division also provides in-house technology services and support to the Administrative Office of the Courts, Supreme Court, and the Court of Appeals. Available online.	Point of Contact: Administrative Office of the Courts
31	System	Incarcerations & Community Supervisions Data (Corrections)	The Department of Corrections (DOC) uses data analytics to make better decisions by examining collected data and identifying new opportunities to further the agency's mission of improving public safety. DOC also records information on supervised persons who have either been confined in a county jail, prison facility (for felony convictions of more than a year), and/or were sentenced to direct supervision in the community. DOC supervises an active caseload of approximately 18,000 persons in communities across the State of Washington.	Point of Contact: Department of Corrections

			Available online.	
32	System	Housing and Homeless Data (Commerce)	Maintained by the Washington Department of Commerce, the Homeless Management Information System (HMIS), is a web-based electronic record system that enables information-gathering about and continuous case management of homeless persons across agencies in a particular jurisdiction (city, county, and/or state). HMIS is a locally-administered data system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness HMIS is used by state and federally funded homeless and housing service providers to collect and manage data gathered during the course of providing housing assistance to people already experiencing homelessness and to households at risk of losing their housing. Homeless service providers collect information about their clients and input it in an HMIS so that it can be matched with information from other providers in the state to obtain accurate counts of homeless clients and the services they need. To be eligible for federal homeless assistance funding, agencies must participate in an HMIS that allows them to collect and report on the specific data elements outlined in the HMIS Data and Technical Standards. Data dictionary. As mandated by the Homelessness Housing and Assistance Act (ESSHB 2163 - 2005), the Department of Commerce oversees implementation of a statewide HMIS database. Commerce contracted with BitFocus to provide a front end solution for King County and the Balance of the State; and a data integration tool to bring in other continuum data into the database. A graphic of the Washington State HMIS and some information about HMIS software and HUD data standards is available here. To be eligible for federal homeless assistance funding, agencies	Points of Contact: HMIS TA Staff: HMIS Technical Assistance (TA) Staff

			must participate in an HMIS that allows them to collect and report on the specific data elements outlined in the HMIS Data and Technical Standards. Data dictionary. Washington Department of Commerce. "Frequently Asked Questions about WA Homeless Management Information System (HMIS)." June 2017.	
33	System	Multiple Environmental & Public Health Data Sources (DOH)	The Department of Health collects and curates data from a variety of sources (e.g., hospitals and providers, clinical and public laboratories, Emergency Medical Services systems) in multiple systems and products (e.g., Behavioral Risk Factor Surveillance System, Community Health Assessment Tool, Public Health Issue Management System, Public Health Reporting of Electronic Data, Vital Statistics System).	This sounds like data products from other data sources. I wonder if this should be somehow presented differently? Point of Contact: DOH: Melanie Payne, MPH Melanie.payne@doh.wa.gov Bryant Karras Bryant.karras@doh.wa.gov
34	System	Washington Tracking Network (DOH)	The Department of Health's Washington Tracking Network provides users with data and information about environmental health hazards, population and community characteristics, and health behaviors and outcomes. Users can sort, export, chart and map data to use in support of public health education, action and policy development. For additional information see: WTN.doh.wa.gov The Washington State Department of Health Dashboards contain a series of interactive dashboards that allow you to explore data on populations and measures for Washington State. Additional information available here.	Point of Contact; DOH: Jennifer Sabel Jennifer.Sabel@DOH.WA.GOV Bryant Karras Bryant.karras@doh.wa.gov
35	Entity	CMS	The Center for Medicare & Medicaid Services (CMS) oversees and monitors the State of Washington's five-year Medicaid Demonstration Project in accordance with the specified	

			Standard Terms and Conditions that outline the operational infrastructure and parameters for payments that will support system-wide transformation of the state's delivery system and ensure the sustainability of the reforms after the end of the demonstration.	
36	Entity	Washington Health Care Authority (HCA)	Washington State Health Care Authority (HCA) purchases health care for more than 2 million Washington residents through two programs — Washington Apple Health (Medicaid) and the Public Employees Benefits Board (PEBB) Program. HCA has primary responsibility for managing the State of Washington's five-year Medicaid Demonstration Project in accordance with the specified Standard Terms and Conditions.	
37	Entity	Independent Assessor	Myers and Stauffer, L.L.C. serves as the independent assessor for the delivery system reform activities under the Demonstration. The state developed the tool that the Independent Assessor is using to evaluate project plans. The Independent Assessor responsibilities include: (1) reviewing ACH Project Plan applications, (2) providing recommendations to state regarding approval, denial, or recommended changes to ACH Project Plans, and (3) assessing project performance throughout the demonstration.	
38	Entity	Financial Executor	The Financial Executor is the independent organization contracted by HCA to distribute DSRIP funds to providers on behalf of ACHs, at the direction of ACHs. HCA contracted with the Public Consulting Group (PCG) to serve as the Financial Executor. The Financial Executor: (1) provides accounting and banking management support for DSRIP incentive dollars; (2) distributes earned funds in a timely manner to participating providers in accordance with the state-approved funding distribution plans; (3) submits scheduled reports to HCA on the actual distribution of transformation project payments, fund balances and reconciliations; and (4) develops and distributes budget forms to participating providers for receipt of incentive funds. The Financial Executor is developing a web portal that includes the following primary functions: (1) a registration process for partnering providers; (2) a payment distribution module for ACHs to distribute DSRIP funds to partnering providers; (3) reporting and monitoring capabilities.	

			ACHs will provide the following data elements to the Financial Executor: - Provider Name - TIN/SSN - Address - Contact phone number and email address - Projects - Type of entity - Bank account information	
39	Entity	Independent External Evaluator	OHSU is the Independent External Evaluator for the 5-year Medicaid Transformation Project. They will integrate results from quantitative and qualitative methods. For example, they will use data from key informant and provider organization interviews to inform our interpretation of quantitative results and use quantitative results to inform data collected in future rounds of interviews. OHSU will disseminate results through rapid-cycle feedback and evaluation reports delivered to the State and peer-reviewed publications.	Point of Contact: OHSU: Jonah Kushner kushner@ohsu.edu ARM: Karen Jensen Karen.Jensen@hca.wa.gov

Population Health Management Select Data Products

December 2018

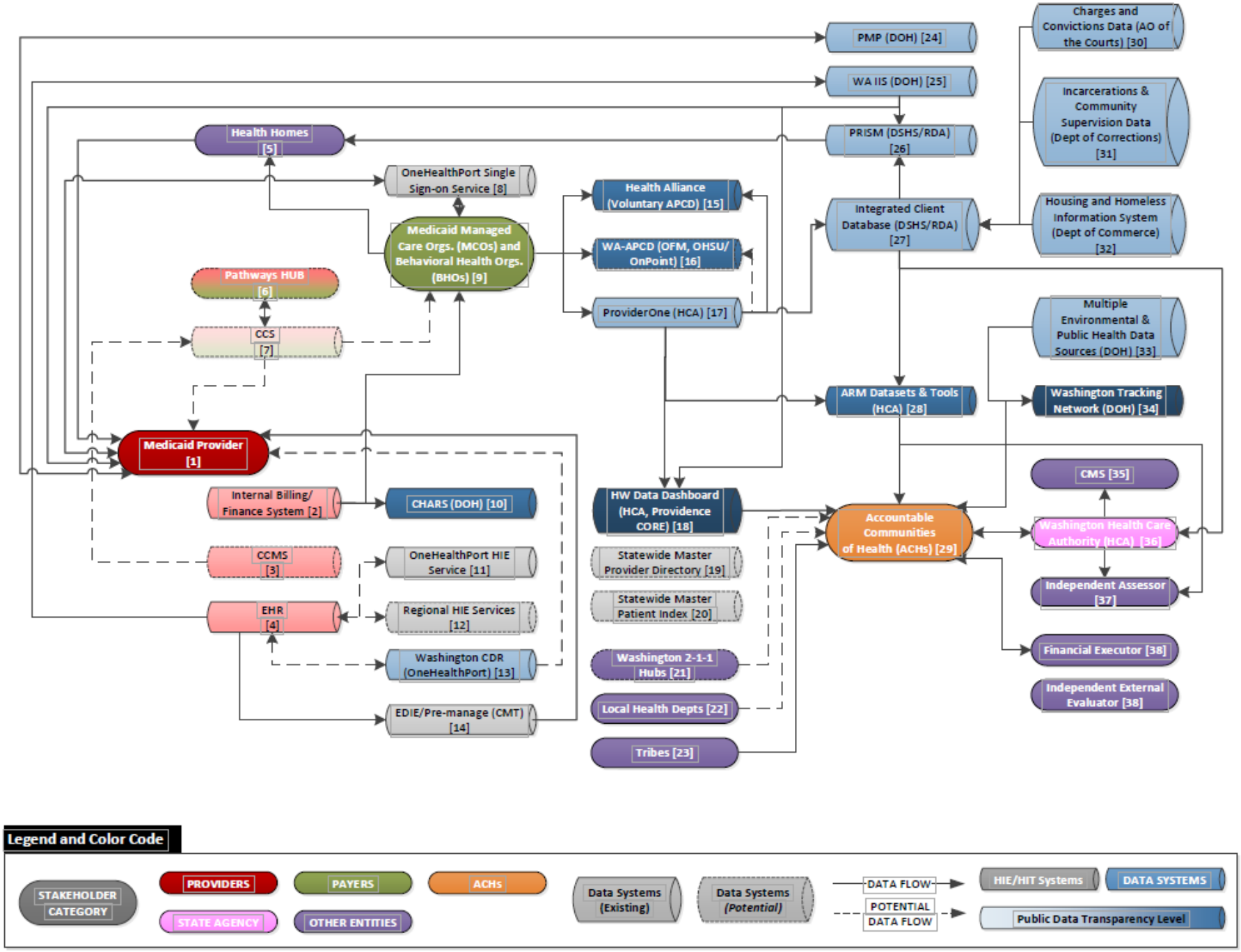
Visio # Key	Type	Entity or System Name	Description	Notes and System Contact Information (if applicable)
	Data Product	CHAT, Community Health Assessment Tool	CHAT, Community Health Assessment Tool, provides secure web-based access to a repository containing data collections gathered and maintained by the Washington State Department of Health (DOH). The CHAT tool can assist Local Health Jurisdictions and other public health professionals at DOH in the development of public health assessment reports. At the heart of CHAT is a repository built from the annual release of detailed information on birth outcomes, causes of death, injuries, communicable diseases, hospitalizations, cancer incidence and population demographics. For data on these topics, please contact your local health assessment coordinator.	For more information regarding CHAT Directory of Washington State Local Health Jurisdiction Community Health Assessment Contacts
	Data Product/Tool	SCOPE	The Washington State Division of Behavioral Health & Recovery SCOPE-WA is a web-based query and reporting service for substance and mental health professionals across Washington State. Additional information available here.	http://www.scopewa.net/
	Data Product/Tool	Healthy Youth Survey	School-based survey of students in grades 6, 8, 10 and 12. Topics include smoking, substance use, nutrition, physical activity, screen time, mental health and suicide, bullying and school climate, sexual behavior, weapon carrying, and more. Webinars available here. Training videos available here.	The Healthy Youth Survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, and Liquor and Cannabis Board. For more information: www.askhys.net

	Data Product/Tool	Behavioral Risk Factor Surveillance System/ CHAT	BRFSS is a telephone survey of adults 18 and older that collects health-related data. Topics include health factors like tobacco use, alcohol use, obesity, fruit and vegetable consumption, asthma.	DoH Contact
	Data Product/Tool	Washington Tracking Network	Environmental Health Hazards including air quality, drinking water, radon, lead, biomonitoring. Health outcomes including asthma, low birth weight, fertility, prematurity, cancer, heart attack, heat stress and injury. Data available by county.	DoH Contact wtn@doh.wa.gov
	Data Product/Tool	Center for Health Statistics, EDIE, State Toxicology lab	Quarterly report of State, ACH and county drug overdose deaths, hospital discharges and ED visits Additional information available here.	Point of Contact: Department of Health
	Data Product/Tool	Supplemental Nutrition Program for Women Infants and Children (WIC)	Annual summary data of women, infants and children served by county. Additional information available here.	Point of Contact: Department of Health WICDataRequests@DOH.WA.GOV
	Data Product/Tool	Office of the Superintendent of Public Instruction Data	Summary reports including demographics, graduation rates, absences, WaKIDS scores, testing results, teacher information, and other school measures. Available by educational servicedistrict. Additional information available here.	Point of Contact: Office of Superintendent of Public Instruction
	Data Product/Tool	Homeless Count	Count of sheltered and unsheltered homeless persons in Washington State by county. Additional information available here.	Ian Kinder-Pyle, Point in Time Count Coordinator ian.kinderpyle@commerce.wa.gov Phone: 360-725-2976
	Data Product/Tool	Workforce	Performance data available by local planning area. Additional information available here.	Point of Contact: Carl Wolfhagen, OFM Senior Forecast Analyst, carl.wolfhagen@ofm.wa.gov 360/902-0920
	Data Product/Tool	Local Public Health Indicators	Access to care, communicable disease, environmental health, maternal and child health, prevention and health promotion	Point of Contact: Department of Health

			indicators available at the county level developed to inform state and local public health programs and policies. Additional information available here.	Buffi.ladue@doh.wa.gov
	Data Product/Tool	EWU	Links to community indicators projects for selected counties in Washington/Idaho/California managed by Eastern Washington University and its partners. Data include demographics, culture, economic vitality, education, environment, health, housing, public safety and transportation. Additional information available here.	Point of Contact: Eastern Washington University
	Data Product/Tool	Washington County Profiles	Links to county budget and county comprehensive plans are generally available from this site, although some links are broken. Additional information available here.	Point of Contact: Municipal Research and Services Center (MRSC) http://mrsc.org
	Data Product/Tool	County Health Rankings	Rankings of counties within Washington on a variety of factors including premature death, quality of life, health behaviors, availability of providers, clinical practices, physical environment and social determinants of health. Additional information available here.	Point of Contact: The University of Wisconsin Population Health Institute
	Data Product/Tool	Community Commons	Demographic, social and economic, physical environment, clinical care, health behaviors and health outcome data available from a wide variety of data sources. Can create report area equivalent to pilot and design regions. Reports are customizable and include mapping capability and ability to identify vulnerable populations. Registration is required. Additional information available here.	Point of Contact: Institute for People, Place, and Possibility (IP3)

	Data Product/Tool	Community Checkup	An annual report and website produced by the Washington Health Alliance that provides claims-based summary data on the quality of primary care, treatment of chronic conditions, and patient satisfaction with care. Data available on the hospital, medical group, clinic and county level. Additional information available here.	Point of Contact: Washington Health Alliance
	System	WaMONAHRQ	Washington State MONAHRQ (WaMONAHRQ) is an information system of hospital inpatient care utilization, quality, and potentially avoidable stays in Washington State's community hospitals and by Washington's residents. Data available by county and potentially other custom ZIP- code based areas. Additional information available here.	Point of Contact: Washington State Office of Financial Management

Population Health Management System Interactions


PMP (DOH) [24]
WA IIS (DOH) [25]
PRISM (DSHS/RDA) [26]
Charges and Convictions Data (AO of the Courts) [30]
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Medicaid Managed Care Orgs. (MCOs) and Behavioral Health Orgs. (BHOs) [9]
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