



HealthFacts RI
Rhode Island All-Payer Claims Database
Products and Prices

	Public Reports	Standard Claims Extracts	Custom/Cohort Requests
Description	A growing suite of dashboards presenting summary level health data on Rhode Islanders that use national quality metrics allowing for comparison across states.	Pre-built, claims-line level data extracts with individual member detail that may be used for statistical and other complex analyses using a robust database infrastructure with 1–2 TB storage and prepared for use by a statistical software.	APCD Developer generated analytic reports, metrics, dashboards, custom extracts with summary or claims-line level of detail. Research Cohorts ¹ can also be found in the APCD and up to 20 supplied variables can be linked.
Intended Audience	General Public	Researchers, Payers, Program Analysts	Providers, non-profits, State partners
Potential Uses	<ul style="list-style-type: none"> • Inform consumers on key healthcare issues • Highlight issues to policymakers • Provide statistics for grant applications • Track healthcare spending and utilization trends overtime 	<ul style="list-style-type: none"> • Evaluate interventions and policy changes • Identify cost drivers and spending trends • Compare healthcare quality across providers • Evaluate effects of new treatment • Compare payers’ or employers’ population health to statewide averages 	<ul style="list-style-type: none"> • Measure provider performance with custom attribution methodology • Assess trends in utilization • Measure prescription drug use • Evaluate effects of policies on healthcare spending
Available Options	Preventative Services, Behavioral Health, Demographics, Hospital Utilization, Dental Access, and other Special Topics	Medical, Pharmacy, Dental claims for: <ul style="list-style-type: none"> • Core (3 Digit Zip, MMYYYY Date of Service, no City) • Extended (5 Digit Zip, DDMMYYYY DOS, City) Requests may be for: <ul style="list-style-type: none"> • Single use, single agency • Multi-use (five projects), single agency • Multi-use (five projects), multi-agency 	<ul style="list-style-type: none"> • Custom aggregate reports without small cells displayed • Custom aggregate reports with small cells displayed • Custom claims-line level extracts • Custom analytics
Access Method	Available on RIDOH HealthFactsRI webpage	Data Application and Board review process	Data Application and Board review process
Processing Time	None	1-2 months	Determined on a case-by-case basis
Fees²	None	Single use, single agency: <ul style="list-style-type: none"> • Academic: \$25,000 fee, Commercial: \$40,000 fee Multi-use (includes five projects ³), single agency: <ul style="list-style-type: none"> • Academic: \$50,000 fee, Commercial \$80,000 Multi-use (includes five projects ³), multi-agency: <ul style="list-style-type: none"> • Academic: \$87,500 fee, Commercial \$140,000 	Determined on a case-by-case basis

¹ Cohort Requests incur a fee of \$12,500 and are subject to a more stringent Board Review.

² Fees are waived for data requests from Rhode Island State offices, departments, and agencies.

³ Academic: \$10,000 per additional project, Commercial: \$16,000 per additional project



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Standard Claims Extracts

Standard claims extracts contain de-identified, individual member-level detail that may be used for research purposes and statistical analyses. These extracts can be used to: evaluate interventions and policy changes, identify cost drivers and spending trends, compare healthcare quality across providers, evaluate effects of new treatment, and compare payers' or employers' population health to statewide averages.

Two types of standard extracts are available for both medical claims and pharmacy claims. The Core Extract contains a lower level of detail in that only service month and year, and member state and 3-digit zip code are reported. The Extended Extract contains the full date of service and member city, state, and 5-digit zip code. The Data Elements Dictionary provides a full description of the data elements available in each standard extract. Standard extracts require a full application and review process.

There are three options for requesting Standard Claims Extracts and each includes all types and all years of data (new years of data offered for purchase when available).

1. Single Use, Single Agency

A single project within one organization.

2. 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. The Multi-Use, Single Agency license covers five APCD data projects and offers the ability to add additional projects at a reduced cost. Multi-Use licenses require the requester to submit an initial application for review, and a new application for each new project that will use the data.

3. Multi-Use, Multiple Agencies

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. Multi-Use licenses require the requester to submit an initial application for review, and a new application for each new project that will use the data. The Multi-Use, Multiple Agencies license covers five APCD data projects, offers the ability to add additional projects at a reduced cost, and approved agencies can share the purchased 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. Requests will require review by the Data Security Committee, Data Release Review Board, and approval by the Director of the Department of Health when individual claims with member level detail are or when 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. Prices for custom requests are determined on a case-by-case basis.