HealthFacts Rhode Island Standard Claims Extract Application

(Copy of Online Application)

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Please be advised that applicants are unable to save and return to the online application form, and therefore must complete the full application at one time. We strongly recommend applicants review this copy of the application to ensure they have the necessary information and documentation before beginning the online application.

## Instructions

## The Rhode Island Department of Health (RIDOH) may release data from HealthFacts RI, Rhode Island's All-Payer Claims Database (RI APCD) to a person or organization engaged in improving, evaluating or otherwise measuring health care provided to members.

## Standard claims extracts require a full application and review process. To request standard extracts:

## 1. Review the PDF copy of the online application and gather all necessary documentation before beginning the online application. PLEASE NOTE: YOU CANNOT SAVE AND RETURN TO THE ONLINE APPLICATION ONCE YOU HAVE BEGUN.

## 2. Complete the online application.

## 3. Attach a signed Data Use Agreement to this application.

## 4. Complete the Application Fee Remittance form and mail check to RIDOH (see Application Fee information below).

## 5. Once application and fee are received, a member of the HealthFacts RI team will contact you regarding any issues with your application and next steps.

## 6. The application is posted to http://www.health.ri.gov/data/healthfactsri/ for public comment for at least 10 business days.

## 7. If a data management plan is required, the APCD Data Release Review Board Data Security Committee reviews the data management plan and makes a recommendation to the full Board.

## 8. The RI APCD Data Release Review Board reviews the application to ensure patient privacy is protected, and makes a recommendation to the RIDOH Director.

## 8. The Director approves or denies the request based on the Board’s recommendation.

## 9. If approved, applicant completes the Data Acquisition Fee Remittance Form (Exhibit D of the Data Use Agreement) and mails a check to RIDOH.

## 10. The State transfers extract(s) to the applicant (30-45 days after request is approved).

## FORMS AND ATTACHMENTS: All forms and application attachments associated with standard extracts can be found at http://www.health.ri.gov/data/healthfactsri. Please submit all attachments in document or PDF format. The following file types are not accepted: .html, .exe, .dll, .php, .php3 or .phps. Attachments are limited to 10 MB.

## APPLICATION FEE: Along with submission of the online application, all applicants must mail in the Application Fee Remittance Form and a non-refundable $100 application fee (in the form of a check). DATA REQUESTS WILL NOT BE CONSIDERED UNTIL BOTH THE ELECTRONIC APPLICATION AND THE REMITTANCE FORM/APPLICATION FEE ARE RECEIVED. The Application Fee Remittance Form and mailing address can be found on the RIDOH HealthFacts RI webpage (www.health.ri.gov/data/healthfactsri).

## DATA RELEASE REVIEW BOARD: Once the application is submitted and payment is received, a member of the HealthFacts RI team will contact you regarding next steps.

All applications that require a data management plan are first reviewed by the Data Security Committee, which meets monthly. The Committee reviews the data management plan for adherence to RI APCD privacy and security guidelines.

## Applications are then reviewed by the APCD Data Release Review Board, which meets monthly. The Board reviews requests to ensure patient privacy will be adequately protected by evaluating the following criteria:

## Appropriate privacy and security protections are in place to protect patient privacy

## Applicant will adhere to cell size suppression policy

## Access to data is necessary to achieve project's intended goals (there is an obvious link between project and data)

## Applicant is qualified to protect and responsibly handle data

## This review is strictly for privacy protection purposes and is not a scientific review. Applicants are encouraged to participate in the Board meeting during which their application is being reviewed.

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## DATA ACQUISITION FEE:

## If your request for APCD data is approved, a member of the RI APCD team will contact you about payment. Applicants should refer to the fees listed on the RIDOH HealthFacts RI webpage (www.health.ri.gov/data/healthfactsri) prior to submitting their applications.

## For questions regarding the data request process or this application, please contact DOH.HealthFactsRI@health.ri.gov or Emma Rourke, APCD Project Manager at erourke@freedmanhealthcare.com or 617-243-9509 Ext. 202.

## Per the RI APCD Regulations, parts of this application will be posted on the RIDOH HealthFacts RI website for public comment.

## Questions marked with \* are required.

## General Information

**2.1 Today’s Date:**

**2.2 Project Title:**

**2.3 Organization Name:**

**2.4 Organization Type (check one):**

* Academic Researcher
* Government Agency
* Data Submitter to RI APCD
* Other (please specify)

**2.5 Project Lead (Principal Investigator, project Director, etc.):**

**2.6 Project Lead Title:**

**2.7 Other project personnel from your organization who will have access to RI APCD data:**

### Contact Information

This section of the application will not be posted publicly.

**2.8 Project Contact:**

**2.9 Project Contact Title:**

**2.10 Phone Number:**

**2.11 Email:**

**2.12 Mailing Address:**

## Project Details

Refer to the RIDOH HealthFacts RI webpage (www.health.ri.gov/data/healthfactsri) for information about the publication submission and review process.

### Project Description

**3.1 Please provide a detailed description of each of the following project components (attach additional pages if needed):**

1. Project purpose
2. Research questions (if applicable)
3. Why the data you are requesting is necessary to accomplish the project’s purpose.
4. If requesting the Extended Extract, please justify why service date and 5-digit zip codes are required for the project.
5. If requesting payer (i.e. United Healthcare, Aetna) identifiable information (i.e. payer name), please justify why these elements (table provided in *Appendix A*) are required for the project.
6. If requesting provider (i.e. institution, physician) identifiable information (i.e. hospital name, physician name, physician specialty), please justify why these elements (table provided in *Appendix A*).
7. If possible, please provide shell tables that summarize your anticipated aggregated results.

**3.2 Attach additional project description information, if needed.**

### Distribution of Project Findings

**3.3 Describe how project findings/results that will be disseminated and to whom (e.g. peer-reviewed publication, organization newsletter, program evaluation report, etc.)**

Note: All findings/results which will be publicly distributed must be submitted to the RI Department of Health at least 15 days prior to any release to ensure that the conditions of the Data Use Agreement (i.e. cell suppression) are being met (see Section 10 of the Data Use Agreement for further details).

**3.4 Attach additional information about how findings will be distributed, if needed.**

## Data Requested

Please indicate the standard claims extract(s) requested. There are two extract types available: The Core Extract and Extended Extract. Both extracts contain member level demographic information, claim line detail (medical or pharmacy), and provider detail. The Core extract contains member 3-digit zip codes and service year. The Extended Extract includes member city, 5-digit zip codes and service date.

To determine which data and value-added elements are available in each extract, refer to the Data Element Dictionary on the RIDOH HealthFacts RI webpage ([www.health.ri.gov/data/healthfactsri](http://www.health.ri.gov/data/healthfactsri)).

\*\*Please note: Medicare FFS data can only be released to projects being directed and at least partially funded by the State of Rhode Island.

**4.1 Which type of extract are you requesting (check all that apply)?**

* Core Extract Medical Claims
* Core Extract Pharmacy Claims
* Extended Extract Medical Claims
* Extended Extract Pharmacy Claims

**4.2 Years requested (check all that apply):**

Extracts are available for the following calendar years. Prices are per extract, per year.

* 2011
* 2012
* 2013
* 2014
* 2015
* 2016
* 2017
* 2018
* 2019

**4.3 Type of license requested**

HealthFacts RI offers different licenses for standard claims extracts. Subscriptions may be for a single project for one agency, multiple projects for one agency, or multiple projects for multiple agencies (through a formal partnership or coalition). For details on available licenses, visit the RIDOH HealthFacts RI webpage ([www.health.ri.gov/data/healthfactsri](http://www.health.ri.gov/data/healthfactsri))

* Single-use, single agency
* Multi-use, single agency
* Multi-use, multi-agency
* This is a single project under a multi-use license

**4.4 If requesting a single-use, single agency license, will you need new years of data as they become available for the duration of the project?**

* Yes
* No

**4.5 If requesting a multi-project license, how many projects do you anticipate will use the data annually (multi-use, multi-agency licenses have a 5-project maximum)?**

**4.6 Please provide a detailed description of your team’s experience working with APCDs or other claims data sources.**

**4.7 Are you requesting CurrentCare data?**

* **Yes**
* **No**

**4.8 If requesting CurrentCare data, please provide a detailed description of your project team’s knowledge of the data source and its limitations.**

### Data Linkages

RI APCD data may only be linked to other data sources that are specified in this application and for purposes approved by RIDOH. Applicants may not link APCD data to another data source for the purpose of identifying a member. If this project requires linkage to another data source (e.g. Census data), the applicant must provide a justification for why this linkage is necessary.

**4.9 Will RI-APCD data be linked to another data source?**

* Yes
* No

**4.10If yes, will the data be linked to patient level data, individual provider level data, facility level data, or aggregate level data? (Check all that apply.)**

* Individual patient data
* Individual provider data
* Facility level data
* Aggregate level data

**4.11 If yes, provide a justification for each linkage indicated above and the steps you will take to prevent identification of individual members.**

**4.12 If yes, attach additional information about linkage, if needed.**

## Data Security

This section of the application will not be posted publicly.

### Data Management Plan

**5.1 Attach a completed Data Management Plan template.**

The Data Management Plan Template can be found at [www.health.ri.gov/data/healthfactsri](http://www.health.ri.gov/data/healthfactsri).

**5.2 Attach any standard Data Privacy and Security Policies and Procedures from your organization.**

**5.3 Attach additional organizational Data Privacy and Security documents (if applicable)**

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### Use of Third Party Agents or Vendors

**5.5 Are you contracting with any third-party vendors who will store the data on-premise or on their own network (separate from the applicant)?**

* Yes
* No

**5.6 If yes, list the name(s) of the third-party vendor(s):**

**5.7 If yes, list the services to be provided by third-party vendor(s):**

**5.8 If yes, attach a completed Data Management Plan template for the third-party vendor.**

**5.9 If yes, attach any standard Data Privacy and Security Policies and Procedures from the third-party vendor.**

While documentation from contracted third-parties is not required, it may be requested at any time during the review process.

**5.10 Are you using any third-party data warehouse/storage solutions that will have access to the data?**

* Yes
* No

**5.11 If yes, will the third-party warehouse solution have access to decrypted data?**

* Yes
* No

### Applicant Qualifications

**5.12 Describe the qualifications of your organization and key personnel to implement the proposed data management plan with fidelity and to adhere to the Data Use Agreement.**

## Application Documentation

### Data Use Agreement

**6.1 Attach a signed Data Use Agreement form. The Data Use Agreement will be appended to include the data covered by the agreement and the application upon approval of the data request.**

### The Data Use Agreement can be found at the RIDOH HealthFacts RI webpage ([www.health.ri.gov/data/healthfactsri](http://www.health.ri.gov/data/healthfactsri)).

### Checklist

**6.2 Verify that all required documents are attached.**

* Completed Data Management Plan Template
* Signed Data Use Agreement

### Signatures

By entering a name below, the Applicant attests that all information contained in this application is true and the Applicant will adhere to the restrictions and requirements outlined in the Data Use Agreement, to be executed between the Applicant and the Department of Health upon approval of this data request.

**6.3 Name:\***

**6.4 Title:\***

**6.5 Organization:\***

**6.6 Date:\***

## Appendix A: Payer and Provider Identifiable Elements

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| **Payer Identifiable Elements** |
| REF\_SUB003 | Submitter Code |
| REF\_SUB004 | Submitter Name |
| REF\_SUB005 | Parent Company Name |
| REF\_SUB006 | Submitter Type |
| REF\_SUB007 | Submitter Source Type |
| REF\_SUB008 | Submitter Address 1 |
| REF\_SUB009 | Submitter Address 2 |
| REF\_SUB010 | Submitter City |
| REF\_SUB011 | Submitter State |
| REF\_SUB012 | Submitter ZIP Code |
| REF\_SUB013 | Submitter Country |

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| **Provider Identifiable Elements** |
| PRVM-003 | Entity Type |  PRV-CORE005 | Organization Name |
| PRVM-004 | Organization Name |  PRV-CORE006 | Provider Last Name |
| PRVM-005 | Provider Last Name |  PRV-CORE007 | Provider First Name |
| PRVM-006 | Provider First Name |  PRV-CORE008 | Provider Middle Initial |
| PRVM-007 | Provider Middle Initial |  PRV-CORE009 | Provider Suffix |
| PRVM-008 | Organization Name (Other) |  PRV-CORE011 | Provider Entity Type |
| PRVM-009 | Organization Name (Other) Type |  PRV-CORE013 | Provider Credential Code |
| PRVM-010 | Provider Last Name (Other) |  PRV-CORE014 | Provider NPI |
| PRVM-011 | Provider First Name (Other) |  PRV-CORE015 | Provider Primary Specialty Code ID |
| PRVM-012 | Provider Middle Initial (Other) |  PRV-CORE016 | Provider Primary Specialty Code |
| PRVM-013 | Provider Suffix |  PRV-ADD006 | Provider City |
| PRVM-014 | Provider Credential Code |  PRV-ADD007 | Provider State |
| PRVM-015 | Provider NPI |  PRV-ADD008 | Provider ZIP Code |
| PRVM-016 | Provider Taxonomy - Primary |  |  |
| PRVM-017 | Provider Taxonomy - Secondary |  |  |
| PRVM-018 | Provider City - Physical |  |  |
| PRVM-019 | Provider State - Physical |  |  |
| PRVM-020 | Provider ZIP/Postal Code - Physical |  |  |
| PRVM-021 | Provider Country - Physical |  |  |