



HealthFacts RI Frequently Asked Questions

Version 1.3

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General Questions

What is HealthFacts RI?

HealthFacts RI is Rhode Island's All-Payer Claims Database (APCD), a large-scale database that systematically collects healthcare claims data from a variety of payer sources, including Medicare, Medicaid, and RI's nine largest commercial payers.

In 2008, RI passed legislation to enable a *Healthcare Quality and Value Database* (Chapter 23-17.17-9) to collect healthcare claims data from payers. In 2013, the RI APCD Regulations (R23-17.17) were issued to provide data collection guidelines and data release policies and procedures. In 2018, the [RI APCD Regulations](#) were updated to include for the collection of dental claims. The goals of HealthFacts RI are threefold: (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.

HealthFacts RI is a multi-agency initiative between the RI Department of Health (RIDOH), the Office of the Health Insurance Commissioner (OHIC), the Executive Office of Health and Human Services (EOHHS), and HealthSource RI (HSRI), the RI Health Benefits Exchange.

What types of data does HealthFacts RI collect?

HealthFacts RI collects membership, medical and pharmacy claims, and provider data from Medicare, Medicaid, and commercial insurers with more than 3,000 covered lives in Rhode Island. Data is submitted monthly or quarterly in the form of four files: Eligibility File, Medical Claims File, Pharmacy Claims File, and Provider File.

How big is HealthFacts RI – that is, how many claims records, individuals, and years of data are included in the database?

As of November 2019, the approximate size of HealthFacts RI is as follows:

Years of Data Included	2011-2018
Claims Received Each Year	60 million
Total Number of Claims in Database	300 million
Unique Covered Lives in Database	1.03 million
Total Number of Records in Database (incl. enrollment and provider records)	475 million
Database Size	1.2TB

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 (including HIPAA). The APCD does not collect any information that can link you to your medical/pharmacy information and health insurance claims.

Additionally, 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. For more information about how to opt-out of HealthFacts RI, see *Questions about the Opt-Out Process*.



How is HealthFacts RI managed?

HealthFacts RI is an inter-agency initiative between four state agencies:

1. RI Department of Health
2. RI Executive Office of Health and Human Services
3. RI Office of the Health Insurance Commissioner
4. HealthSource RI, the RI Health Benefits Exchange

The Interagency Staff Workgroup (ISW), 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?

Depending on your question, contact:

1. General Information? Visit the HealthFacts RI webpage on the Rhode Island Department of Health's website at: <http://www.health.ri.gov/data/healthfactsri/>
2. Specific Questions? Email doh.healthfactsri@health.ri.gov, or contact one of the following HealthFacts RI staff:

Brian Boates
APCD Data Release Project Manager
Freedman HealthCare, LLC
bboates@freedmanhealthcare.com
617-369-3600 x211

Akshar Patel
RIDOH APCD Liaison
Rhode Island Department of Health
bboates@freedmanhealthcare.com
617-369-3600 x211

3. Individuals wishing to make a formal written complaint should contact the Department of Health:

Samara Viner-Brown
Chief, Center for Health Data and Analysis
Rhode Island Department of Health
3 Capitol Hill, Room 407
Providence, RI 02908
samara.vinerbrown@health.ri.gov
401-222-5122



Questions about the Opt-Out Process

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.

1. The first and preferred way 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.
2. 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 in order 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

If HealthFacts RI does not collect identifiable information, why do I have to provide personal information in order to opt-out?

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 young 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 (see above).

What if I have two different insurance providers (e.g., commercial insurance and Medicare Advantage)? Do I need to opt out twice?

No. The opt-out website collects information that will identify you across all of 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 identify the health insurance plan name and member ID number for your primary insurance provider. The opt-out website will automatically find all of the other plans that you participate in. If you do not know which plan provides your primary insurance, don't worry; just provide the name and member ID number of any of the plans that you have. The opt-out process will identify you and make sure that none of your information is provided to HealthFacts RI.



Questions About Data Collection

Who submits data to HealthFacts RI?

All commercial insurance plans that cover over 3,000 Rhode Island residents submit data to HealthFacts RI, as well as the state's Medicaid program, and Medicare. The following payers are currently submitting data:

Commercial Payers	Public Payers
Aetna	Medicaid
Blue Cross Blue Shield of MA	Medicare (Parts A, B, D)
Blue Cross Blue Shield of RI	
Cigna	
CVS Health	
Harvard Pilgrim Health Plan	
Neighborhood Health Plan of RI	
Tufts Health Plan	
UnitedHealthcare	

How often is data collected?

Payers submit data either monthly or quarterly, depending on their preference. All data is processed on a quarterly basis. See the RI APCD Technical Specifications Manual (TSM) (Version 1.7) for the full data collection and processing schedule.

What specific data elements are collected?

HealthFacts RI includes data from commercial, Medicare, and Medicaid payers with more than 3,000 covered lives in Rhode Island. These payers submit enrollment, medical claims, pharmacy claims, and provider data to the database on a monthly or quarterly basis. Although data collection began in May 2014, payers submitted historic data from 2011 through 2013. The database currently contains complete years of data from 2011 to 2018. Data collection is ongoing.

Payers are required to submit data in four types of files: eligibility, medical claims, pharmacy claims, and provider files. For more detail and a full description of the data elements that payers submit for each file, see the RI APCD Technical Specifications Manual (TSM) (Version 1.7).

Eligibility File

The eligibility file includes enrollment information for the members covered by each payer during the reporting period. Eligibility files include member demographic information and information regarding an individual's plan and coverage type(s).

Medical Claims File

The medical claims file 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 provider IDs.



Pharmacy Claims File

The pharmacy claims file 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, drug name, national pharmacy ID, prescribing provider ID, generic drug indicator, plan paid amount, copay amount, and deductible amount.

Provider File

The provider file includes information on the providers associated with the medical and pharmacy services submitted during the reporting period. These files contain data related to healthcare providers themselves, including elements such as National Provider Identifier (NPI), provider name, provider specialty, and provider geographic information (e.g., city, ZIP code, etc.).

What information is included within the provider data? Where does the provider data come from?

The provider data contains provider IDs, names, some provider geographic information, and specialty codes for all providers who have associated claims in the database. The provider data is submitted directly by insurers.

Is Medicare data included in HealthFacts RI?

Yes, the database contains both Medicare Advantage and Medicare fee-for-service (FFS) claims. 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.

Does HealthFacts RI contain information on race and ethnicity?

Yes, race and ethnicity data are collected; however, these fields are not reliable in APCDs. HealthFacts RI contains only the race and ethnicity information that insurers collect, which is limited because insurers are not required to collect this information from members. As a result, not all payers report race and ethnicity to HealthFacts RI. Of those that do, race is reported as “unknown” for roughly 40% of records, and ethnicity is reported as “unknown” for more than 90% of records. Many state APCDs struggle with this issue.

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, 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). The following lines of business are also 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; and
- Other limited benefit policies.

HealthFacts RI also does not include data on uninsured individuals or other payments made out of pocket. It also does not contain non-claims-related payments, including disbursements made to healthcare providers as part of incentive programs for meeting certain cost or quality measures (e.g., pay for performance, shared savings/shared risk, etc.), alternative payments models (e.g., global, capitated, and episode-based payments), and payments for health information technology and other infrastructure payments.

Those 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 from 2011-2018. Additionally, some members from the historical years of data (i.e., 2011-2013)—who were unable to be notified of opt-out—are excluded because their opt-out status is unknown. For more information about HealthFacts RI exclusions, see the *HealthFacts RI Data User Guide*.

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. The RI leadership team is working with insurers and self-insured employers to encourage continued submission of self-insured data to HealthFacts RI.



Questions about Data Management

Who is responsible for collecting and managing HealthFacts RI data?

The current Data Management Vendor is Onpoint Health Data, which collects, manages, and enhances the HealthFacts RI data.

What is the role of the Lockbox Services Vendor?

To comply with State law, which requires that 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—an unduplicated list of all individuals whose data is included in the RI APCD—and for assigning each individual a Unique Member ID. In order to accomplish this, the Lockbox Services Vendor receives monthly enrollment data from all data submitters, which includes direct patient identifiers (e.g., name, address, date of birth, Social Security number, etc.).¹ The Lockbox Services Vendor uses this enrollment data to identify individuals across payers and to assign RI APCD-specific Unique Member IDs. The Lockbox Services Vendor then sends the enrollment data back to each data submitter, with the Unique Member IDs and opt-out status appended. Data submitters use the Unique Member ID in lieu 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.

Additionally, individuals can choose to withhold their information (albeit, de-identified) from submission to the RI APCD. This is known as the “opt-out provision.” To help data submitters implement this requirement, the Lockbox Services Vendor hosts and manages a centralized [opt-out website](#) where individuals can register their opt-out choice. This website is available 24/7; individuals can opt out (i.e., exclude their information from the RI APCD going forward) and opt back in at any time.

What happens to the data once they are submitted to HealthFacts RI?

Once the files are submitted, they go through various quality assurance and validation checks to ensure that they meet the RI APCD specifications and that the data is high quality. The data is also enhanced with value-added components, including risk adjustment methodologies and inpatient and outpatient groupers. Once the data is fully processed, it is extracted and transferred to the State for state agency use. Extracts required for data release are refreshed with new data on an annual basis and made available to the public through a request process.

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

In order 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

Tier 1 validation checks are automated checks used to identify common data errors. Hundreds of checks are run against data files as they are submitted by payers to ensure that the incoming data meets the following general quality standards:

¹The Lockbox Services Vendor does not receive any healthcare claims data from submitters.



- Data is submitted in the correct format for each field and elements within each file follow the specifications laid out in the TSM (correct element types, length, and valid values);
- Submitted data meets the thresholds for allowable errors/nulls;
- Counts and record totals match the submitter-supplied control totals;
- Required and conditional fields are populated;
- Data submitted are valid and/or logical for each field and in relationship to each other; and
- Files match across common data elements.

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.

Tier 2 Validation Checks

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

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 compares 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.

What steps are taken to ensure that HealthFacts RI data are kept private and secure?

There are multiple privacy and security policies in place to protect the HealthFacts RI database and ensure that member data remains confidential and secure. Most importantly, all HealthFacts RI data is de-identified. This means that payers remove all information that could directly identify an individual, including name, Social Security number, health insurance policy number, address, and date of birth. The data is de-identified through the use of an independent "Lockbox Services Vendor." Before sending any data to the APCD, payers submit enrollment data with identifiable information to the Lockbox Services Vendor. The Vendor then assigns individuals a unique ID across all payers and sends the enrollment data back to the payers with the Unique Member IDs. Payers then use this Unique Member ID instead of any identifiable information in the healthcare claims data sent to HealthFacts RI. This method ensures that neither a data vendor nor the State has access to both patient identifiers and claims data. In fact, the State never has access to identified information. This ensures member privacy and reduces the chance of re-identification of an individual using the HealthFacts RI data.

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. For more information about the opt-out process, see *Questions about the Opt-Out Process*.

Finally, all vendors who 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 healthcare service takes place is the claim reported to HealthFacts RI?

Payers submit data to HealthFacts RI based on the date the claim was paid. Payers submit paid claims on a monthly or quarterly basis, one month after the reporting period ends. After a healthcare service is performed (or a prescription is filled), it takes insurance companies some 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. This span of time between when a service is performed and when the payment for it is finalized is referred to as “claims lag.”

For commercial insurance companies, approximately 95% of claims are finalized within three months of the service being performed (i.e., there will not be any more payments or adjustments for 95% of services). In other words, the data is considered 95% complete after three months. This completeness increases to 95%-98% after six months from the date of service. Medicaid programs typically take longer to pay claims—in Rhode Island, 80%-85% of Medicaid claims are finalized within three months of the service being performed and 85%-90% are finalized within six months. Claims lag does not apply to Medicare FFS data as the State receives an annual claims file from CMS that is considered complete. Therefore, users of HealthFacts RI must take into account *when the data was submitted and for what reporting period* in order to understand the claims lag and, in turn, the completeness of the data.

For a full explanation of claims lag, refer to the “Interpreting Claims Data” section of the *HealthFacts RI Data User Guide*. For the current data submission schedule, refer to the *RI APCD Technical Specifications Manual (TSM) (Version 1.7)*.



Questions about Data Release

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. Data is also available free of charge to consumers through public reports on the [HealthFacts RI webpage](#).

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

The State plans to make data available for release on an annual basis once a full year of new data is complete and fully processed. This typically takes six months from the claim's date of service. Therefore, the State plans to release each year's data during the second half of the following year. For example, 2019 data will be available for release in the second half of 2020.

What data products are available for request? What information does each file contain?

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*.

Summary Tables and Reports

Summary data tables and reports are available to the public free of charge online. These reports and tables focus on key healthcare issues, and are highly summarized. The State has published three reports: Potentially Preventable Emergency Room Visits, A Preliminary Look at Chronic Conditions in Rhode Island, and Potentially Preventable Readmissions Related to Behavioral Health [in Rhode Island](#).

Additionally, the State has published a series of interactive reports which can be found [here](#).

Standard Claims Extracts

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 both medical claims and pharmacy claims:

- The *Core Extract* contains data elements related to member enrollment and demographics, medical and/or pharmacy claims, and provider information associated with the requested claims, but only service and eligibility months and years, member state, and three-digit ZIP code.
- The *Extended Extract* contains all data elements from the Core Extract, plus the full dates of service and eligibility and member city and five-digit ZIP code. 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-project subscription*: This is an annual subscription for standard claims extracts to be used for a single project.



- *Multi-use single agency subscription:* This is an annual subscription license for research by one institution to use a standard claims extract for multiple projects.
- *Multi-project, multi-institutional subscription:* This is an annual subscription license for research by multiple institutions to use standard claims extracts for multiple projects.

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. Requesters define the type of data, data elements, and any custom analytics needed.

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

Data Set	Required Forms	Cost	Processing Time
Summary Tables and Reports	None – public reports and tables are available on the HealthFacts RI webpage .	None	None
Standard Claims Extracts	Complete the online application for standard extracts. Application materials are available on the HealthFacts RI webpage .	<i>Single-project subscription:</i> \$25,000 <i>Multi-project institutional subscription:</i> \$50,000 <i>Multi-project, multi-institutional subscription:</i> \$87,000	2-4 months
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	Depends on request

What is the Data Release Review Board (DRRB) and what is its role?

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; and
- 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.

I want to know whether the standard extracts contain a particular data element. How can I find this out?

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

I want to know whether I can use HealthFacts RI data to answer my specific research question or support a certain type of analysis. How can I find this out?

Refer to the data products available for release in the question above, or the *HealthFacts RI Data User Guide*. If you are still unsure which data are right for you, contact HealthFacts RI at DOH.healthfactsri@health.ri.gov, or the RI APCD Project Manager, Brian Boates, at bboates@freedmanhealthcare.com or 617-396-3600 x211.

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), depending on the request.

How big are RI APCD files? 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.

I don't have the skills/equipment to analyze HealthFacts RI data; does the State offer analytic services?

If your organization would like analytic support, please email DOH.healthfactsri@health.ri.gov or the RI APCD Project Manager, Brian Boates, at bboates@freedmanhealthcare.com or 617-396-3600 x211 to determine how the State can assist you.

Is geographic information in HealthFacts RI census-tracked? Are ZIP codes included in data release products even though addresses are not?

HealthFacts RI data is not census-tracked, however, three- and five-digit ZIP codes are included in standard extracts and may be requested as part of a custom request.