HealthFacts RI

Rhode Island All Payer Claims Database

Frequently Asked Questions

January 2023

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General Questions

What is HealthFacts RI?

HealthFacts RI is Rhode Island's All-Payer Claims Database (RI APCD), a large-scale database that systematically collects healthcare claims data from a variety of payer sources, including Medicare, Medicaid, and RI's largest commercial payers. In 2008, RI passed legislation to enable a healthcare database to collect healthcare claims data from payers. RI APCD Regulations were issued to provide data collection guidelines and data release policies and procedures. The goals of HealthFacts RI are (1) to identify areas for improvement, growth, and success across the healthcare system; (2) to understand and quantify health system performance and healthcare transformation; and (3) to provide meaningful comparison and actionable data and reports to help inform policy and consumer decisions.

What data does HealthFacts RI collect?

HealthFacts RI includes data from commercial, Medicare, and Medicaid payers who have more than 3,000 covered lives in Rhode Island. Data collection has been ongoing since 2014. Payers are required to regularly submit six types of files to the database.

File Type	File Description
Eligibility	Includes medical, dental, and pharmacy enrollment information for the members covered by each payer during the reporting period. Files include member demographic information and information regarding an individual's plan and coverage type.
Medical Claims	Includes information on the medical services rendered to covered individuals during the reporting period. This file contains a wealth of useful cost and utilization data, such as diagnosis and procedure codes, charge amount, paid amount, copay amount, deductible amount, type of setting, and rendering/billing provider information, etc.
Dental Claims	Includes information on the dental services rendered to covered individuals during the reporting period. Among the data elements submitted in this file are procedure code, charge amount, paid amount, copay amount, deductible amount, rendering/billing provider information, dental quadrant, and tooth surface codes, among other data.
Pharmacy Claims	Includes information on pharmacy services rendered to covered individuals during the reporting period. Among the data elements submitted in this file are National Drug Code, national pharmacy ID, prescribing provider information, generic/brand drug indicator, plan paid amount, copay amount, and deductible amount.
Provider	Includes information on the providers associated with the medical, dental and pharmacy services submitted during the reporting period. These files contain data related to healthcare providers themselves, including elements such as National Provider Identifier, provider name, provider specialty, and provider geographic information (e.g., city, ZIP code, etc.)
Alternative Payment Model (APM)	Includes non-fee-for-service (non-claims) payments. APM data supplements claims payment data to provide a full picture of healthcare payments. Types, amounts, and covered services under APMs vary across contracts and payers. Examples of APM (non-claims) payments are care management fees, incentive payments, infrastructure and operations payments, shared savings payments and risk settlements, and population-based payments.

Is my personal health information included in HealthFacts RI?

All information collected in HealthFacts RI is completely de-identified and complies with the highest industry standards for privacy and security. The APCD does not collect any information that can link you to your medical/dental/pharmacy information or health insurance claims. If an individual does not want any of their de-identified information to be included in HealthFacts RI, they can opt-out of the APCD.

How is HealthFacts RI managed?

HealthFacts RI is a multi-agency initiative between the RI Department of Health, the Office of the Health Insurance Commissioner, the Executive Office of Health and Human Services, and HealthSource RI. The Interagency Staff Workgroup, which includes representatives from each of these four agencies, oversees the implementation of HealthFacts RI.

Who can I contact if I have additional questions about HealthFacts RI?

General information can be found on the State of Rhode Island Department of Health's website, https://health.ri.gov/data/healthfactsri/.

Comments, questions, and concerns about the RI APCD can be emailed to DOH.HealthFactsRI@health.ri.gov.

Written notices can be mailed to:
Rebecca Lebeau, Ph.D. MPH
Director of Data and Analytics
Executive Office of Health and Human Services
3 West Road
Cranston, RI 02920

Opt-Out Questions

What is opt-out?

Even though HealthFacts RI is completely de-identified, it is your right to choose to have your information excluded if you wish. You can opt-out of HealthFacts RI at any time to exclude your information going forward. This means that if you opt-out in January, your de-identified medical information will not be sent to HealthFacts RI in February or any month thereafter. You can also opt back in at any time.

How can I opt-out?

There are two ways that someone can opt-out and opt back in to HealthFacts RI.
The first is to visit https://www.riapcd-optout.com. This website allows individuals to opt-out or opt back in to HealthFacts RI and check the status of their opt-out request.

If you do not have internet access, you may call RIREACH toll-free at 1-(855)-747-3224, and provide some information about yourself to the call center representative. The representative will enter your information into the opt-out website on your behalf.

Can I opt back in?

Yes. The opt-out website allows individuals to opt back in to HealthFacts RI at any time.

What information do I need to provide to opt-out?

Information required to opt-out (or opt back in) includes:
- First and last name
- Address
- Date of birth
- Primary health insurance plan (e.g., Blue Cross Blue Shield, Neighborhood Health Plan, etc.)
- Health plan member ID

Why do I have to provide personal information to opt-out?

HealthFacts RI does not collect identifiable information. The opt-out website is operated by an external vendor that is completely separate from the State of Rhode Island and the HealthFacts RI database. The personal information you provide allows the external vendor to accurately and reliably instruct your health plan to keep your records out of HealthFacts RI.

Can I opt-out on behalf of my child or parent?

While the expectation is that individuals will opt out on their own behalf, we understand that there will be some cases in which a person will need assistance. Common examples include children, disabled individuals, the elderly, and individuals without internet access. In such cases, you may opt out on behalf of someone else, as long as you have the necessary information.

Do I need to opt out twice if I have two different insurance providers?

No. The opt-out website collects information that will identify you across all the various insurance plans and products that you may have. This includes commercial insurance, Medicare Advantage, and Medicaid. Therefore, you only need to opt-out once. When opting out, please provide your Health Insurance Plan name and Member ID number for any of your insurance providers. The opt-out website will automatically find all the other plans that you participate in. The opt-out process will identify you and make sure that none of your information goes to the APCD.

Data Collection Questions

Who submits data to HealthFacts RI and how often?

Commercial insurance plans that cover over 3,000 Rhode Island residents, RI Medicaid, and Medicare all submit data to HealthFacts RI. Payers choose to submit data either monthly or quarterly. Data is processed by HealthFacts on a quarterly basis.

Is Medicare data included in HealthFacts RI?

Yes, the database contains both Medicare Advantage, and Medicare fee-for-service (FFS) claims, inlcuding Medicare Part D Events. Commercial payers submit Medicare Advantage data, and the State receives a file from the U.S. Centers for Medicare and Medicaid Services (CMS) that contains Medicare FFS claims. Medicare FFS claims can be released only to requesters who are working on behalf of the State or on projects that are at least partially funded by the State.

What populations and types of information are excluded from HealthFacts RI?

Data excluded from HealthFacts RI includes data from small insurers with fewer than 3,000 unique covered lives in Rhode Island, identifiable data (e.g., names, addresses, Social Security numbers, dates of birth, etc.) and certain federal programs data (e.g., TRICARE, Federal Employees Health Benefits Program, Department of Veterans Affairs, and the Indian Health Service).

HealthFacts RI also does not include data on uninsured individuals or other payments made out of pocket. Individuals who have chosen to opt out of HealthFacts RI are also excluded from the database. About 2 percent of members across all payers have chosen to opt-out of HealthFacts RI.

The following insurance coverages are excluded from HealthFacts RI per the RI APCD Regulations:
- Hospital confinement indemnity
- Disability income
- Accident only
- Long-term care
- Medicare supplement
- Limited benefit health insurance
- Specified disease indemnity
- Sickness or bodily injury or death by accident or both
- Other limited benefit policies.

How does the U.S. Supreme Court's ruling in Gobeille v. Liberty Mutual Insurance Company impact HealthFacts RI data collection?

In March 2016, the U.S. Supreme Court ruled in Gobeille v. Liberty Mutual Insurance Company that Vermont's APCD law was unable to require self-insured plans regulated by the federal Employment Retirement Income Security Act of 1974 (ERISA) to submit claims data to their database. Many insurers have since halted submission of self-insured ERISA plans' data to all-payer claims databases across the country, including Rhode Island. This decision affects 2016 and forward years of RI APCD data. About 10% of members have been excluded from 2016 submissions compared to 2015 because they were part of self-insured ERISA plans. The RI leadership team continues working with insurers and self-insured employers to encourage continued submission of self-insured data to HealthFacts.

Data Management Questions

Who is responsible for collecting and managing HealthFacts RI data?

The Data Management Vendor collects, manages, and enhances the HealthFacts RI data.

What is the role of the Lockbox Services Vendor?

To comply with State law requiring healthcare claims information collected by the RI APCD be de-identified, RI uses a Lockbox Services Vendor. The Lockbox Services Vendor is responsible for building and maintaining a Master Patient Index and assigning each individual a Unique Member ID.

The Lockbox Services Vendor receives enrollment data from all data submitters which includes direct patient identifiers (e.g., name, address, date of birth, Social Security number, etc.). The Lockbox Services Vendor uses this enrollment data to identify individuals across payers and to assign Unique Member IDs.

The Lockbox Services Vendor sends the enrollment data back to each data submitter with the Unique Member IDs and opt-out status appended.

Data submitters then use the Unique Member ID in place of any direct identifiers in the healthcare claims data sent to HealthFacts RI. This ensures member privacy and reduces the chance of re-identification of an individual using the HealthFacts RI data.

What happens to the data submitted to HealthFacts RI?

Data undergoes stringent quality assurance and validation checks to ensure that it meet the RI APCD technical and quality specifications. The data is enhanced with value-added components, including risk adjustment methodologies and inpatient/outpatient groupers. Once fully processed, the data is extracted and transferred to the State for agency use and public release.

How does the State ensure that the data are reliable and valid?

To ensure that the HealthFacts RI data is as correct and complete as possible, the data undergoes three rounds of validation and quality assurance checks. Tier 1 validation checks are automated checks used to identify common data errors. The results of the Tier 1 validation checks are sent back to each payer as files are processed. Payers are required to correct any errors and re-submit the files. Hundreds of checks are run against data files as they are submitted by payers to ensure that the incoming data meets quality standards

Tier 2 validation checks are also automated and performed quarterly but occur once the data has passed the Tier 1 checks and entered the system. The purpose of this level of validation is to check for the reasonableness of the submitted data, and to compare it against past submissions, including month-over-month trend analyses and consistency in data volume and quality. Payers are notified of any issues identified as part of Tier 2 checks within ten days and are required to respond and/or re-submit data accordingly. Additionally, the Data Management Vendor produces quarterly post-Level 2 validation reports. These reports offer an additional level of quality assurance, as they are used to identify trends in submitted data and any significant deviations.

Tier 3 validation checks are annual, post-processing validation reports. These reports are sent back to payers within thirty days of annual data being processed and enhanced and show the degree to which HealthFacts RI data aligns with the submitters' internal metrics. These reports include information on how this year's data compares to past years' data and compare the data to database-wide averages. The Data Management Vendor works with the submitters to investigate any data issues, determine reasons for discrepancies, and identify remediation strategies for the current submission and submissions going forward.

How is HealthFacts RI data kept private and secure?

Privacy and Security policies are in place to protect the HealthFacts RI database and ensure that member data remains confidential and secure. All HealthFacts RI data is de-identified, in that payers remove all information that could directly identify an individual. For a full list of identifiers that are excluded from the database, see the Identifiable Data section of this guide. De-identification is accomplished in part by using an independent "Lockbox Services Vendor."

Even though HealthFacts RI data is de-identified, all members still have the option to "opt-out" of having their data submitted to HealthFacts RI at any time. All parties that manage, access, or receive

HealthFacts RI data must follow strict security measures that comply with HIPAA, the HITECH Act, and HHS guidance. Security measures include encryption for transmitted and stored data; strict access, roles, and permissions standards; and storage on secure servers with appropriate back-up, recovery, and disaster plans. These security measures are part of their contractual agreements with the State.

How soon after a health care service takes place is the claim reported to HealthFacts RI?

Payers submit data to HealthFacts RI based on the date the claim was paid. It is important to understand that claims data is not real-time clinical data. After a healthcare service is performed (or a prescription is filled), it takes insurance companies time to process and pay for the procedure on behalf of their covered members. In some instances, a claim may be paid or adjusted several times prior to being finalized. The difference in time between when a claim is reported and when the claim is adjudicated is "Closure Lag." Over the course of a year, the database collects submissions that include claims from previous quarters' dates of service. Overtime, this collection slowly completes the data.

Data Release Questions

Who has access to HealthFacts RI data?

HealthFacts RI data are available to researchers, providers, health insurers, state agencies, and other qualified organizations or individuals who are looking to improve, evaluate, or otherwise measure healthcare provided to Rhode Islanders. Summary data is also available free of charge to consumers through published public reports on the HealthFacts RI webpage.

When will the current year's data be available for release?

Data is made data available for release on an annual basis once a full year of new data is complete and fully processed by HealthFacts RI. The State aims to release each new full year of data during the second half of the following year. For example, complete 2021 data is available for release in the second half of 2022.

Data available in the HealthFacts RI ACPD can be found on the State of Rhode Island website, Snapshot, and is updated quarterly. The snapshot is provided through Tableau Public dashboards and includes the following information:

- **Data Overview** – Provides a high-level view of the volume of data available in the APCD, what products are being submitted, and how the volume of data has changed over time.
- **Data Availability** – Provides insight into how much claims and enrollment data is available and what gaps, if any, exist in that data.
- **Medical Procedures** – Presents the top 25 services from medical claim lines that can be sorted by claim volume, total, and average cost and supports search for specific procedures and categories of interest.
- **Drug Prescriptions** – Presents the top 25 prescribed drugs from pharmacy claim lines that can be sorted by claim volume, total, and average cost and support search for specific dugs and categories of interest.

What data products are available?

HealthFacts RI has different data products available for request. For more information about each data product below, refer to the HealthFacts RI Data User Guide.

Published HealthFacts RI Reports
More than twenty interactive reports have been developed using HealthFacts RI data. Reports include those related to COVID, rates on firearms injuries, behavioral health, preventive services, and more.

Interactive reports that the State has published can be found [here.](#)

Standard Claims Extract
Standard extracts are pre-built, claims-line level extracts with individual member detail that may be used for statistical and other complex analyses. As these extracts contain a high level of detail, they are intended for research purposes and require a full application and review process. As part of the application, requesters must justify why claims-level detail is necessary for their project. Requesters must pay a fee, sign a Data Use Agreement, and be approved by the Director of the Department of Health to receive standard claims extracts. There are two types of standard extracts available for request for both medical claims and pharmacy claims:

- **Core Extract** – Contains data elements related to member enrollment and demographics, medical and/or pharmacy claims, and provider information associated with the requested claims. The Core Extract contains moderate level of detail as full service and eligibility dates are confined to months and years, member city is removed, and only the first three digits of the ZIP code are released.
- **Extended Extract** – Contains all data elements from the Core Extract, plus the full dates of service and eligibility as well as member city and the full five-digit ZIP code offering a higher level of detail. Requesters requiring Extended Extracts must justify why this higher level of detail is necessary for their project.

There are three options for requesting Standard Claims Extracts:

- **Single-use, single agency** – This is for a single project within one organization and includes all approved file types (medical and pharmacy claims, enrollment, and provider information) and all approved years of data, including new years of data when available. A single use, single agency license costs $25,000.
- **Multi-use, single agency** – If you anticipate using standard extracts for multiple projects within your organization, we recommend applying for a multi-use, single agency license. This license includes all approved file types (medical and pharmacy claims, enrollment, and provider information) and all approved years of data, including new years of data when available. A multi-use, single agency license costs $50,000 per year (licenses are renewed annually) and includes the initial delivery of requested standard claims extracts and annual data refreshes of the two most recent years of data requested, plus extracts for any new years of data available.
- **Multi-use, multi-agency** – If you anticipate using standard extracts for multiple projects across multiple agencies through a formal partnership or coalition, we recommend applying for a multi-use, multi-agency license. This license includes all approved file types (medical and pharmacy claims, enrollment, and provider information) and all approved years of data (including new years of data when available). Multi-project, multi-agency licenses have a five-project maximum. A multi-use, multi-agency license costs $87,500 per year (licenses are renewed annually) and includes the initial delivery of requested standard claims extracts and annual data refreshes of the two most recent years of data requested, plus extracts for any new year of data available.

Custom Requests

Custom requests are for data that is not already available on the HealthFacts RI website and for which standard claims extracts are not appropriate. This may include custom aggregated reports, or custom extracts, and may require custom analytics to be applied. Requesters define the type of data, data elements, and any custom analytics needed. All custom requests require an application. Custom requests require review by the Data Release Review Board and approval by the Director of the Department of Health when individual claims with member-level detail are included (e.g., member ID, five-digit ZIP code, etc.) or results of cells based on fewer than 11 members are displayed. Requests for custom aggregate data in which cells based on fewer than 11 members are not displayed do not require a full review and approval process.

How do I access HealthFacts RI data and how much does it cost?

Data Product	Request Process	Cost	Processing Time
Summary Tables and Reports	None – public reports and tables are available on the HealthFacts RI webpage.	None	None
Standard Claims Extract	Complete the online application for standard extracts. Application materials are available on the HealthFacts RI webpage.	Single-use Single-Agency: $25,000 Multi-use Single-Agency: $50,000 Multi-use Multi-Agency: $87,000	8 weeks
Custom Requests	Complete the online application for custom requests. Application materials are available on the HealthFacts RI webpage.	Determined on a Case-by-Case Basis	Determined on a Case-by-Case Basis

What is the Data Release Review Board?

The APCD Data Release Review Board (DRRB) is an eleven-member, multi-disciplinary advisory board to the Director of RIDOH. The DRRB is comprised of members representing health insurers, healthcare facilities, healthcare consumers, physicians, privacy advocacy organizations, researchers, and RI state agencies. The purpose of the DRRB is to advise the Director about whether requests are consistent with RI APCD patient privacy guidelines. The DRRB reviews standard extract and custom requests for member-level details and makes a recommendation to the Director as to whether the data should be released. The DRRB reviews applications to ensure that:

- Appropriate privacy and security protections are in place to protect member privacy
- Applicant will adhere to the RI APCD cell size suppression policy
- Access to data is necessary to achieve the project's intended goals
- Applicant is qualified to protect and responsibly handle APCD data.

The RIDOH Director has the ultimate authority to approve or deny requests for HealthFacts RI data. In addition to reviewing individual requests for data, the DRRB reviews the format of other pre-determined data sets that RIDOH plans to make available for release.

Are there limitations on how data from HealthFacts RI can be used?

Yes, HealthFacts RI data can never be used to re-identify an individual member. Re-identification refers to an attempt to establish an individual member's identity by turning anonymous data into personal data.

Can the HealthFacts RI data be linked to other external data sets?

HealthFacts RI data can be linked to external data sets as long as the purpose of the linkage is not to identify members, members cannot be re-identified as a result of the linkage, and the linkage has been approved by the RIDOH Director (as part of the application review process). Requesters who want to link HealthFacts RI data to other sources must provide a justification and explain how the HealthFacts RI data will remain protected in their data request application.

How can I find out what data elements are offered in a standard extract?

This information is available in the HealthFacts RI *Data Elements Dictionary*.

How can I learn if HealthFacts RI data can answer my specific research question or support a certain type of analysis?

Refer to the HealthFacts RI *User Guide*. If you are still unsure which data are right for you, email HealthFacts RI at DOH.healthfactsri@health.ri.gov.

If the State approves my data request, how will I receive the data?

Requests for standard extracts will be delivered as flat text files and transferred to users via SFTP with PGP encryption. Custom requests may be delivered as flat text files and transferred via SFTP or secure email (typically with PGP encryption).

Can I use Microsoft Excel or Access to analyze RI APCD data?

Microsoft Excel and Access may be sufficient to analyze custom aggregated reports. For standard extracts and other large files, a statistical software program such as SAS, SQL, or R is recommended.

Does the State offer analytic services?

If your organization would like analytic support, please email DOH.healthfactsri@health.ri.gov to determine how the State can assist you.