

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. The Requestor/Project Lead shall complete this RI APCD Data Application **before** a scoping meeting to gain more information on the project requirements.

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

Send any questions to DOH.HealthFactsRI@health.ri.gov

**Indicates section that will not be posted publicly*

Project Overview

Date	11/4/25
Project/Study Title	Partnership for QECP
Organization Name	Complete Orthopedics
Organization Type	<input type="checkbox"/> Academic Researcher <input type="checkbox"/> Government Agency <input type="checkbox"/> Data Submitter to RI APCD <input type="checkbox"/> Other (Profit/Private Sector Agency)
Project Lead Name	Dr. Nakul V. Karkare, MD
Project Lead Title	Founder & Orthopedic Surgeon
Other Project personnel who will have access to APCD data	Chris Hote, Anthony Ruiz, Renato Marques, George Davy, Bradley Clunie

Section 1: Project Personnel*

Project Contact (Main Point of Contact)

Co-Investigators: List all co-investigators, including those from other agencies and/or institutions. Co-investigators include any individuals with access to the data OR who meaningfully contribute to the project.

Name	Degree(s)/Qualifications	Project Role	Agency/Dept.	Email:

Section 2: Project Timeline

Project Timeline: Describe the project timeline and any critical dates or milestones to achieve project goals.	
Project Start Date:	09/12/2025
Project End Date:	09/12/2026
Request Needed By:	12/1/2025
Other Deadlines or Milestone Date(s):	<i>Release of Findings Shared with Partners By:</i> <i>12/15/2025</i> <i>Event Name:</i>

Funding: Is there a current or planned source of funding?		<input checked="" type="radio"/> Yes <input type="checkbox"/> No
Funding Source:	Commercial / Private Payment	
Funding Deadline:	No deadline	

Section 3: Project Methodology

Please provide a **detailed description** of each of the following project components (include additional information where identified below as needed).

Project Methodology: Describe methodology, project design, and plan for analysis.	
Project Purpose	To obtain Rhode Island APCD data to publicly report comparative hospital and provider performance as part of Complete Orthopedics Centers for Medicare & Medicaid Services (CMS) Qualified Entity Certification Program (QECF) Phase 1 activities. This project will create publicly available rankings based on quality, utilization, and cost, improving patient choice and healthcare market transparency.
Research questions (if applicable)	<ul style="list-style-type: none"> i. Assess variation in cost and quality outcomes by region, payer, and demographic group. ii. Support CMS transparency objectives under the QECF program. iii. Identify variations in cost and quality among providers and facilities.
Why is the data you are requesting necessary to accomplish the project's purpose?	It is the only statewide, multi-payer source that enables standardized, comparable, provider-level views across commercial and Medicaid lines of business. Public use files do not provide this granularity or statewide coverage.
Sample or population of interest:	Rhode Island residents (medical and, where applicable, claims) during all available years.

Comparison group: <i>(if applicable)</i>	Comparisons across providers, facilities, service lines, and payer types (commercial vs Medicaid), controlling for age/sex groupings.
Design:	Cross-sectional and longitudinal descriptive analyses of claims lines aggregated to provider/facility-level indicators; trend analyses by service date/year.
Any Definitions or Methodology Required to Fulfill this Request:	<p><i>(e.g., CPT Codes, CPT Modifiers, ICD 9/10, Lines of Business, Program Indicators)</i></p> <p>Service categories by CPT/HCPCS groupings and ICD-10 diagnosis groupings (orthopedic focus)</p> <p>Lines of business (commercial, Medicaid)</p> <p>Program indicators as available in the Standard extract</p>
Data analysis plan: <i>(specify statistical techniques)</i>	<ol style="list-style-type: none"> 1. Clean/standardize fields; define cohorts by procedure groups. 2. Compute rates and distributions (counts, %, medians, IQR, means) by provider/facility, payer, and year. 3. Trend analysis over time; basic comparative summaries across segments. 4. Apply required cell suppression before any dissemination. {RIDOH requires pre-publication review ::::30 days before release.}
Please provide shell tables that summarize your anticipated aggregated results. A table shell, also known as a dummy table, is titled and fully labeled but contains no data.	

Data Management Plan*

Include a completed Data Management Plan template. The Data Management Plan Template can be found at www.health.ri.gov/data/healthfactsri.

Include your organization's standard Data Privacy and Security Policies and Procedures.

Include additional organizational Data Privacy and Security documents (if applicable)



Distribution of Project Findings: All findings/results that will be publicly distributed must be submitted to the RI Department of Health for review at least 30 days before any release to ensure that the conditions of the Data Use Agreement (e.g., cell suppression) are being met.

Describe how project findings/results will be disseminated.

Before sharing results, we will first send all reports to the Rhode Island Department of Health for review at least 30 days in advance. Once approved, the results will be:

- **Posted on our website** in a way that patients and families can easily read.
- **Shared with healthcare partners** such as doctors and clinics.
- **Sent to the public** through newsletters and community updates.
- **Published in journals or professional meetings** for broader healthcare audiences.

All results will follow the state's rules to protect patient privacy.

<p>Who will the results be shared with? (e.g., peer-reviewed publications, organization newsletters, program evaluation reports, etc.)</p>	<p>Results will be shared with:</p> <ul style="list-style-type: none"> • Peer-reviewed publications (submission of analytic results to academic journals). • Professional conferences and meetings (presentation to healthcare and policy audiences). • Complete Orthopedics website (public reporting for patients and families, in accessible formats). • Organization newsletters and community updates (patient-facing summaries and highlights). • Program evaluation reports (prepared for internal quality improvement and for partner stakeholders, including QECP reviewers and the Rhode Island Department of Health). <p>All materials will be submitted to RIDOH for review at least 30 days prior to release to ensure compliance with data use and suppression requirements.</p>
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Section 4: Data Request

There are three types of ACPD Data Requests: Standard, Cohort, and Custom. A Standard Request is a pre-built researcher-friendly set of claims-line level data tables with individual member details that may be used for statistical and other complex analyses. Standard extracts are large files, and users will need a robust database infrastructure (e.g., SQL Service, Oracle, with 1-2 TB storage) in which analytic files can be prepared for use with statistical software, such as SAS or R. Standard extracts are delivered to users as flat text files via SFTP with PGP encryption.

The Standard Request offers two levels of detail: Core and Extended. Both levels contain member-level demographic information, claim line details (medical or pharmacy), and provider details. The Core contains member 3-digit zip codes and service year. The Extended includes member city, 5-digit zip codes, and service date.

Available years of data can be seen here: [APCD Snapshot - Rhode Island State APCD | Tableau Public](#) (See Data Availability Tab)

For details on available project licenses and to determine which data and value-added elements are available in each extract, visit the RIDOH HealthFacts RI webpage (www.health.ri.gov/datalhealthfactsri)

****Medicare FFS data can only be released to projects directed and funded (partially okay) by the State of Rhode Island.**

Standard Request	
Data Requested	<p>0 Core Extract Medical Claims</p> <p><input type="checkbox"/> Core Extract Pharmacy Claims</p> <p>0 Extended Extract Medical Claims</p> <p><input type="checkbox"/> Extended Extract Pharmacy Claims</p> <p><input type="checkbox"/> Medicare Fee-for-Service**</p> <p><input type="checkbox"/> Submitter Table</p> <p>0 Provider Table</p> <p><input type="checkbox"/> Dental Table</p> <p><input type="checkbox"/> Alternative Payment Model Table</p> <p><input type="checkbox"/> CurrentCare Race and Ethnicity Table</p>
If you are requesting the Extended Extract, please justify why the service date and 5-digit zip codes are required for the project.	Service dates are required for accurate trend windows; ZIP-5 supports small-area benchmarking and access views
Years of Data requested	1/1/2022-1/1/2025

Type of license requested	<input checked="" type="checkbox"/> Single-use, single agency <input checked="" type="checkbox"/> Multi-use, single agency <input type="checkbox"/> Multi-use, multi-agency <input type="checkbox"/> This is a single project under a multi-use license
If requesting a multi-project license, how many projects do you anticipate?	
Will you need new years of data as they become available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a detailed description of your team's experience working with APCDs or other claims data sources.	<p>Dr. Nakul V. Karkare, MD, and the Complete Orthopedics team have extensive experience analyzing APCDs and other claims data to evaluate provider performance, utilization, and costs in orthopedic care. The team is skilled in data cleaning, cohort definition, and statistical analyses using SAS, R, and SOL, and is familiar with HIPAA compliance, cell suppression, and pre-publication review processes.</p>

Custom Request offers the flexibility to request a subset of the database, a data report, or a data dashboard created by a state APCD developer to meet your project's needs.

Custom Request	
Type of Data requested	<input type="checkbox"/> Aggregate data (e.g., counts, percentages, sums, etc.) <input checked="" type="checkbox"/> Individual claims data
Please indicate the years of data requested and how often the data is requested to be updated.	<input type="checkbox"/> One time request <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Ad hoc

<p>Please specify the data elements requested and describe in detail why the data elements are necessary for this project.</p>	<p>Member Demographics: Age, sex, race/ethnicity, ZIP code, and city for population stratification.</p> <p>Claims Data: Medical and pharmacy claims with CPT/HCPCS codes, ICD-10 codes, service dates, and payer type to measure utilization, cost, and quality.</p> <p>Provider/Facility IDs: To attribute outcomes and costs for benchmarking, transparency, and internal quality improvement.</p> <p>Other Indicators: As available in the standard extract for trend and service line analyses.</p>
<p>If requesting aggregate data, how should the data be stratified (e.g., by gender, age group, county, etc.)?</p>	
<p>Are custom analytics required? (e.g., applying attribution methodologies, calculating quality metrics, applying custom groupers, etc.)</p>	<p>Custom analytics are required to apply attribution methodologies, calculate quality metrics, and generate provider- and facility-level benchmarks for utilization, cost, and outcomes in orthopedic care. These analyses are essential for public reporting, internal quality improvement, and CMS QECP compliance.</p>

Please include shell tables that summarize your Custom Request's anticipated results, data specifications, explanations of methodology, and/or report templates that may be used to develop the custom extract here:

Cohort Request

Does this request track a specific population (i.e., an evaluation cohort)?	<input checked="" type="radio"/> Yes <input type="checkbox"/> No
If tracking a specific population, please specify the number of individuals included in the cohort.	The cohort includes all Rhode Island residents with orthopedic encounters during the available years. The exact number of individuals will depend on the data extract provided by the RI APCD.
If a cohort is required, please explain why tracking this specific population is necessary for the study.	Tracking Rhode Island residents with orthopedic encounters is necessary to evaluate provider- and facility-level utilization, cost, and quality outcomes. This population allows for accurate benchmarking, public reporting, and internal quality improvement within the state's orthopedic care system.
<p>If a cohort is required, please list any researcher-supplied fields (a Maximum of 20) requested to be matched to the APCD.</p> <p>No variables can be matched, including Personal Identifiers or Protected Health Information.</p>	No researcher-supplied fields will be matched to the APCD. No personal identifiers or protected health information will be used.

By submitting this Application and signing the RI APCD Data Use Agreement, the requester attests that they understand the following requirements:

1. No RI APCD user shall attempt to identify an individual member using RI APCD data or data outputs derived from RI APCD data.
2. RI APCD data shall not be linked with any other data source or information from another data source that could re-identify a member or patient.
3. Cohort request specifications must follow the Researcher File Layout detailed in the RI Researcher Extract Request Specifications document and may include no more than 20 researcher-supplied data fields.

4. Researcher-supplied data fields may not include Personal Health Information (PHI) or information enabling the researcher to re-identify.
5. If multiple Cohort IDs are required for research, no fewer than 11 members may be assigned to a single Cohort ID.

Section 5: Data Linkages

If this project requests linkage to another data source (e.g., Census data), the applicant must justify why this linkage is necessary.	
Will RI-APCD data be linked to another data source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 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.)	<input type="checkbox"/> Individual patient data <input type="checkbox"/> Individual provider data <input type="checkbox"/> Facility level data <input type="checkbox"/> Aggregate level data
If yes, provide a justification for each linkage indicated above and the steps you will take to prevent the identification of individual members.	

