Technical Specifications Manual

Rhode Island's All-Payer Claims Database (APCD)

Version: 1.7
Prepared: September 2019

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Welcome!

First things first: Welcome to the Rhode Island All-Payer Claims Database (RI APCD).

The RI APCD is a collaboration among the Rhode Island Department of Health (HEALTH), the Office of the Health Insurance Commissioner (OHIC), the Health Benefits Exchange, and the Executive Office of Health and Human Services (EOHHS). This critical resource is being used to study healthcare utilization, cost, and trends to inform both consumers and policy decisions, to allow for cost comparisons, and to provide information for researchers and other initiatives studying healthcare quality in Rhode Island.

Your organization will play a critical part in creating this important resource, providing the foundational data needed to enhance understanding of the use, cost, quality, and delivery of healthcare across Rhode Island. We're glad that you are a part of this exciting initiative — and we're here to help.

We're Onpoint Health Data, the State's contracted vendor to perform a range of RI APCD activities, including data intake, cleansing, consolidation, enhancements, and reporting. We've been doing this work for nearly 20 years, helping launch statewide APCDs from Maine to Minnesota to Washington. We're a nonprofit company committed to a singular mission: advancing informed decision making by providing independent and reliable health data services.

We'll work closely with you to help explain Rhode Island's submission requirements and how to meet them as efficiently as possible. This *RI APCD Technical Specifications Manual* is the place to start. On the following pages, we have outlined key steps of the process and introducing Onpoint CDM (Claims Data Manager), our data integration solution for commercial, Medicaid, and Medicare files alike.

For new submitters, this is the place to familiarize yourself with the details of the data submission process, including the mechanics of data flow, the parties involved, and general information related to program goals and relevant steps.

For detailed information on how data fields should be prepared, including mappings to relevant national standards, denominator criteria, and client-approved thresholds, please review the companion layouts documentation, which is available in Onpoint CDM's reference library. For submitters already familiar with Onpoint, these pages may provide a helpful refresher on the program and relevant contact information. Whether new or veteran, welcome!

Introductions – State Agencies

About the Rhode Island Department of Health

The primary mission of the Rhode Island Department of Health is to prevent disease and to protect and promote the health and safety of the people of Rhode Island.

The Department of Health is a diverse and interactive state agency with broad-ranging public health responsibilities. As Rhode Island has no local health departments, the agency coordinates public health activities across the state. The Department's main areas of responsibility include: emergency preparedness and response, environmental and health services regulation, health data and analysis, health information technology, health laboratories, infectious disease and epidemiology, management services, medical examiners, public health communication, community/family health, and vital records.

Learn more by visiting their website: www.health.ri.gov

About the Rhode Island Office of the Health Insurance Commissioner

Established in 2004 by the Rhode Island General Assembly, the Office of the Health Insurance Commissioner (OHIC) is the first RI agency dedicated solely to health insurance oversight. Compared to traditional insurance regulators, OHIC plays an expanded role, focusing additionally on consumer protections and insurer solvency. Such a role, laid out in the OHIC Purposes Statute, must balance traditional regulation with policy development. OHIC's primary goal: "ensuring solvency, protecting consumers, engaging providers, and improving the system."

Learn more by visiting their website: www.ohic.ri.gov

About the Rhode Island Executive Office of Health and Human Services

The Executive Office of Health and Human Services (EOHHS) was created in 2005 to facilitate cooperation and coordination among the state departments that administer Rhode Island's health and social service programs.

The departments within EOHHS — the Department of Children, Youth and Families; the Department of Human Services; the Division of Elderly Affairs; the Division of Veterans Affairs; the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals; and the Department of Health — collectively impact the lives of virtually all Rhode Islanders, providing direct services and benefits to more than 300,000 citizens while working to protect the overall health, safety, and independence of all Rhode Islanders.

Learn more by visiting their website: www.eohhs.ri.gov

About the Rhode Island Health Benefits Exchange

Rhode Island's Health Benefits Exchange — HealthSourceRI — was created in 2011 by Gov. Lincoln Chaffee to connect Rhode Island small businesses and consumers to affordable, high-quality health insurance. The Exchange is designed to strengthen the state's primary care system, develop health information technology, and encourage innovations in hospital quality.

On behalf of employers, the Exchange will actively negotiate with health insurance companies to develop new and innovative insurance products. In addition, it will offer easy comparisons, access to tax credits for qualifying businesses, and new ways to buy insurance that provide value to employers. The Health Benefits Exchange will push to make insurance choices clearer and costs more affordable and predictable.

The Health Benefits Exchange, which will be operational in fall 2013, also will allow Rhode Islanders who are unable to get insurance through their employers access to federal tax credits or Medicaid coverage to help cover the cost of insurance and choose high-quality plans from a variety of insurance carriers.

Learn more by visiting their website: www.healthsourceri.com

HOW TO REACH THE STATE

The state agency serving as the primary contact for the RI APCD, also known as Health Facts RI, is the Rhode Island Executive Office of Health and Human Services (EOHHS) in conjunction with the RI Department of Health (DOH). For questions about the APCD's statutory regulations and other issues under the State's purview, including submission compliance, please use the contact information below.

doh.healthfactsri@health.ri.gov

www.health.ri.gov/data/healthfactsri

Introductions – APCD Vendors

About Onpoint Health Data

Onpoint Health Data is Rhode Island's contracted vendor for data collection, cleansing, validation, and consolidation, data set construction, and analytics support. Onpoint is a Maine-based independent, nonprofit organization formed in 1976 by key stakeholders from the state's healthcare community. Onpoint is a full-service health data organization with two primary divisions: data management services and analytic services. Our Data Management Services team — data operations specialists, data architects, and systems and data analysts — collect and integrate data from payers, helping them meet our clients' quality thresholds. Onpoint's Analytics Services team — additional systems analysts, quality assurance staff, health services researchers, and senior consultants — put the data to use through customized analysis, reporting, data linkage, and business intelligence tools.

RI APCD Data Operations Team
207-623-2555, 8:00am – 4:30pm (Eastern)

ri-support@onpointhealthdata.org

www.onpointhealthdata.org

About Arcadia

Founded in 2002, Arcadia.io (formerly Arcadia Healthcare Solutions) is an innovative and nationally recognized leader in the healthcare consulting industry. The company's primary focus areas include EHR outsourcing and consulting, data integration, population analytics, and practice transformation and coaching. For the RI APCD, Arcadia serves as the Unique Encrypted Identifier Vendor (known informally as the Lockbox Vendor), playing two key roles: (1) administering the RI APCD's public-facing Opt-Out Portal and (2) assigning, maintaining, and providing members' opt-out flagging and Unique Member Identifiers to the health plans for de-identified submission to the RI APCD.

ri-apcd-lockbox-support@arcadiasolutions.com

www.arcadia.io

The Basics

WHO MUST REGISTER & SUBMIT DATA?

Rhode Island regulations — formally, the State's "Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database" (R23-17.17-RIAPCD) — require covered insurers to register with Onpoint prior to beginning test submissions. This step allows our team to become familiar with yours so we can assign usernames and passwords, prepare systems, triage questions, and provide answers most efficiently.

Rhode Island's R23-17.17-RIAPCD requires all covered health insurers and related parties to register and participate in the RI APCD. The regulations specifically state that any insurer, third-party administrator (TPA), pharmacy benefits manager (PBM), or carve-out payer that meets the following criteria must register with Onpoint and submit data to the RI APCD:

- A Rhode Island plan covering more than 3,000 Rhode Island residents/members as of January 1
- A Rhode Island small employer health insurance plan (as defined by Rhode Island General Law §27-50-3) covering more than 3,000 members regardless of the state of residency of the member

As explained in R23-17.17 §1.18 ("Definitions: Insurer"):

> "Insurer" means any entity subject to the insurance laws and regulations of Rhode Island, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including, without limitation, an insurance company offering accident and sickness insurance, a health maintenance organization, as defined by RIGL §27-41-1, a nonprofit hospital or medical service corporation, as defined by RIGL §§ 27-19 and 27-20, or any other entity providing a plan of health insurance or health benefits. For the purpose of these Regulations, a third-party payer, third-party administrator, or Medicare or Medicaid health plan sponsor is also deemed to be an Insurer.

The RI APCD regulations' §2.3 ("General Provisions: Exemptions") specifically exempt the following from APCD submissions:

(a) An Insurer that on January 1 of a reporting year with less than three thousand (3,000) enrolled or covered members; or

(b) Insurance coverage providing benefits for:

  (1) Hospital confinement indemnity;

  (2) Disability income;

  (3) Accident only;

  (4) Long-term care;

  (5) Medicare supplement;

  (6) Limited benefit health insurance as defined by RIGL §27-50-3(x);

(7) Specified disease indemnity;

(8) Sickness or bodily injury or death by accident or both; or

(9) Other limited benefit policies, including but not limited to those exempt from the application of RIGL § 27-50-3 pursuant to subsection (t)(2)-(4) of that statute.

Mandatory re-registration is due each year prior to December 31 to ensure that the State's records are kept current. See §4.2.a or contact Onpoint's operations specialists for further details or clarification regarding registration requirements. For Rhode Island's APCD, the annual registration process is conducted online by Onpoint Health Data, which also sends advance notice and reminders when the registration period opens.

THE OPT-OUT OPTION

Rhode Island's regulations require that participating insurers notify their members of their right to opt out of having their data included in the APCD. As explained in R23-17.17 §2.4 ("General Provisions: Optional Consent"):

> A covered insurer must permit enrolled or covered members to "opt out" of having any information or health care claims relating to them submitted to the RIAPCD. Each covered Insurer shall develop an "Opt out" process independently to create a system that works most efficiently for that entity.

To help insurers implement this process, the State contracts with a commercial "Lockbox" vendor, Arcadia, to operate a secure online portal to administer members' opt-out requests. The portal – https://www.riapcd-optout.com – is available 24 hours a day and allows members to enter a handful of critical data points — name, date of birth, insuring health plan, and policy ID number among them — that are used to locate their record in the APCD's master patient index (MPI) and toggle their opt-out status accordingly.

The Lockbox Vendor includes each member's current opt-out status in the standard Response File to submitters, allowing each submitter to update their members' records as needed. Since each member's opt-out status is maintained within the MPI, their flag can be sent across plans in cases of multiple coverage or to their new insurer when they have a change in health plan.

When a member's opt-out status is set to "O" (opted out), only their Unique Member ID, opt-out status, and select administrative fields (highlighted in the companion layout specifications document) should be sent to Onpoint to allow for quality assurance and opt-out safeguarding. For opted-out members, no additional eligibility data and no claims information at all should be supplied to Onpoint (unless the member toggles their opt-out status back to "I" (opted in), which would be reported to the health plan in their regular Response File from Arcadia.

Under this framework, insurers' responsibility lies in notifying all new members of their right to opt out and then in maintaining members' opt-out statuses in their own records based on flagging supplied by the Lockbox Vendor over the course of the initiative. For further information on the opt-out process, please see the "All-Payer Claims Database Operations Guidance Memorandum" provided by the Rhode

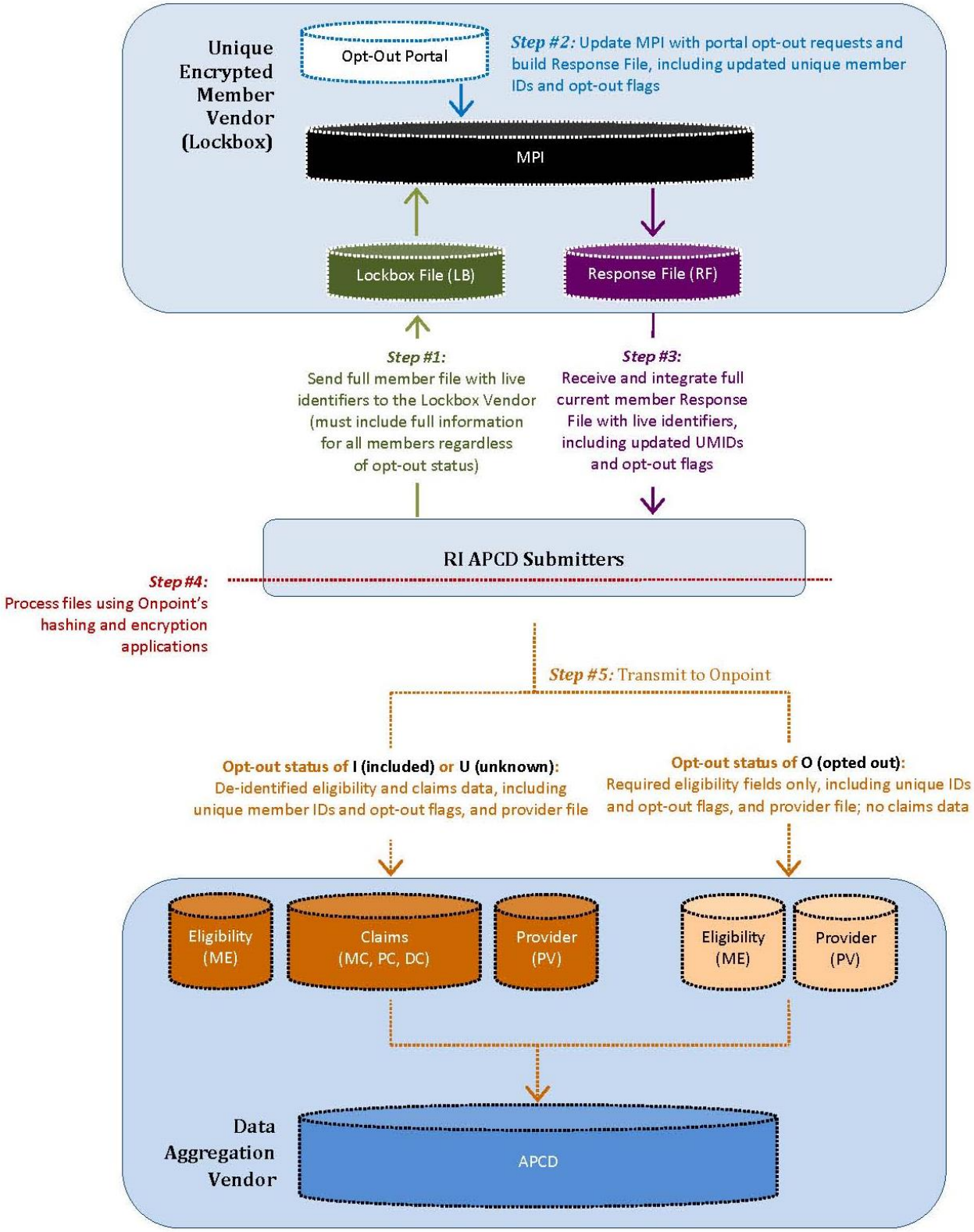
Island Department of Health, which is available from the Office of the Health Insurance Commissioner (OHIC).

APCD MECHANICS & DATA FLOW

Rhode Island's "Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database" (R23-17.17-RIAPCD) require insurers to engage in a multi-step data exchange process to further secure members' privacy. Details of this five-part process are summarized below, diagrammed in Figure 1 and outlined in **Error! Reference source not found.**. Basic data flow includes the following steps:

1. First, submitters will supply healthcare eligibility data to the Lockbox Vendor (cited in the regulations as the "Unique Encrypted Member Identifier Vendor") for the assignment of Unique Member Identifiers ("unique IDs" or UMIDs) and opt-out status flagging. This step originally took place in March 2014. Each new submitter to the RI APCD will work with the state to establish their specific timeline.
2. Next, the Lockbox Vendor will (a) cross-check opt-out requests received to date from the online opt-out portal, updating members' opt-out flagging as required; (b) process any newly received eligibility file(s) for inclusion and updates within Rhode Island's master patient index (MPI); and (c) construct the Response File for the submitter, including each member's unique ID and opt-out status as well as additional administrative elements needed to enable quality assurance review and accurate integration and assignment by the submitter.
3. Submitters will receive and integrate the Response File, using the returned eligibility data points to locate the same member within their own system(s). Submitters will then integrate the Lockbox Vendor's value-added elements into their system(s), updating UMIDs and opt-out flags as necessary. For members with an opt-out status of "I" (included) and "U" (unknown), submitters will populate the full eligibility and claims files. For members with an opt-out status of "O" (opted out), only a narrow subset of the de-identified eligibility data must be supplied (i.e., Submitter Code (ME001), Year (ME004), Month (ME005), Unique Member Identifier (ME010A), Member Opt-Out Status (ME010D), and Record Type (ME899)) to support quality assurance and referential integrity; no claims data will be sent for these members. Along with the appropriate eligibility and claims data, submissions must include the required provider file on the submitter's standard basis of monthly or quarterly submissions.
4. Before transmitting any data to the APCD, each submitter must use Onpoint's hashing application, which first perform preliminary file validation (to preempt subsequent file failure for nonconformity with basic requirements) and then hash/de-identify PHI/PII as required by RI regulations.
5. The final step is transferring the APCD submission to Onpoint using PGP encryption via either SFTP or Onpoint CDM's drag-and-drop online interface (see the User Guide available at Onpoint CDM for a detailed walk-through of these steps).

Figure 1. A Visual View of the RI APCD's Five-Part Submission Process



RI APCD SUBMISSION SCHEDULE

Table 1, below, provides an overview of the standard submission schedule for Rhode Island APCD data files, outlining both schedule possibilities: monthly and quarterly. This table uses calendar year 2019 as the basis for the reporting period. As the RI APCD has now moved successfully moved past the implementation phase into the production phase, the table does not cover historical and possible calendar-year catch-up submission schedules for any new submitters; such requirements will be developed by the RI APCD in coordination with any new submitter.

RI APCD submitters have the option to supply their production files on a monthly or quarterly basis (in adherence to standard calendar-year quarters). For example, Q1 submissions must be sent to the Lockbox Vendor by April 30 and to Onpoint by May 31. Note, too, that the 10 business days allotted for the Lockbox Vendor to assign and return Unique Member IDs remains in place as does the limit of 10 business days allotted for submitters to incorporate the Unique Member IDs into their eligibility file for Onpoint.

Table 1. Standard Timeline for Production Submissions (Calendar Year 2019 Reporting Period)

Reporting Period *	Notify New Members of Opt-Out by…	Send Eligibility Header & Member Files to Arcadia	Arcadia Returns Response Files to Submitters by…	Send All Files to Onpoint by…	
				Monthly Submitters	Quarterly Submitters
January 2019	2/15/2019	2/29/2019	3/15/2019	3/31/2019	Or all three months by 5/31/2019
February 2019	3/15/2019	3/31/2019	4/15/2019	4/30/2019	
March 2019	4/15/2019	4/30/2019	5/15/2019	5/31/2019	
April 2019	5/15/2019	5/31/2019	6/15/2019	6/30/2019	Or all three months by 8/31/2019
May 2019	6/15/2019	6/30/2019	7/15/2019	7/31/2019	
June 2019	7/15/2019	7/31/2019	8/15/2019	8/31/2019	
July 2019	8/15/2019	8/31/2019	9/15/2019	9/30/2019	Or all three months by 11/30/2019
August 2019	9/15/2019	9/30/2019	10/15/2019	10/31/2019	
September 2019	10/15/2019	10/31/2019	11/15/2019	11/30/2019	
October 2019	11/15/2019	11/30/2019	12/15/2019	12/31/2019	Or all three months by 2/28/2020
November 2019	12/15/2019	12/31/2019	1/15/2020	1/31/2020	
December 2019	1/15/2020	1/31/2020	2/15/2020	2/28/2020	

* Data should be submitted for the full reporting period (i.e., the full month or full quarter); no partial periods should be reported. The **eligibility file** for each reporting period must include all members enrolled at any time and for any duration during that reporting period. **Claims files** must include all claims paid during the reporting period for eligible members. The **provider file** must include all providers who rendered services associated with the Rhode Island claims within the reporting period.

Step 1. Registering with Onpoint

To satisfy the first step of Rhode Island's R23-17.17, submitters must register with Onpoint, supplying all required information. (Note that if you already submit data to Onpoint for another state or client, you still need to register for Rhode Island submissions. To keep things simple, though, we'll extend your credentials appropriately, enabling you to use your existing Onpoint CDM login and password for RI APCD submissions.)

Information included on the standard registration form includes:

- Organization address(es)
- Use of TPAs, PBMS, and carve-out payers
- Number of covered lives by commercial, Medicaid, and Medicare products
- Contacts for questions regarding eligibility, medical claims, pharmacy claims, dental claims (when applicable), compliance, and provider file

To initiate the registration (or annual re-registration) process, please log in to Onpoint CDM and access the Registration component from the screen's left menu or use the following link to access the form directly: https://ri-registration.onpointhealthdata.org.

Please remember that mandatory re-registration is due each year prior to December 31 to ensure that the State's records are kept current. See §4.2.a or contact Onpoint's operations specialists for further details or clarification regarding registration requirements. Onpoint will notify all RI APCD submitters in advance of the registration cycle and provide reminders as the year-end deadline approaches.

Each insurer submitting data to the Rhode Island APCD also must provide contact information to the Lockbox Vendor prior to transferring any files. This information will be collected using the RI APCD unified registration form administered by Onpoint Health Data.

Arcadia will work with registered APCD submitters to establish data exchange protocols, resolve any data exchange issues, and provide technical support to facilitate the start of testing. An outline of the key steps follows:

1. Submitters complete the online registration form available from Onpoint using the steps described above.
2. Upon receiving a completed registration form, Onpoint staff assign a unique submitter code that will be used in file layouts sent to both Onpoint and Arcadia.
3. Onpoint relays your assigned submitter code and other necessary information to Arcadia.
4. Arcadia will contact each registered submitter to confirm their assigned submitter code and provide information related to next steps with their organization.

Step 2. Sending & Receiving Data — Arcadia

DATA EXCHANGE PROCEDURES

Eligibility files submitted to Arcadia must (1) be transmitted via SFTP using public-key authentication, and (2) conform to a flat file specification (in compliance with the file layout and specifications included below in this document's companion layout guide, which is available in the Onpoint CDM portal), and (3) must be encrypted according to the following protocol:

1. **Test files:** For a new submitter's initial test file submission, submitters must use a Windows-based software to zip and password-protect all submitted files. Submitters should reach out to Arcadia for any clarification on the software applications supported for this password protection, minimum requirements or if they have concerns with meeting this requirement. Although SFTP transmission automatically encrypts data in motion and is HIPAA compliant, the State has determined that additional encryption-/password-protection is necessary to further reduce possible vulnerabilities to data "at rest."
2. **Historical file submission and onwards:** Starting with your file submission for historical, calendar-year catch-up, and production files, all files submitted to Arcadia must be encrypted using PGP encryption.

SFTP Server Specification

The SFTP server DNS name is: SFTP.arcadiaanalytics.com

Folder Paths

- Test – Eligibility File Submission: /TEST/Submit
- Test – Response File Receipt: /TEST/Receive
- Production – Eligibility File Submission: /PROD/Submit
- Production – Response File Receipt: /PROD/Receive

FILE LAYOUT SPECIFICATIONS

Please see this document's companion layouts guide for detailed documentation regarding file formatting and field-level specifications.

Validation

All files received by Arcadia will be reviewed for conformity with the required eligibility field layout as well as for validity and quality, including (but not limited to):

- Consistent field formatting (e.g., numeric fields are truly numeric fields, date fields are formatted as true dates, etc.)
- Valid field value lists (e.g. opt-out/opt-in code values adhere to valid values, etc.)

Response File

Arcadia will acknowledge receipt of each eligibility file submitted by sending an initial notification (acknowledgement message) informing the submitter whether or not the file passed initial validation. For eligibility files that have passed the initial validation, a response file will be transmitted within ten (10) business days from date of acknowledged receipt. While submitters are expected to monitor the appropriate directory, Arcadia also will send a notification that the file is ready.

Response files will be available from the SFTP server via the appropriate path as specified above.

Following assignment of the Unique Member Identifier (UMID), the Lockbox Vendor will supply each health plan with a Response File that includes their members' assigned UMIs, opt-out status, and sufficient substantiating information to allow plans to accurately locate the member in their own files, accurately transfer the UMID to the member's record for APCD submissions, and verify that the UMID has not changed (unless the member's Merge/Split Indicator [RF019] and Unique Member Identifier (Legacy) [RF020] have been populated).

Incorporating the Unique Member Identifier

The next step for insurers is to incorporate the Unique Member Identifier — both the currently assigned (RF017) and any reported as legacy (RF020) from the Lockbox Vendor into their file layout for submissions to Onpoint. This UMID will serve as the best means of ensuring longitudinal and lateral integrity for members across both payers and time. Its accurate incorporation is the responsibility of payers and critical to the success of the RI APCD.

Please remember: As noted in §3.4.a and its subsections, it is the responsibility of each insurer and/or payer to "maintain a record of the assignment of the encrypted unique identifier assigned to each member in such a way that would permit an audit or ongoing maintenance by the Director if necessary. Under no circumstance shall such audit or ongoing maintenance allow the Department, the Director, the Data Aggregator, or the RIAPCD to re-identify a Member."

DATA SECURITY

All participants in the exchange of protected health information (PHI) are bound by appropriate Business Associate Agreements to ensure the appropriate protection of patient privacy. Arcadia maintains physical, administrative, and technical controls that meet or exceed relevant federal and state data security regulations and guidelines.

Arcadia performs an annual security audit and risk assessment of the hosted environment based on multiple regulatory and compliance guidelines, including HIPAA, HITECH, PCI, MA 201 CMR 17, and NIST. Risk scoring is performed using a best-of-breed framework and specific remediation steps are taken to ensure ongoing compliance. Detailed security processes and procedures along with a well-defined change control process help Arcadia identify and quantify risk and take appropriate actions to secure protected patient (member) and client data. Arcadia also contracts with third-party penetration testing services to simulate malicious attacks against the code base and security infrastructure at least twice annually.

Physical Controls

Physical security of the data center and hardware are strictly managed by Arcadia. Only authorized Arcadia personnel have physical access to the technical infrastructure; all vendor interactions are escorted by Arcadia personnel. Arcadia performs annual security audits that meet or exceed SSAE 16 SOC1 Type II requirements.

Administrative Controls

Arcadia has a Security Officer and Compliance Review Group to ensure that all employees have current compliance awareness training and are well versed in protecting PHI. Incident management policies are documented to provide a clear escalation path and lockdown procedures in the event of a suspected breach.

Technical Controls

Arcadia's MPI platform employs a layered security approach: Each component of the hosted environment is configured with specific security controls following the principle of least privilege to protect data during transfer and at rest. These security controls include:

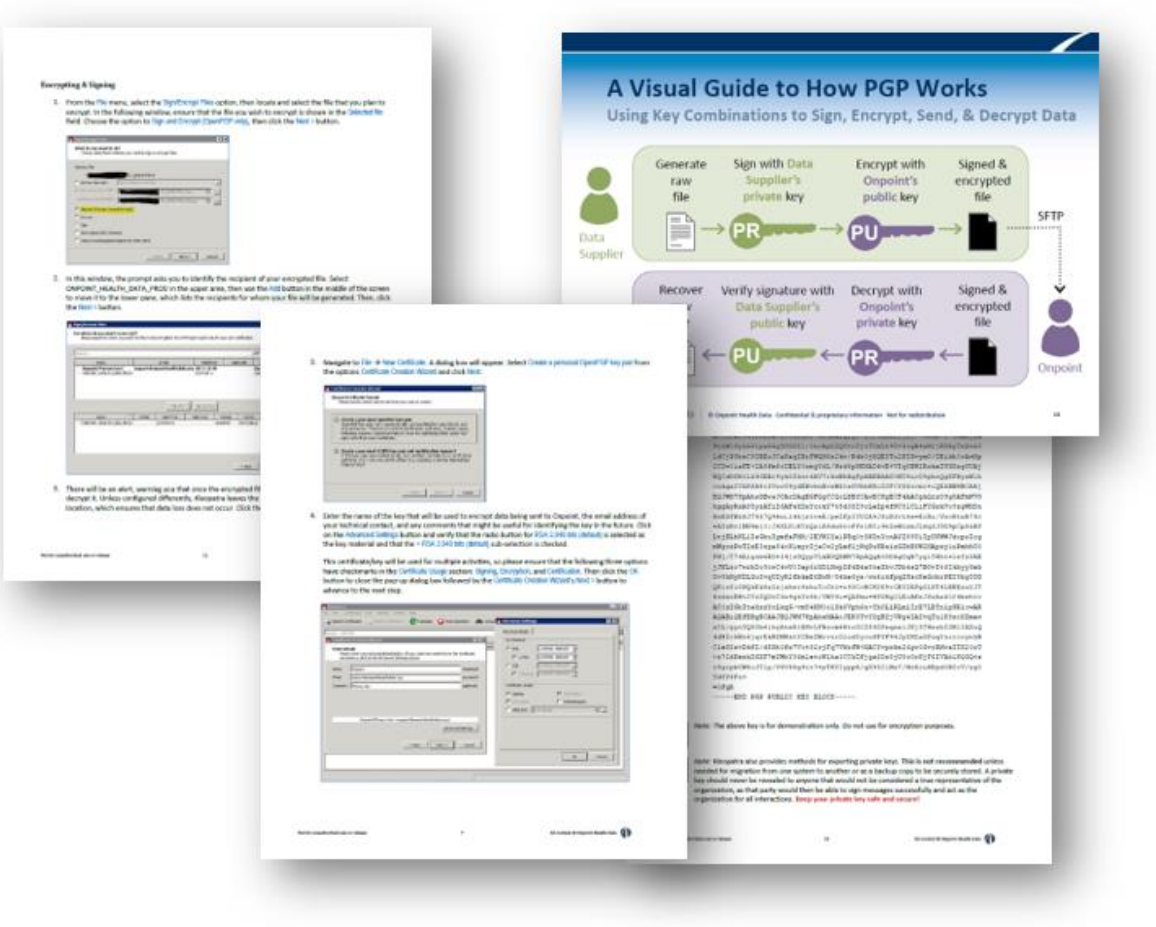
- VLAN segmentation
- Access control lists
- Deep-packet inspection
- Intrusion detection/prevention systems
- Application traffic inspection
- SSL encrypted web portal
- SQL database encryption
- Back-up data encryption at rest
- Application logging and auditing
- Antivirus and malware inspection
- Active Directory integrated user access
- Penetration testing (twice per year)
- External and internal vulnerability scanning (quarterly)

Step 3. Sending & Receiving Data — Onpoint

SETTING UP FOR SECURE TRANSFERS

RI APCD data submissions will be accepted only through secure file transfer protocol (SFTP) with PGP encryption. To facilitate this process, Onpoint leverages a managed file transfer application for secure file transfer and receipt. Our SFTP server is accessible from a wide range of SFTP client utilities and open-source solutions (e.g., WinSCP, FileZilla, etc.) as well as through a Hypertext Transfer Protocol Secure (HTTPS) (https://sftp.onpointhealthdata.org). (Please note that use of the online portal requires establishing a password that expires regularly for security reasons. We highly recommend establishing connectivity with our systems using an SSH key, which eliminates the password requirement.)

SFTP data exchanges with Onpoint must be both encrypted using the OpenPGP standard and signed by the sender prior to transfer to ensure file integrity. Onpoint's SFTP server accepts files of any size and offers users an approach that can be fully scripted on their end to facilitate automation. For a thorough walk-through of the SFTP process, including step-by-step instructions for installing and configuring standard software, please log in to Onpoint CDM and access the Documentation component, where you will find downloadable user guides and other support documentation.



ONPOINT'S ONBOARDING & TESTING PROCESS

Onpoint's testing protocol has been designed to bring payers online as efficiently and accurately as possible. (**Important note:** The testing process is designed to test your data quality, not to receive/review "test" data. True production data should be used for your submissions.)

For the RI APCD, we begin with one complete month of production data, evaluating three key components:

- The completeness of individual data elements
- The relationships between data elements
- The relationships between data types (eligibility and claims data)

Once that single month of data has been approved, submitters begin the historical-data submission process, reporting the first six months of historical data for each data type. This larger volume of data also is evaluated on the same three components; this time, however, we also examine utilization rates, per member per month (PMPM) measures, and longitudinal trends. PMPM statistics are generated on this larger data set, including member months by product type, total number of claims, total payments, total number of high-cost claims, total member payments by month, and the number of distinct members. Once these results are approved, payers are asked to supply the remainder of their historical data and any calendar-year catch-up data to bring them fully into the production phase of data submissions.

About the Hashing Process

Onpoint's data collection system ensures that direct member identifiers remain secure — both at rest and in motion — through the use of a federally recommended hashing algorithm. This hashing is not performed by Onpoint; instead, it is performed locally by health plans. Using Onpoint's application, which must be downloaded for local use by each health plan, all direct member identifiers, as identified in Rhode Island's R23-17.17-RIAPCD, are hashed upon preparation for submission, remain solely within the health plan's platform, and are neither transmitted to nor received by Onpoint.

For the RI APCD, Table 2 identifies the fields that will be rendered de-identified through non-reversible hashing prior to transmission to Onpoint.

Table 2. APCD Elements to be Hashed Prior to Submission to Onpoint

	Field ID			
Field Name	Eligibility File	Medical Claims	Pharmacy Claims	Dental Claims
Subscriber Social Security Number	ME008	MC007	PC007	DC007
Plan-Specific Contract Number	ME009	MC008	PC008	DC008
Member Social Security Number	ME011	MC010	PC010	DC010
Member Date of Birth	ME014	MC013	PC013	DC013
Subscriber Last Name	ME101	MC101	PC101	DC101
Subscriber First Name	ME102	MC102	PC102	DC102
Subscriber Middle Initial	ME103	MC103	PC103	DC103

Field Name	Field ID			
	Eligibility File	Medical Claims	Pharmacy Claims	Dental Claims
Member Last Name	ME104	MC104	PC104	DC104
Member First Name	ME105	MC105	PC105	DC105
Member Middle Initial	ME106	MC106	PC106	DC106

* Note: No elements in the Provider File are hashed prior to submission.

All data submitted to Onpoint CDM are processed first by our hashing applications, which also provide preliminary validation of the data being submitted, zip the file for more efficient transmission, and rename the file according to normalizing conventions.

Onpoint CDM also features success verification and viewable logs to provide reassurance to carriers and clients alike. Our software additionally validates the contents of submissions at a very high level, providing a preliminary safeguard against critical flaws.

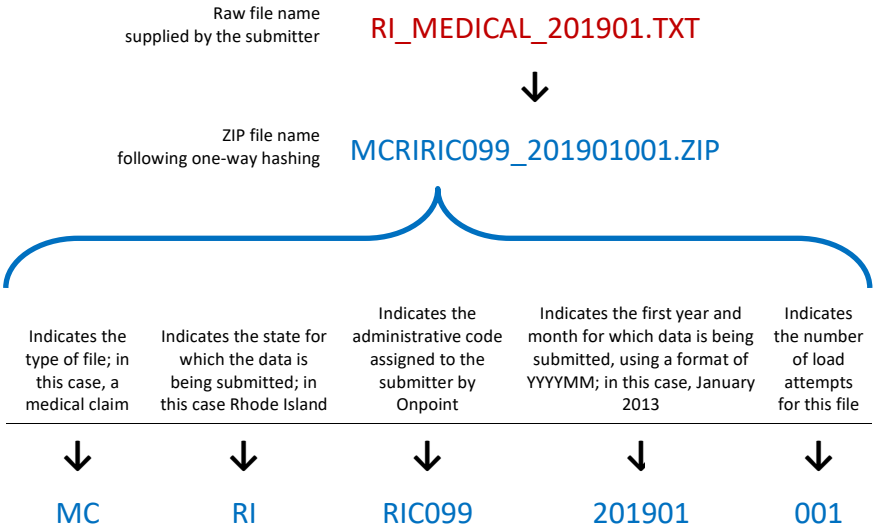
Files that fail any of the following checks are rejected prior to completing the hashing process:

1. The file contains one header record and one trailer record, both of which are formatted correctly
2. The correct number of fields appears in each record
3. The number of data records matches the count in the header record
4. The data type is valid
5. The length and format of submitted Social Security numbers are valid
6. Each file's last record element (i.e., **899 — Record Type) is populated correctly (i.e., 'ME' for eligibility, 'MC' for medical claims, 'PC' for pharmacy claims, 'DC' for dental claims, and 'PV' for provider); this field is required even on opt-out eligibility records
7. For eligibility data, the year and month of eligibility are within the period beginning and period ending values cited in the header record
8. For claims data, the date approved for payment is within the period beginning and period ending values cited in the header record

For RI APCD submissions, the hashing application performs a critical, additional function: Immediately prior to hashing this field, Onpoint's hashing application calculates a member's age in months based on the Member Date of Birth field (ME014, MC013, PC013, DC013). The Member Date of Birth field is then hashed and both the hashed value and the value-added Age in Months element are submitted to the APCD — the hashed value to allow for quality assurance review, the de-identified Age in Months to enable analytic use of the APCD.

After hashing, a ZIP file is created following Onpoint CDM's naming conventions. If the user renames the ZIP file before submission, the submission will be rejected. An example of Onpoint CDM's hashing name convention is included below in Figure 2.

Figure 2. Naming Convention for Zipped, Hashed Files



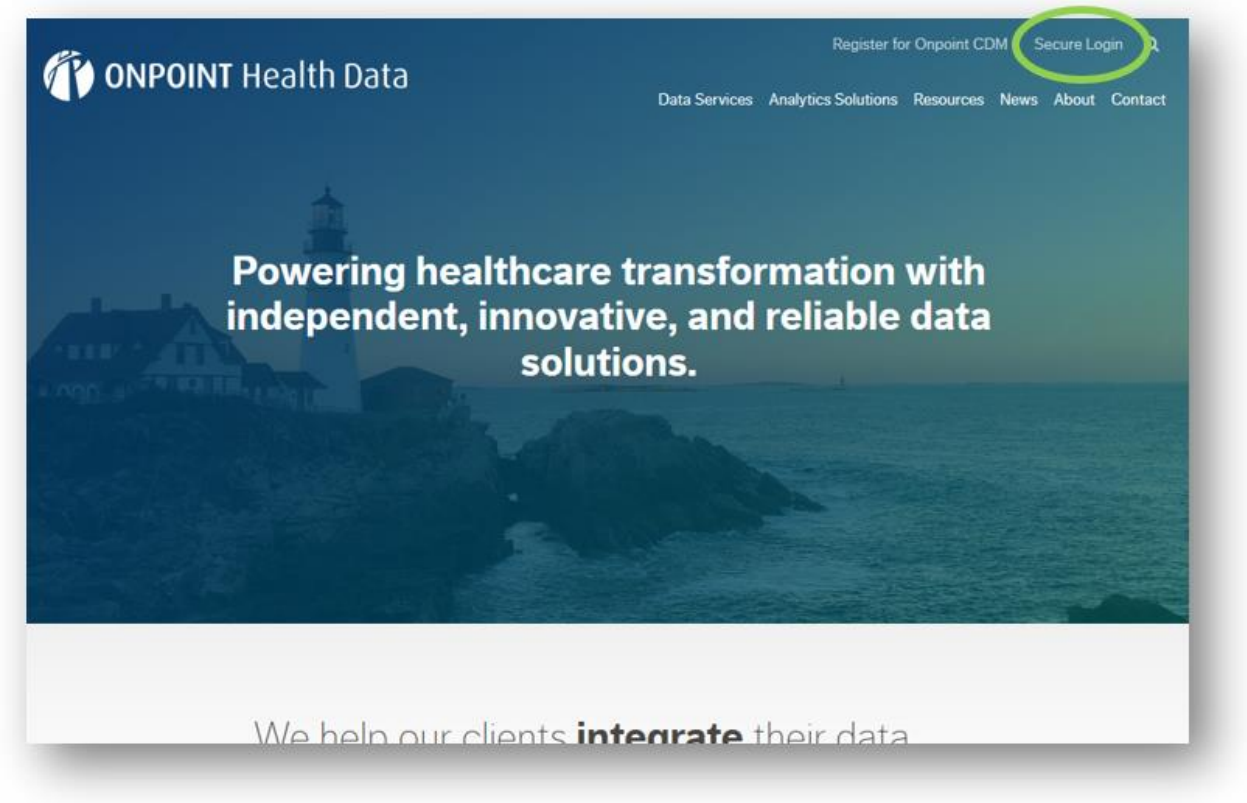
Providing hashing software that is run by all submitters ensures that all identifiers are hashed consistently and without exception. Since this hashing is done at the carrier's site, the carrier can verify easily that all PHI processed by the hashing software have been removed and replaced with an unrecognizable, hashed 128-character field.

Upon receipt, data submissions are unzipped and inspected for quality and compliance with submission requirements. Onpoint CDM includes complex and customizable programming that fine-tunes data quality validations and thresholds to ensure that collected data meets Rhode Island's research needs. Onpoint staff will continue to work with Rhode Island to set these thresholds and then with reporters to make sure that they can meet them.

MONITORING YOUR SUBMISSIONS

Once you begin supplying data to Onpoint, you can use your credentials to access Onpoint CDM's secure reporting portal, which provides end-to-end visibility on your files' progress. Credentialed users can log in to Onpoint CDM anytime to monitor the status of their submissions, including up-to-date reporting on stage, status, reasons for file failure, and resubmission deadlines. Gaining access begins at the Onpoint CDM home page. Simply click the Secure Login option from our home page's upper-right corner and follow the prompts to access Onpoint CDM's online portal (see Figure 3).

Figure 3. Log-in Link to the Secure Onpoint CDM Portal



Supporting Data Submitters

Onpoint CDM includes complex and customized data quality validations and thresholds to ensure that collected data will meet Rhode Island's downstream reporting and research needs. Onpoint CDM's data quality validations can be a rigorous test for some data suppliers, which is why we will always work hand in hand with your technical staff to understand and meet the established data layouts, completeness thresholds, quality validations, and compliance processes.

Onpoint's data operations specialists don't simply fail a submission and abandon suppliers to resolve issues on their own; we help you find the solutions that both you and the state need. Our ultimate goal is to arrive at a solution that is efficient and programmable for the supplier without compromising the timeliness and quality of the submitted data.

Onpoint CDM includes automated alerts and hands-on support – on the phone, by email, via webinars, etc. – to help resolve any issues as soon as they arise. We tackle these issues through two key tools: submission tracking and status updates.

SUBMISSION TRACKING & STATUS UPDATES

Throughout the entire data flow, Onpoint CDM monitors each of their submissions from start to finish – and enables data suppliers to do the same. Onpoint CDM provides credentialed users with a series of tracking tools, including an updated log of each submission's status, completeness reports, and validation reports.

When your submission successfully passes all phases – or at any failure prior to final acceptance – Onpoint will send you an email alert. Submissions that fail any completeness check trigger an auto-generated failure notice, which is created instantly at the time of failure and refers data suppliers to an online report documenting the failure. Submissions that fail a data quality check trigger a review by Onpoint's data operations team, who notify the supplier, identify the data problem, provide examples of the records failing the validation, and enumerate the necessary next steps. For more complex problems, our operations staff also work with data suppliers to suggest the probable cause and propose a possible fix. This process generally takes less than 48 hours following file processing.

All failure notices alert submitters to any required resubmission and include details regarding the data type, data period, and due date. Resubmission due dates are tracked by Onpoint CDM, which captures information to identify the data supplier, the submission, the date due, the date received, the date entered, the submission stage, the submission status, and any additional comments, allowing our Operations staff to track and report on compliance and resubmissions.

Requesting a Variance from RI Collection Standards

Throughout the course of capturing data, it may be necessary to make exceptions to the RI APCD's completeness thresholds – most commonly when a data supplier's system does not collect a required element or has special considerations based on the specific population that they serve. When these situations arise, Onpoint CDM enables data submitters to request a variance using the Variance component, which triggers review by Onpoint staff when warranted. Approved variances have a built-in expiration date, requiring data suppliers to reapply and justify any continuing exception on a regular basis. Please visit Onpoint CDM's Documentation component for a detailed user guide that outlines all steps of the variance-request process.

FILE LAYOUT SPECIFICATIONS

Please see this document's companion layouts guide for detailed documentation regarding file formatting and field-level specifications.

Reliable data. Informed decisions. Strategic advantage.

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