

OFFICE OF HEALTH ANALYTICS All Payer All Claims Data Reporting Program

Tina Kotek, Governor



APAC Cost Waiver Request

| Na | Name: | |
|----|--|------------------------|
| | Organization: | |
| En | Email: Pł | none: |
| | | |
| 1. | 1. Have you already requested data? If so, what is the tra | cking number assigned? |

Yes No

If yes, tracking number assigned

- 2. There are two parts to the cost of data files
 - The cost for OHA staff to build the data set code which recoups the public funds used by APAC. This
 amount varies by project request because the code is customized for each project; and
 - The cost for the vendor to perform quality assurance, package and transfer the file to the data requester which is a flat fee of \$890.

Please specify which portion(s) of the fee are requested to be partially or fully waived. OHA will only approve cost waiver requests for those who have demonstrated compelling reasons.

3. Will all results be publicly reported and available free of cost? If yes, describe the availability planned. If no, tell us why the analysis results cannot be made available.

Yes No

| Tracking num | Fracking number assigned: | | | |
|--------------|---------------------------|--------|--|--|
| Decision: | Denied | | | |
| | Partial waiver | waived | | |
| | Full waiver | | | |