



Solicitation Information
May 29, 2013

RFI# 7468376

TITLE: Data Analysis and Hosting Tasks in the Rhode Island All Payer Claims Database

Submission Deadline: Wednesday, July 10, 2013 @ 10:00 AM (EST)

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@urchasing.ri.gov no later than **Wednesday, June 12, 2013 @ 10:00 AM (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis

Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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1.0 INTRODUCTION

The Rhode Island Office of the Health Insurance Commissioner (OHIC), Executive Office of Health and Human Services (EOHHS), under which Medicaid is a branch, Department of Health (HEALTH), and the Health Benefits Exchange (HIX), are jointly soliciting responses from qualified entities to explore the implementation of data analysis and hosting for the All Payer Claims Database (APCD).

This is a Request for Information (RFI). No award will be made as a result of this solicitation.

1.1 INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFI carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. The State invites feedback from the community on any questions posed in this RFI. Please note it is not a requirement to answer all questions.
3. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFI are solicited.
4. This is a Request for Information (RFI), and as such no award will be made as a result of this solicitation.
5. All costs associated with developing or submitting responses to this RFI, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for any costs.
6. Responses misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and may not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. Respondents are advised that all materials submitted to the State for consideration in response to this RFI will not be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island. The responses may only be released for inspection upon RFI once an award of a subsequent procurement has been made, as long as the release will not place the State at a competitive disadvantage in its sole discretion.

8. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFI.

9. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.

10. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).

11. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov.

2.0 Request for Information

This RFI outlines the type of information being solicited from potential respondents and includes guidelines for content and format of responses.

2.1 REQUIREMENTS AND DEADLINES FOR QUESTIONS AND RESPONSES

2.1.1 QUESTIONS

Questions concerning this RFI may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this RFI. Please reference RFI #7468376 on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this RFI. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties regarding this RFI should be attempted.** Responses to this RFI should be submitted on or before the date listed on the cover page.. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases may not be considered.

2.1.2 RESPONSES

Submit one (1) original and two (2) copies, and one electronic copy of responses by the date and time stated on page one of this RFI. Submissions should be single spaced on 8 ½” by 11” pages with 1” margins using Times Roman 12 font.

Responses (an original plus two (2) copies/one electronic copy) must be mailed or hand-delivered in a sealed envelope marked “RFI#7468376 **Data Analysis and Hosting Tasks in the Rhode Island All Payer Claims Database**” to:

RI Department of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Responses received after the above-referenced due date and time may not be considered. Responses misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time may be determined to be late and may not be considered.

Responses faxed, or emailed, to the Division of Purchases may not be considered. The official time clock is in the reception area of the Division of Purchases.

Based on the responses, Rhode Island may invite a vendor to present their approach and demonstrate their technical solution.

2.2 Introduction

The Rhode Island Division of Purchases (“Division”), on behalf of the State of Rhode Island (“State”, “Rhode Island”, or “RI”), is issuing this Request for Information (“RFI”) to solicit specific information about the analytic and hosting tasks and services involved in building and maintaining the Rhode Island All Payer Claim Database (“RIAPCD”).

2.3 Purpose of this Request for Information

RI is currently considering various models of organization and contracting strategies as it seeks to create and sustain an APCD. RI has identified three scenarios to achieve these outcomes and products. The purpose of this RFI is to RFI feedback and insight from interested parties about the strengths and limitations of each scenario and to obtain recommendations for any alternative opportunities and/or approaches.

RI envisions that its APCD will achieve the following:

1. Collect, clean and aggregate person-level health claims data form public health insurance programs (Medicaid and Medicare) and commercial carriers, using an encrypted unique identifier*
*Note this task is already under contract to Onpoint Health Data.
2. Create products for health care consumers, researchers, and policymakers with information on quality, cost, and utilization of care
3. Optimize state infrastructure and staff personnel where appropriate
4. Create an efficient model for data flow between the submitting parties and the data vendors, i.e., the contracted entities that are collectively responsible for all phases of data management and analysis.

2.4 Background

Under TITLE 23: Health Care Quality Program enacted in 2008, the RI Department of Health (HEALTH) was directed to establish and maintain a unified health care quality and value database. The Rhode Island All Payer Claims Database (RIAPCD) was created to meet and inform the following goals:

- (1) Determine the capacity and distribution of existing resources;
- (2) Identify health care needs and inform health care policy;
- (3) Evaluate the effectiveness of intervention programs on improving patient outcomes;
- (4) Compare costs between various treatment settings and approaches;
- (5) Provide information to consumers and purchasers of health care;
- (6) Improve the quality and affordability of patient health care and health care coverage;
- (7) Strengthen primary care infrastructure;

- (8) Strengthen chronic disease management;
- (9) Encourage evidence-based practices in health care.

Through establishment of the RIAPCD, Rhode Island will create the technology infrastructure to obtain and analyze utilization, cost, and quality data to inform quality improvement, cost containment, and consumer choice. In addition, Rhode Island state agencies responsible for managing and overseeing aspects of health care – Office of the Health Insurance Commissioner (OHIC), Executive Office of Health and Human Services (EOHHS), under which Medicaid is a branch, Department of Health (HEALTH), and the Health Benefits Exchange (HIX) – will rely on the database to design targeted initiatives to evaluate the effects of health care reform and improve the health and well-being of all Rhode Islanders.

TITLE 23 mandates that RI's private and public payers submit claims for health services paid on behalf of RI enrollees to the RIAPCD. To protect consumer privacy, the law specifies that such claims data may not contain personal identifiers. Thus, in order to track enrollees across and within payers and over time, the APCD will establish a unique member identifier for each enrollee.

In 2011, CMS/CCIO included funding for the APCD in the State's Level II Exchange Establishment Grant. Rhode Island was the first state in the nation to receive a Level II grant, as well as the first to request funding to create the APCD. Exchange Level II Establishment Funding grants expire on December 31, 2014.

In April 2013, HEALTH issued a notice of public hearing for proposed regulations in claims data collection and release (see Appendix B). These regulations are expected to become final in July 2013. The regulations address data submission requirements, the use of a unique identifier for each enrollee to ensure that no personal identifying information is transmitted or used in the APCD, timelines for the production of health data extracts, and a policy for the release of data to agencies and other data users.

In 2012, the State awarded a data aggregator contract to Onpoint Health Data (Onpoint), which is responsible for data intake, preliminary structure and format checks, and creating a the data extract, including claims and as well a provider files, for the downstream Analytic and/or Hosting vendors. Onpoint will develop and disseminate a technical data submission guide describing the specifications for each data element and secure file transmission protocols. In addition, Onpoint is responsible for the vendor that will create the unique member identifier, also known as the "Lockbox" vendor, which is a subcontractor. Onpoint will send a quarterly refresh of the data extract to the state or its designee.

2.5 Rhode Island APCD Data Sources

Approximately 88%¹ Rhode Island's 1.04 million residents have health insurance from a private or public source. Medicaid provides care for approximately 180,000 residents; Medicare beneficiaries total approximately 155,000 residents. Less than 1% of the population has some other source of public insurance. The remaining 569,000 residents have employer sponsored or individual insurance.

2.6 Project Overview

Data-centric tasks in an APCD generally involve data intake, data cleaning, data analytics and reporting, data dissemination, and data storage. All tasks fall into the following categories, and are presented in sequential order.

2.6.1 Data Intake

This is the first step in RI's data collection process. Primary data collection tasks include creating the capacity to accept health care claims files from insurers; running primary data structure and format checks; and the creation of a detailed person-level data extract on a quarterly basis. RI contracted with a data aggregator vendor, Onpoint Health Data, to perform data intake. When the quarterly data extract from the data aggregator vendor is available, the data needs additional cleaning. Onpoint provides a series of tests at intake that assess "completeness" and "validity". This includes running multifaceted referential data checks and varying levels of validation.

When the extract has been delivered to the state's selected host and/or analytic vendor, the state anticipates the host and/or analytic vendor to perform following sequence of tasks:

2.6.2 Data Quality Processes

The State envisions the APCD may include the following:

1. Validate and confirm the data aggregators edits
2. Internal consistency over time for each data submitter's files
3. Cross file integrity over time
4. Benchmarking to external data sources when possible
5. Ongoing quality dialog with data aggregator, the data submitters and the APCD management team
6. Cross payer comparisons to assess stability of the information, including comparisons of public vs. private payers
7. Eliminate duplicate claims and member records; verify consistency of unique member ID

¹ All data in this section from Kaiser State Health Reports for Rhode Island, based on US Census data for 2010-2011, accessed at <http://kff.org/other/state-indicator/total-population/?state=RI>

2.6.3 Data Enhancement/Value-Adds

The state will likely require the host and/or analytic vendor to apply advanced data analytics for development of reports and data extracts to the APCD. As a first step in the process, the APCD quarterly refreshes would likely be grouped and/or the following types of tools applied:

- Inpatient hospital groupers
- Outpatient services groupings
- Condition categories
- Risk score calculation for use in relative illness burden analysis
- Possibly others deemed advantageous to RI

These tools also serve as additional quality exercises through flagging inconsistencies in claims and patient/unique member profiles.

2.6.4 Reports and Access Tools

Upon completion of cleaning and enhancing the data, RI will need specific products from the APCD. RI will prioritize the importance of using consumer-friendly systems for the development of APCD products that are usable by non-technical program staff.

1. Standard Reports Generation: RI expects to create various types of reports, including “canned” (or pre-identified, regularly updated) reports that all user agency (OHIC, EOHHS/Medicaid, HEALTH, HIX) will have identified for their specific needs.
2. Permission Based Access: RI may require the vendor to support a system which will allow state personnel to access the (cleaned and enhanced) dataset on a permission based system.
3. Periodic Data Extract: RI may require the vendor to produce a periodic data extract for further analysis by researchers and state personnel.

2.6.5 Data Hosting

When the data intake, cleaning, enhancement, and reporting phases are complete, the APCD data may be housed or hosted in a central location. Hosting tasks may include providing a data storage space that is:

- protected from physical damage; unauthorized access and compliant with data security standards;
- has ample size for RI's growing APCD, designed for rapid data loading and business intelligence tools, and can be scaled.

- is virtually accessible to state personnel on an as-needed basis using business intelligence tools that do not require extensive software programming expertise. Users must be able to filter, aggregate, and provide custom selection criteria. Results of queries would be defined, run, and delivered in a timeframe adjusted for complexity and volume of data. This hosted source could also serve as the platform for reports and extracts discuss in the Report and Access Tool section.

RI seeks input about how to organize data management tasks and functions to use existing state infrastructure and personnel to the greatest extent possible where appropriate and advantageous to the state. The RI APCD Team has identified two options within the state to house the APCD: the State Data Center serving all Rhode Island state agencies and the Executive Office of Health and Human Services Data Warehouse, the repository currently holding primarily Medicaid transaction data.

The State Data Center acts as a space for agencies in the state to host a variety of data to fulfill their needs. The Data Center engages in a contractual relationship to serve as a repository for data that may or may not be health related. The Data Center may be an avenue for the APCD to store the final data. Additionally, it may be possible to build and incorporate supplementary services into the Data Center's structure, such as producing and distributing extracts, and overlaying business intelligence tools.

The Rhode Island Executive Office of Health and Human Services maintains a Data Warehouse. The Warehouse is able to store various types of health and social service data and is HIPAA compliant. It hosts Medicaid Management Information System (MMIS) data including Medicaid fee for service (FFS) and Managed Care program and utilization data, EOHHS program eligibility, authorizations and program data for multiple state agencies. The Data Warehouse has the capacity to edit and store large health data files, as well as process and produce data extracts for further analysis. Additionally, it may be possible to build and incorporate supplementary services into the Warehouse's capacity to sustain an APCD, such as business intelligence tools for staff use. RI is investigating the possibility of leveraging the current Data Warehouse as it plans the data flow model and contracting strategy for the state's APCD. The Data Warehouse use an Oracle based system, which currently uses Business Objects for report generation. IT is operated by Hewlett Packard.

Given the state's data warehouse infrastructure and the existing contract for data collection and aggregation, the RI APCD identified three potential organizational models to organize and align APCD functions across one or more vendors. Appendix A depicts a graphic of necessary data-centric tasks and the identified options, also explained on the following page:

Option 1: One vendor for all tasks, from “receive data extract” to “add groupers” to create files for downstream users” to “act as data repository.”

Option 2: Vendor holds data while performing analytic tasks from “receive data extract” to “website”, and then sends all data and products to a separate vendor or state resource to host and perform last two tasks: “produce data extracts” and “repository”.

Option 3: Analytic vendor delivers their full end to end solution within one of the existing State hosted data centers or a third party hosted solution. The Vendor would receive the data within this environment and complete all the remaining tasks, including the value add tasks, the reporting and data extracts.

Option 4: TBD – left open to RFI responses

RI is requesting information about the most efficient and effective strategy to deliver data products to the RI health care system. RI appreciates the effort that is required for this response and looks forward to a successful APCD implementation.

Task Category	Detailed Functions	Option 1	Option 2	Option 3	Other
Description		Blends all tasks under one vendor responsibility.	Analytic vendor performs tasks and does complete handoff to state for hosting.	Analytic vendor performs all tasks within state resource.	Allows for RFI responders to suggest another strategy.
Data Intake	Intake/Collection Data structure and format checks Creating a person level data extract	Data Aggregator	Data Aggregator	Data Aggregator	Data Aggregator
Data Quality Processes	Receive data extract Perform referential data checks and validation	One Vendor/contract for all tasks	One Vendor/contract for Analytics work	Analytic Vendor delivers full end-to-end solution within State Host	TBD from RFI responses
Data Enhancement /Value-Adds	Run groupers Add risk scores				
Reports and Access Tools	Produce “canned reports” as identified by each agency (OHIC, HIX, EOHHS, HEALTH) Provide ad-hoc access to cleaned, enhanced dataset for state agencies (easy access and user-friendly tools for a non-advanced user) Provide on-site staff presence to assist State in data requests for both routine(“canned”, pre-determined) reports AND a ad-hoc requests Make accessible a website with example features: ▪ space to access public-facing (de-identified, aggregate) canned reports ▪ basic query features on de-identified, aggregate data that allows for user to choose parameters ▪ application to request identified data for research Produce and provide data extracts for research and internal state users Act as State’s repository for data		Existing State Resource	Existing State Resource	

3.0 Content of Response

The following outline (and suggested page counts) is intended to minimize the effort of the respondent and structure the response for ease of analysis. The listed questions can be used to guide responses; please note that an answer to each question is not required. **Concise responses** are appreciated.

Section 1 Vendor Profile (1 page)

- Please provide a brief description of your organization. Please be sure to include your organization's interest in this project and (if applicable) experience with APCDs or other healthcare claims or large, complex health datasets..

Section 2 Data Quality Processes (1page)

- What are key elements and steps in APCD (or other health) data quality assurance? What challenges have you encountered in conducting data quality and validation activities with diverse health care payers?
- Are there additional elements involved in data quality processes that RI has not recognized? (Please see beginning sections for reference).
- Is there a recommended order of data quality steps?

Section 3 Data Enhancements/Value-Adds (1 page)

- Please describe your experience with implementing and using the following value-adds. Are there other tools or reports you have used in the past that may be of interest to RI?
 - Creating in-patient episodes of care from records of all claims paid for all services, including outpatient
 - Risk adjustment analytic tool(s) appropriate for all populations, including Medicaid, pediatric and geriatric, as well as for clinical and behavioral health
 - AHRQ Patient Quality, Patient Safety tools
 - Potentially preventable hospitalizations and re-admissions
 - Ambulatory care sensitive Emergency Department Utilization
 - APR DRGs or similar risk adjustment for hospital discharges
 - Condition category grouper
 - The BETOS coding system
 - GIS and other similar location coding mechanisms
 - Geo-coding

Section 4 Reports and Access Tools (3-4 pages)

- Please describe your experience with providing the following types of APCD or cross payer products (as described earlier). Include a description of how you work with the end user to develop and refine these reports or services.
 - “Canned” reports
 - Ad-hoc access for state personnel to cleaned, enhanced dataset (permission based)
 - On-site staff presence to assist in data requests
 - Consumer-facing website to track aggregate trends and access public data
 - Are there other report or product types that may be of interest to RI?
 - What would you recommend as the most efficient and effective data warehouse architecture? Please describe the data model that you would recommend.

- Please recommend access tools and methods that would allow the state to provide diverse reports and data products to the following categories of users. In other words, how might the following list of users access the above identified report types?
 - Rhode Island state government staff researchers
 - Other researchers
 - Financial modeling interest
 - Public interest
 - Clinicians
 - Are there other user types not mentioned?

- What are the most efficient and effective strategies to deliver public facing data? (e.g., data flow, data ownership, access to website)? What are the challenges of providing claims-based information to a consumer audience? How might that change based on the purpose of the website - e.g., cost comparisons vs. quality comparisons, vs. locating a clinician?

Section 5 Hosting (2-3pages)

- What is the best way for the RI APCD data to store the quarterly data extracts from Onpoint? Is this the same as the recommendation that you would make for storing the cumulative file that contains the groupers and other analytic results?

- Please discuss minimum requirements for hosting APCD data; these may include:
 - physically secure (to protect from environmental damage)
 - technically secure (to protect from unauthorized access)
 - able to handle PHI (to ensure HIPAA Privacy Rule compliance)
 - scalable size over time (to account for constantly growing database)
 - levels of accessibility (to account for varying user types)
 - any other elements you may consider important

- Please describe the risks and benefits of performing APCD data analytics services separately from an APCD data hosting services. Please also describe the risks and benefits of procuring an analytics vendor and hosting data in an existing state infrastructure.

Section 6 Options Evaluation (4-6 pages)

- Given the three options RI has identified or another implementation you have recommended, and the in-state resources available, which model would you recommend and why? Please address the following:
 - Ability to meet RI goals for reporting/products and using existing resources
 - Long term sustainability
 - Data quality
 - Security/data transfers/data ownership
 - Minimum requirements (technical and operational)
 - Methodology
 - Overall efficiency
- What improvements, if any, would you make to your preferred model?
- Please discuss the overall strengths and weaknesses of your preferred model.
- What could RI do to improve overall data quality under your preferred model?
- Please provide examples of large scale data collection, analysis and warehousing efforts currently in operation that demonstrate the strengths of your preferred option. Contact information would be appreciated.
- Please discuss any other recommendations you may have.

Section 7 Timeline (1-2 pages)

- Please provide a proposed project timeline for your recommended approach.

Section 8 Feasibility and Cost Assessment (1 page)

- Please rank cost of all options (including your own recommendation, if applicable) and include explanation of your rationale for the rankings.

Section 9 Referenced Documents (1 page)

- Please include any documents referenced in this RFI.

Section 10: Elements of RFP Cost Estimate (2 pages)

The RI APCD team seeks to develop a complete and accurate set of specifications for potential vendors to consider in developing a response to an RFP. Please list the specific data points that would support your preparation of a competitive cost estimate. The RFP will include information such as:

- Number of covered lives
- Estimated claims volume
- Number of state agency users requiring access to business intelligence tools
- Frequency of data refreshes
- Number of years of history files
- Analytic outputs including the types of episode grouping, condition categories and risk assessment tools

In your experience, what other data or specifications should be included in the RFP that emerge during project implementation and operations? What issues emerged that could have been mitigated through planning and management?

Section 11: Other Information (2 pages)

Please share other information you feel the state should take into consideration any other information as it pertains to:

- tasks involved in building and sustaining an APCD
- optimizing state infrastructure
- comparison of identified contracting strategy options
- recommendation of additional option(s)
- appropriate safety and security procedures
- risks/benefits of procuring one or multiple vendors for various tasks
- any other area you deem as appropriate under this RFI

Disclaimer

This Request for Information is solely for information and planning purposes and does not constitute a Request for Proposal. All information received in response to the RFI and marked as "Proprietary" will be handled accordingly. Responses to the RFI cannot be accepted by the State to form a binding contract. Responses to the RFI will not be returned. Respondents are solely responsible for all expenses associated with replying to this RFI.

END



Appendix A: APCD RFI - DRAFT REGULATIONS
Rhode Island Department of Health
NOTICE OF PUBLIC HEARING

The Director of the Rhode Island Department of Health has under consideration proposed *Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database [R23-17.17-RIAPCD]*, promulgated pursuant to the authority conferred under Chapters 23-17, 23-17.17 and 42-35 of the Rhode Island General Laws, as amended. These regulations are being promulgated to implement the provisions of Chapter 23-17.17 of the Rhode Island General Laws, as amended, including the details and format for the Rhode Island All-Payer Claims Database (RIAPCD).

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Director will hold a public hearing on the above mentioned matter, in the AUDITORIUM of the Rhode Island Department of Health (on the lower level of the Cannon Building), Three Capitol Hill, Providence, Rhode Island on **TUESDAY, 28 MAY 2013 AT 3:00 P.M.** at which time and place all persons interested therein will be heard. The seating capacity of the room will be enforced and therefore the number of persons participating in the hearing may be limited at any given time by the hearing officer, in order to comply with safety and fire codes.

In the development of the rules and regulations, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach, duplication, or overlap was identified based upon available information.

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or mailed prior to the hearing date to: Michael Fine, M.D., Director, Rhode Island Department of Health, #401 Cannon Building, 3 Capitol Hill, Providence, Rhode Island 02908-5097.

Copies of the regulations are available for public inspection in the Cannon Building, Room #201, Rhode Island Department of Health, 3 Capitol Hill, Providence, Rhode Island, on the Secretary of State's website: <http://www.sos.ri.gov/ProposedRules/>, by calling 401-222-7767 or by e-mail to Bill.Dundulis@health.ri.gov. Copies of current regulations are also available on the Secretary of State's website: <http://www.sos.ri.gov/rules/>.

The Department of Health is accessible to the handicapped. If communication assistance (readers/ interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-7767 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

Signed this 26th day of April 2013

Original signed by Michael Fine, MD

Michael Fine, M.D., Director of Health

2nd PUBLIC HEARING DRAFT – REVISED 26 APRIL 2013

**RULES AND REGULATIONS PERTAINING TO THE RHODE
ISLAND ALL-PAYER CLAIMS DATABASE**

[R23-17.17- RIAPCD]



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

May 2013 (Proposed)

COMPILER'S NOTES:

Proposed Additions: The proposed regulations are new in their entirety. Therefore, changes are not specifically indicated.

INTRODUCTION

These *Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database [R23-17.17-RIAPCD]* are promulgated pursuant to the authority conferred under Chapters 23-17.17 and 42-35 of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting regulations designed to implement the provisions of Chapter 23-17.17 of the Rhode Island General Laws, as amended, including the details and format for the Rhode Island All-Payer Claims Database (RIAPCD).

Pursuant to the provisions of §§42-35-3(a)(3) and (a)(4) of the General Laws of Rhode Island, as amended, the following were given consideration in arriving at these regulations: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known alternative approach, duplication or overlap was identified.

These *Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database* establish a framework for the submission of health care claims data and related datasets for the purpose of creating a health care quality and value database known as the Rhode Island All Payer Claims Dataset (APCD), to meet and inform the following goals:

- (1) *Determine the capacity and distribution of existing resources;*
- (2) *Identify health care needs and inform health care policy;*
- (3) *Evaluate the effectiveness of intervention programs on improving patient outcomes;*
- (4) *Compare costs between various treatment settings and approaches;*
- (5) *Provide information to consumers and purchasers of health care;*
- (6) *Improve the quality and affordability of patient health care and health care coverage;*
- (7) *Strengthen primary care infrastructure;*
- (8) *Strengthen chronic disease management;*
- (9) *Encourage evidence-based practices in health care.*

The purpose of the *Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database* is:

- (1) To define the reporting requirements for health plans and Insurers to submit data and information to APCD for the purpose of developing and maintaining the All-Payer Claims Dataset (APCD); and
- (2) To define the parameters for release of data, including the administrative process for release in a manner that maximizes public access while adhering to the highest standards of data privacy and security as permitted by applicable state and federal law.

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PART I *Definitions, General Provisions and Confidentially*

Section 1.0 *Definitions*

Wherever used in these Regulations, the following terms shall be construed as follows:

- 1.1 ***“Analytic file”*** means the set of files that is created from RIAPCD submissions. Analytic Files may include information created through the application of analytic tools or derived from other data sources.
- 1.2 ***“Applicant”*** means an individual or organization that requests health care data and information in accordance with the procedures and requirements instituted by the Department pursuant to these regulations.
- 1.3 ***“Data aggregator”*** means a vendor selected by the Director that has a contract to act on behalf of the Department to collect and process health care claims data on behalf of the Director.
- 1.4 ***“De-identified health information”*** means information that does not identify an individual provider, patient, member or enrollee. De-identification means that such health information shall not be individually identifiable and shall require the removal of direct personal identifiers associated with patients, members or enrollees.
- 1.5 ***“Department”*** means the Rhode Island Department of Health.
- 1.6 ***“Director”*** means the Director of the Department of Health or his or her duly authorized designee.
- 1.7 ***“Direct Personal Identifier”*** means any information, as to a member, other than case or code numbers used to create anonymous or encrypted data, that plainly discloses the identity of an individual, including:
 - (a) Names;
 - (b) Business names when that name would serve to identify a person;
 - (c) Elements of patient birth dates, except for year of birth or year of birth within an age band;
 - (d) Postal address information other than town or city, state and 5-digit ZIP code;
 - (e) Specific latitude and longitude or other geographic information that would be used to derive postal address;
 - (f) Telephone and fax numbers;
 - (g) Electronic mail addresses;
 - (h) Social Security numbers;
 - (i) Vehicle identifiers and serial numbers, including license plate numbers;
 - (j) Medical record numbers;
 - (k) Health plan beneficiary numbers;
 - (l) Patient account numbers;
 - (m) Personal Internet protocol (IP) addresses and uniform resource locators (URL), including those that identify a business that would serve to identify a person;
 - (n) Biometric identifiers, including finger and voice prints; and

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- (o) Personal photographic images;
 - (p) Any other unique patient identifying number, characteristic, but not including the Encrypted Unique Identifier.
- 1.8 **“Disclosure”** means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
- 1.9 **“Encrypted unique identifier”** means a code or other means of record identification to allow each patient, member or enrollee to be tracked across the data set, including across payers and over time, without revealing direct personal identifiers. Encrypted unique identifiers are assigned to each patient, member or enrollee in order that all direct personal identifiers can be removed from the data when data is submitted. Using the encrypted unique identifier, all records relating to a patient, member or enrollee can be linked for analytical, public reporting and research purposes without identifying the patient, member or enrollee.
- 1.10 **“Encrypted unique identifier vendor”** means a vendor selected and approved by the Director to collect demographic data only from Insurers, assign an encrypted unique identifier to each patient, member, or enrollee, and transmit that identifier to the Insurer.
- 1.11 **“Encryption”** means a method by which the true value of data has been disguised in order to prevent the identification of persons or groups, and which does not provide the means for recovering the true value of the data.
- 1.12 **“Hashing”** means a one-way method by which the true value of data has been transformed (through the conversion of the information into an unrecognizable string of characters) in order to prevent the identification of persons or groups. True value of hashed elements is deliberately non-recoverable by any recipient, including the Data Aggregator.
- 1.13 **“Health benefit plan”** means a policy, contract, certificate or agreement entered into, or offered by an Insurer to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.
- 1.14 **“Health care data set”** means a collection of individual data files, including medical claims files, pharmacy claims files, member eligibility files and provider files, whether in electronic or manual form.
- 1.15 **“Health care facility”** shall have the same meaning as contained in RIGL Chapter 23-17 and the regulations promulgated pursuant to that Chapter.
- 1.16 **“Health care provider”** means any person or entity licensed to provide or lawfully providing health care services, including, but not limited to, a physician, hospital, intermediate care facility or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, psychiatric social worker, pharmacist or psychologist, and any officer, employee, or agent of that provider acting in the course and scope of his or her employment or agency related to or supportive of health care services.
- 1.17 **“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996, as amended, and its implementing regulations (45 CFR Parts 160-164).

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- 1.18 ***“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*.
- 1.19 ***“Medical claims file”*** means all submitted and non-denied adjudicated claims for each billed service paid by an Insurer as defined in §1.18 on behalf of a Member as defined in §1.20 regardless of where the service was provided. This data file includes but is not limited to service level remittance information including, but not limited to, member encrypted unique identifier, provider information, charge/payment information, and clinical diagnosis/procedure codes as will be described further in the RIAPCD Technical Specification Manual.
- 1.20 ***“Member”*** means a Rhode Island resident who is a subscriber and any spouse or dependent who is covered by the subscriber’s policy under contract with an Insurer. The term also includes members of a small employer health insurance plan as defined by RIGL §27-50-3 regardless of the state of residency of the member.
- 1.21 ***“Member eligibility file”*** means a data file composed of demographic information for each individual member eligible for medical or pharmacy benefits as specified in the RIAPCD Technical Specification Manual, for one or more days of coverage at any time during the reporting month.
- 1.22 ***“Patient”*** means any person in the data set that is the subject of the activities of the claim submitted to and/or paid by the Insurer or covered by the health benefits plan.
- 1.23 ***“Personally identifiable information”*** means information, as to a member, relating to an individual that contains direct personal identifiers.
- 1.24 ***“Pharmacy benefits manager”*** or ***“PBM”*** means any person or entity that develops or manages pharmacy benefits, pharmacy network contracts, or the pharmacy benefit bid process pursuant to a contract held with an Insurer for the provision of such services.
- 1.25 ***“Pharmacy claims file”*** means a data file composed of service-level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and national drug codes from all submitted and non-denied adjudicated claims for each prescription filled.
- 1.26 ***“Public use files”*** means the analytic files derived from records submitted by Insurers that contain only data elements that have been determined by the Department to be public use data elements listed in Appendix A-2 of these Regulations.
- 1.27 ***“Restricted release files”*** means the analytic files derived from records submitted by Insurers that contain data elements that have been determined by the Department to be restricted release data elements listed in Appendix A-2 of these Regulations.

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- 1.28 “*Rhode Island All-Payer Claims Database*” or “*RIAPCD*” means a health care quality and value database for the collection, management and reporting of eligibility, claims and provider data submitted pursuant to RIGL Chapter 23-17.17.
- 1.29 “*RIAPCD Technical Specification Manual*” means the document issued by the Department, or its contracted agent, that sets forth the required data file format, record specifications, data elements, definitions, code tables and edit specifications.
- 1.30 “*RIGL*” means the General Laws of Rhode Island, as amended.
- 1.31 “*Subscriber*” means the individual responsible for payment of premiums to an Insurer or whose employment is the basis for eligibility for membership in a health benefit plan.
- 1.32 “*These Regulations*” means all parts of the *Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database [R23-17.17-RIAPCD]*.
- 1.33 “*Third-party administrator*” or “*TPA*” means any person with a certificate of authority, issued pursuant to RIGL § 27-20.7-12, who directly or indirectly solicits or effects coverage of, underwrites, collects charges or premiums from, or adjusts or settles claims on members, pursuant to RIGL § 27-20.7-2(1).
- 1.34 “*Third-party payer*” means a state agency that pays for health care services, or an Insurer, carrier, including a carrier that provides only administrative services for plan sponsors, nonprofit hospital, medical services organization, or managed care organization licensed in Rhode Island.

Section 2.0 General Provisions

- 2.1 **Purpose.** These Regulations establish a framework for the submission of health care claims data and related datasets for the purpose of developing and maintaining a health care quality and value database known as the Rhode Island All-Payer Claims Database (RIAPCD).
- 2.2 **Applicability.** Unless specifically exempted pursuant to §2.3, these Regulations apply to all Insurers, as defined in §1.18 of these Regulations.
- 2.3 **Exemptions.** The requirements of these Regulations shall not apply to:
- (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);*

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- (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.*

2.4 **Optional Consent**

- (a) 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.
 - (1) Each covered Insurer shall develop an “Opt out” process independently to create a system that works most efficiently for that entity.

Section 3.0 Confidentiality

3.1 **Access to RIAPCD Information.** Health care data sets and any other information submitted pursuant to these Regulations, by and between Insurers, the Rhode Island All-Payer Claims Database (RIAPCD), the Data Aggregator, and the Encrypted Unique Identifier Vendor:

- (a) Shall not be a public record as defined pursuant to RIGL § 38-2-2. No disclosure of any RIAPCD data set(s) or health information shall be made unless specifically authorized by the Director pursuant to these Regulations and as otherwise may be prescribed by law or regulation.
- (b) Shall be transmitted in accordance with the rules adopted in HIPAA (45 CFR Parts 160-164), Confidentiality of Health Care Communications and Information Act (RIGL § 5-37.3) and other applicable law(s).

3.2 **Removal of Personally Identifiable Information.** All health care data sets submitted to the Director or Data Aggregator pursuant to § 4.0 of these Regulations shall be protected by the removal of all personally identifiable information and/or hashed. Under no circumstances shall any Personal Health Information containing Personally Identifiable Information be submitted to the Director or Data Aggregator.

3.3 **Encrypted Unique Identifier.** Insurers shall submit a member eligibility file, as specified in Appendix A-1 of these Regulations, for each of its members to the encrypted unique identifier vendor to effectuate this requirement in accordance with the timeline outlined in § 5.2 of these Regulations. Under no circumstances shall the insurer submit any Personal Health Information to the encrypted unique identifier vendor at any time or for any reason. Only member demographic information, devoid of all Personal Health Information of any kind, shall be submitted to the encrypted unique identifier vendor.

- (a) Demographic data elements include but are not limited to: member name, date of birth, Social Security number if available and date of enrollment.
- (b) The encrypted unique identifier vendor shall assign each member an encrypted unique identifier and transmit that information to the Insurer.

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- (c) The encrypted unique identifier vendor shall maintain records wholly separately from the Director, the Department, the Data Aggregator and the All-Payer Claims Database as defined by RIGL Chapter 23-17.17 and referenced by RIGL § 23-17.17-10(b).
- (d) Notwithstanding any contractual arrangements, any member's personally identifiable information sent by an Insurer to the Encrypted Unique Identifier Vendor shall not be shared with any other party including the Department, the Director, the Data Aggregator or with the All-Payer Claims Database.
- (e) Data which is required to be sent to the Encrypted Unique Identifier Vendor by the Insurers shall not be considered data collected by the Department, the Director, the Data Aggregator or the All-Payer Claims Database.

3.4 **Transmission of Encrypted Unique Identifier to Insurers.** The encrypted unique identifier vendor shall provide the encrypted unique identifier assigned to a member to the Insurer of record for that member. Prior to sending data sets to the Data Aggregator, the Insurer shall attach the assigned encrypted unique identifier to each record. Prior to transmitting the data sets and encrypted unique identifier to the Data Aggregator, all direct personal identifiers shall be removed and/or hashed.

- (a) The Insurer and/or payer shall 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.
- (b) The Insurer and/or payer being audited may request that such audit include a third-party review of the Unique Encrypted Identifier Vendor's process for assignment and transmission of the encrypted unique identifier assigned to each member of that submitter. However, approval of a third-party review shall be at the sole discretion of the Director.

PART II *Requirements for the Rhode Island All-Payer Claims Database*

Section 4.0 *Submission Requirements*

4.1 Specific Submission Requirements.

- (a) Except as specifically exempted pursuant to § 2.3 of these Regulations, each Insurer shall submit to the Director a health care data set including claims-line detail for all health care services provided to a member, whether or not the health care was provided within Rhode Island. Such data shall include, but shall not be limited to, fully-insured and self-funded accounts, all commercial medical products for all individuals and all group sizes and Medicare or Medicaid health plans. Under no circumstances shall such data include personally identifiable information.
 - (1) Should the Insurer have insufficient information to populate a provider file in compliance with § 4.3(b) of these Regulations for services provided to a Member by an out-of-state, out-of network provider, the Insurer may omit the provider file from an otherwise complete health care data file submission.
 - (2) Each Insurer shall also be responsible for the submission of all health care claims processed by any sub-contractor on its behalf unless such sub-contractor is already submitting the identical data as an Insurer in its own right.
 - (3) The health care data set submitted shall include, where applicable, a member eligibility file, not including any personally identifiable information, but utilizing the unique encrypted identifier assigned to the member, covering every member enrolled during the reporting month whether or not the member utilized services during the reporting period and a provider file, to be defined in the RIAPCD Technical Specification Manual.
 - (4) The data submitted shall also include supporting definition files for payer specific provider specialty taxonomy codes and procedure and/or diagnosis codes.
- (b) The health care data sets shall be submitted to the Data Aggregator in the format required in the RIAPCD Technical Specification Manual.
 - (1) All health care data sets submitted to the Data Aggregator will have a Unique Identifier attached and shall be protected by the removal of all personally identifiable information and/or hashed.
- (c) Insurers shall transmit the required health care data sets by means of a secure file transfer system to the Data Aggregator in a manner that is fully compliant with HIPAA and applicable Rhode Island statute and regulation.

4.2 RIAPCD Contact and Enrollment Update Form.

- (a) Each Insurer shall submit to the Director or his or her designee by December 31st of each year, in a format outlined in the RIAPCD Technical Specification Manual, a contact and enrollment update form indicating if health care claims are being paid for members and, if applicable, the types of coverage and estimated enrollment for the following calendar year.

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- (b) It shall be the responsibility of the Insurer to resubmit or amend the form whenever modifications occur relative to the health care data files, type(s) of business conducted, or contact information.

4.3 **Health Care Data Files to be Submitted**

- (a) **Medical Claims File.** Insurers shall submit data files consisted with the definition contained in § 1.21 of these Regulations. As detailed in the RIAPCD Technical Specification Manual, payers shall report information about services provided to members under all reimbursement arrangements, including but not limited to fee for service, capitated arrangements, and any other claims-based payment methods.
- (b) **Pharmacy Claims File.** Insurers shall submit data files consistent with the definition contained in §1.25 of these Regulations for all pharmacy paid claims for covered pharmacy benefits that were actually dispensed to Members.
- (c) **Member Eligibility File.** Insurers shall submit a data set that contains information on every member enrolled during the reporting month whether or not the member utilized services during the reporting period. Under no circumstances shall this data submission include the member's personally identifiable demographic information. The submission will have a Unique Identifier attached and shall be protected by the removal of all personally identifiable information and/or hashed.
- (d) **Provider File.** Insurers shall submit a dataset that contains information that will uniquely identify health care providers and allow retrieval of related information from eligibility, medical and pharmacy claims files.
 - (1) Tax id numbers shall be submitted as part of the dataset except in the case that a provider uses their personal social security number as their tax id number in which case the tax id number need not be submitted.

4.4 **Information Collected in Addition to the Health Care Data Set.**

- (a) The Director may require Insurers to submit and periodically update information about the insurance product covering each member, including covered services, market sector, plan characteristics, total premiums, deductibles, co-insurance and copayments as set forth in the RIAPCD Technical Specification Manual.
- (b) The Director may require Insurers to report information about payments received under all reimbursement arrangements, including, but not limited to, fee-for-service, capitated arrangements, pay-for-performance and any other payment methods.

Section 5.0 *Technical Requirements*

- 5.1 **Code Sources and File Specifications.** Only code sources and file specifications specified in these Regulations and/or the RIAPCD Technical Specification Manual shall be utilized in submission of the health care claims data sets required pursuant to § 4.0 of these Regulations.

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5.2 **Schedule for Submissions.** Insurers shall submit information to the RIAPCD and the Encrypted Unique Identifier Vendor in the specified format in accordance with the following schedule:

(a) Test Data Submissions

- (1) Within one hundred twenty (120) days of the release of the final RIAPCD Technical Specification Manual, Insurers shall submit test files containing a month of representative member eligibility files as defined in Appendix A-1 of these Regulations from January 2009 or as specified in the RIAPCD Technical Specification Manual to the Encrypted Unique Identifier Vendor.
- (2) The Encrypted Unique Identifier Vendor shall return the member eligibility file to the Insurer with an assigned Encrypted Unique Identifier within fifteen (15) days of a test file submission by an Insurer.
- (3) Within one hundred and fifty (150) days of the release of the final RIAPCD Technical Specification Manual, Insurers shall submit part one of their test files containing a month of representative member eligibility files, provider information, and medical and pharmacy claims paid as defined in Appendix A-2 of these Regulations during January 2009 or as specified in the RIAPCD Technical Specification Manual to the Data Aggregator.

(b) Historical Data Submissions

- (1) Within two hundred and seventy (270) days of the release of the final RIAPCD Technical Specification Manual, Insurers shall submit files containing member eligibility as defined in Appendix A-1 of these Regulations for calendar years 2009, 2010, 2011, and 2012, or as specified in the RIAPCD Technical Specification Manual to the Encrypted Unique Identifier Vendor.
- (2) The Encrypted Unique Identifier Vendor shall return the historical member eligibility file to the Insurer with an assigned Encrypted Unique Identifier within thirty (30) days of a submission of historical files by an Insurer.
- (3) Within three hundred and thirty (330) days of the release of the final RIAPCD Technical Specification Manual, Insurers shall submit files containing member eligibility, provider information, and medical and pharmacy claims paid as defined in Appendix A-2 of these Regulations during calendar years 2009, 2010, 2011, and 2012, or as specified in the RIAPCD Technical Specification Manual, to the Data Aggregator.
 - (i) This submission period may be extended within the discretion of the Director to up to three hundred and sixty (360) days from the date of release of the final RIAPCD Technical Specification Manual.
- (4) Submissions of additional health care data sets for remaining dates of service in calendar year 2013 for months up to thirty (30) days prior to three hundred and thirty (330) days from the date of release of the final RIAPCD Technical Specification Manual shall be submitted according to a schedule provided within the RIAPCD Technical Specification Manual.

(c) Regular Data Submissions

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- (1) Upon completion of Historical Data Submissions as required by § 5.2(b) of these Regulations, Insurers shall commence Regular Data Submissions.
 - (i) The timeline for Regular Data Submissions shall commence with the next month following the completion of Historical Data Submissions.
 - (2) Insurers shall submit a member eligibility file for each of its members, as defined in Appendix A-1 of these Regulations, on a monthly basis to the Encrypted Unique Identifier Vendor.
 - (i) Monthly data files are due twenty-one (21) business days after the month's end.¹
 - (3) The Encrypted Unique Identifier Vendor shall return the member eligibility file to the Insurer with an assigned Encrypted Unique Identifier within ten (10) business days of a regular data submission by an Insurer.
 - (4) Effective upon ten (10) business days after the receipt of the member eligibility file from the Encrypted Unique Identifier Vendor, Insurers shall submit files containing member eligibility, provider information, and medical and pharmacy claims paid as defined in Appendix A-2 of these Regulations to the Data Aggregator.
 - (i) Monthly health care data files are due within ten (10) business days of receipt of the assigned Encrypted Unique Identifier by the Insurer.²
 - (5) Within five (5) business days of the Insurer's submission to the Data Aggregator, the Insurer will submit data resubmissions as required by the Data Aggregator which will communicate discrepancies, failures and resubmissions.
- (d) All health care data sets submitted to the Data Aggregator will have a Unique Identifier attached and shall be protected by the removal of all personally identifiable information and/or hashed. Under no circumstances shall any Personal Health Information containing Personally Identifiable Information be submitted to the Director or Data Aggregator.
- (e) The Director has the authority within his or her discretion to modify the RIAPCD Technical Specification Manual to effect changes to the submissions schedule.

Section 6.0 Compliance with Data Standards

6.1 **Standards.** The Data Aggregator Vendor shall evaluate each member eligibility file, provider file, medical claims file and pharmacy claims file in accordance with the following standards:

¹ (For example, files containing data relating to eligibility during September 2013 shall be submitted by October 30, 2013 (accounts for weekends and holidays).)

² For example, files containing data relating to services paid during September 2013 shall be submitted to the Data Aggregator by November 29, 2013 (accounts for weekends and holidays).

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- (a) The applicable code for each data element shall be as identified in the RIAPCD Technical Specification Manual and shall be included within eligible values for the element;
 - (b) Coding values indicating “data not available”, “data unknown”, or the equivalent shall not be used for individual data elements unless specified as an eligible value for the element;
 - (c) The encrypted unique identifier assigned to each member shall be consistent across files; and
 - (d) Files submitted to the Data Aggregator shall not contain personally identifiable information.
- 6.2 **Notification.** Upon completion of this evaluation, the Director or his or her designee will notify each Insurer whose data submissions do not satisfy the standards for any reporting period. This notification will identify the specific file and the data elements that are determined to be unsatisfactory.
- 6.3 **Response.** Each Insurer notified under § 6.2 of these Regulations shall resubmit within ten (10) business days of the date of notification with the required changes.
- (a) The Director shall have the discretion to require a response as required by this subsection in a reasonable time commensurate with the level of difficulty for the level of correction required to a data submission.
- 6.4 **Compliance.** Failure to file, report, or correct health care claims data sets in accordance with the provisions of these Regulations may be considered a violation of RIGL Chapter 23-17.17 except that an Insurer may seek a variance as specified in § 9.0 of these Regulations.

Section 7.0 *Procedures for the Approval and Release of Claims Data*

- 7.1 **Purpose.** This subsection pertains to the Rhode Island All Payer Claims Database created pursuant to RIGL Chapter 23-17.17-9.
- 7.2 All users of the RIAPCD analytic files, public use files or restricted release files, including the Department, other Rhode Island state agencies, including vendors with whom they hold a Business Associate Agreement, and any approved data use applicants shall comply with all data security and privacy requirements as provided by state and federal law and regulation.
- 7.3 **Release Policies and Procedures.**
- (a) **General Provisions.**
 - (1) The Department may release restricted release files to a person or organization engaged in improving, evaluating or otherwise measuring health care provided to members.

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- (2) The Department may provide pre-determined analytic files at different levels of detail to meet requests for public use and restricted release analytic files.

(b) Public Use Data Elements.

- (1) Pre-developed analytic files may be made available on the Department's website in a format approved by the Director.
- (2) Additional requests for public use data may be made by submitting a written request to the Department in conformance with a format to be provided by the Department.

- (c) Unavailable Data Elements.** Data elements that are not designated in Appendix A-2 of these Regulations either as public use health care data elements or restricted release data elements shall not be available for release or use outside of the Department or other state agencies in any data set or disclosed in publicly released reports in any circumstance or for any reason.

(d) Restricted Release Files.

- (1) Data Use Request Documentation and Agreement.** All applicants shall:

- (i) Submit a written application using the format provided by the Department. The applicant shall specify the data requested, including a justification for the requested data elements;
- (ii) Specify the purpose and intended use of the data requested, including a detailed project description that describes any other data sources to be used for the project;
- (iii) Specify security and privacy measures that will be used to safeguard patient privacy and to prevent unauthorized access to or use of such data;
- (iv) Specify the applicant's methodology for maintaining data integrity and accuracy;
- (v) Describe how the results of the applicant's analysis will be published, including level of aggregation of data that will be presented;
- (vi) Agree that cells with six (6) observations or fewer shall never display the actual number of observations in the cell;
- (vii) Agree to the data disclosure restrictions and prohibitions on re-release of the data;
- (viii) Agree that cells with six (6) observations or fewer shall never display the actual number of observations in the cell;
- (ix) Agree that any public report or publication containing information derived from the data include a provision stating the year or years from which the data was obtained;
- (x) Attest that the data received pursuant to this application shall never be used for any purpose other than the project that has been expressly approved through the application process; and

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- (xi) Obtain written agreement from any recipient of data or agent that processes data on behalf of the applicant to adhere to the provisions of this agreement.
- (2) All applications will be posted on the Department's website for a minimum of ten (10) business days to invite written public comments on the applications. However, the Department will not post those portions of applications that specify security measures or applications from law enforcement entities to the extent that posting the application on the website may impede the investigatory process.
- (3) Data shall not be re-released in any format to anyone except personnel identified and approved within the original application.
- (4) The Department shall be provided with a copy of any proposed public report or publication containing information derived from the data at least fifteen (15) days prior to any publication or release to allow the Department to review the proposed public report or publication and confirm that the conditions of the written agreement have been applied.
 - (i) When multiple public reports or publications, derived from the same data and of a similar nature, are to be published or released, the Department may, upon request, waive the requirement that any subsequent reports or publications be provided to the Department prior to release by the requesting party.
- (5) Applicants for restricted release files shall demonstrate a need for each restricted data element requested. The Department shall release only those data elements that are determined to be necessary to accomplish the applicant's intended use.
- (6) Applicants requesting Medicare data shall conform to requirements established by the federal Centers for Medicare and Medicaid Services (CMS) in order to obtain and use applicable data.
- (7) Medicaid data shall not be included in the public use or restricted release files unless the release of such data conforms to all applicable federal and state laws and regulations, including laws and regulations governing the de-identification of such data.
- (8) Rhode Island state agencies seeking restricted release data must comply with data use application processes and procedures.
- (9) Restricted Release Data shall not be combined with any other available data source that could potentially re-identify a member, patient or payer-specific claims payment amounts.
- (e) **Data Release Review Board.** The Department shall establish a review board for the purposes of reviewing predetermined analytic files to be made available on the Department's website, additional requests for public use data, and requests for public use of restricted release files.
- (f) The Board shall have a chairperson and members appointed annually by the Director. The appointments to the Board shall be made in such a way as to provide demonstrated and acknowledged expertise in a diverse range of health care areas including, but not limited to, state and federal privacy law and data security. The

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committee shall be comprised of eleven (11) members and shall include but not be limited to:

- (1) At least two members representing health Insurers;
 - (2) At least one member representing health care facilities;
 - (3) At least one member representing physicians;
 - (4) At least one member representing health care consumers;
 - (5) At least one member representing a privacy protection advocacy organization;
 - (6) At least one member representing researchers;
 - (7) At least one member representing the Department;
 - (8) At least one member representing OHIC;
 - (9) At least one member representing EOHHS.
- (g) The Board will review predetermined analytic files to be made available on the Department's website, additional requests for public use data, and requests for public use of restricted release files to ensure that members, patients and payer-specific claims payment amounts cannot be identified in any product of the proposed work to be made available.
- (h) The Board shall provide a non-binding recommendation to the Director that shall be based upon the application criteria set forth in § 7.3(d) of these Regulations.
- (i) The Board and Director, as part of their review of whether member, patient and payer-specific claims payment amounts are safeguarded shall also consider if any other data available to the applicant or public that the Board or Director is aware of or reasonably should be aware of could be used to re-identify the member, patient or payer-specific claims payment amounts.
- (j) The Director may approve the application for use of restricted release files if he or she is also satisfied that the applicant has demonstrated it is qualified to undertake the study or accomplish the intended use, the applicant requires such files in order to undertake the study or accomplish the intended use; and the applicant has demonstrated appropriate privacy and security controls for access to and storage of restricted release files.
- (k) Upon a denial of an application for use of restricted release files by the Director, the Department shall within fifteen (15) days provide written notice to the applicant of the basis for denial of the application.
- (l) The Director's decisions to approve or deny applications for use of restricted release files are final except as provided for in Rhode Island statute.

7.4 **Fees.** The fee for health care data sets from the RIAPCD, which have been approved for release by the Department, includes the costs for programming and report generation, duplicating charges and other costs associated with the production and transmission of data sets.

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- (a) The Department and other state agencies may issue reports that are available to the public at no charge.
- (b) The fee for an annual public use file consisting of unrestricted fields and data elements shall be equal to the cost required for the Department to process, package and ship the data set, including any electronic medium used to store the data, or a reasonable equivalent if an alternative file delivery model is provided.
- (c) The fee for a restricted release file approved by the Department shall be equal to the cost charged by the Department's designated vendor to program and process the requested data extract, including any consulting services and reasonable costs to package and ship the data set on particular electronic medium.
- (d) The fee for preparing customized files shall be equal to the cost charged by the Department's designated vendor to program and process the requested customized data extract, including any consulting services and reasonable costs to package and ship the data set on a particular electronic medium.
- (e) The fee for access to a secure internet portal to create specialized reports based on restricted data or any other report delivery mechanism not otherwise described shall be set to reflect the reasonable cost of providing such data.
- (f) The fee may be reduced or waived for the following entities at the discretion of the Department:
 - (1) CMS;
 - (2) Rhode Island state agencies; and
 - (3) Submitting Insurers.
- (g) The Director shall have a record of payment in full prior to providing data to approved applicants.

PART III *Compliance, Variances, Practices and Procedures and Severability*

Section 8.0 *Compliance and Enforcement*

8.1 Enforcement Options.

- (a) The Director may pursue any combination of the following administrative and judicial enforcement actions, depending upon the circumstances and gravity of each case:
 - (1) Compliance orders pursuant to RIGL § 23-1-20;
 - (2) Immediate compliance orders pursuant to RIGL § 23-1-21;
 - (3) Enforcement of compliance orders pursuant to RIGL § 23-1-23; and
 - (4) Criminal penalties pursuant to RIGL § 23-1-25.
- (b) The imposition of one or more remedies and/or penalties provided in § 8.1(a) of these Regulations shall not prevent the Director from jointly exercising any other remedy or penalty available to him or her by statute or regulation.
- (c) **Consent Agreement/Order.** Nothing in these Regulations shall preclude the Director from resolving outstanding violations or penalties through a Consent Agreement or Consent Order at any time he or she deems appropriate.

Section 9.0 *Variance Procedure*

- 9.1 The Department may grant a variance from the provisions of a rule or regulation in a specific case if it finds that enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of residents

Section 10.0 *Rules Governing Practices and Procedures*

- 10.1 All hearings and reviews required under the provisions of RIGL Chapter 23-17.17 shall be held in accordance with the provisions of the *Rules and Regulations of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35-PP)*.³

Section 11.0 *Severability*

- 11.1 If any provision of these Regulations or their applicability to any person or circumstance shall be held invalid, such holding shall not affect the provisions or application of the Regulations that can be given effect, and to this end the provisions of the Regulations are declared to be severable.

³ Current copies of all regulations issued by the RI Department of Health may be downloaded at no charge from the RI Secretary of State's Final Rules and Regulations Database website: <http://www.sos.ri.gov/rules/>

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- (a) If the effect of such a holding that a provision or application of these Regulations is invalid is to compromise any of the patient privacy or data security measures contained herein, such that personally identifiable information may be in any way put at risk of disclosure, the Director shall have the authority, upon his or her discretion, to suspend the release of all health care data set(s) and/or analytic files for a period of time sufficient to address such concerns.

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APPENDIX A-1

**DATA ELEMENTS FOR PUBLIC USE AND RESTRICTED RELEASE
AND DATA TO BE SUBMITTED BY INSURER**

MEMBER ELIGIBILITY FILE TO ENCRYPTED UNIQUE IDENTIFIER VENDOR

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Payer Name/Code	No	No	Yes
National Plan ID	No	No	Yes
Insurance Type /Product/Plan Code	No	No	Yes
Year	No	No	Yes
Month	No	No	Yes
Days Eligible	No	No	Yes
Policy I.D. Number	No	No	Yes
Group Number	No	No	Yes
Group/Employer Name	No	No	Yes
Employer Address	No	No	Yes
Employer City	No	No	Yes
Employer State	No	No	Yes
Employer ZIP Code	No	No	Yes
Employee Status	No	No	Yes
Government Employee	No	No	Yes
Subscriber/Policyholder Last Name	No	No	Yes
Subscriber/Policyholder First Name	No	No	Yes
Subscriber/Policyholder Middle Initial	No	No	Yes
Subscriber/Policyholder Address 1	No	No	Yes
Subscriber/Policyholder Address 2	No	No	Yes
Subscriber/Policyholder Address 3	No	No	Yes
Subscriber/Policyholder City	No	No	Yes
Subscriber/Policyholder State	No	No	Yes

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MEMBER ELIGIBILITY FILE TO ENCRYPTED UNIQUE IDENTIFIER VENDOR

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Subscriber/Policyholder ZIP Code	No	No	Yes
Subscriber/Policyholder Data	No	No	Yes
Subscriber/Policyholder SSN	No	No	Yes
Subscriber/Policyholder Gender	No	No	Yes
Type of Coverage	No	No	Yes
Subtype of Coverage	No	No	Yes
Pharmacy Benefits Outsourced	No	No	Yes
PBM Name	No	No	Yes
BIN	No	No	Yes, if available
PCN	No	No	Yes
Pharmacy Group Number	No	No	Yes
Pharmacy Policy ID Number	No	No	Yes
Mental Health Benefits Outsourced	No	No	Optional
Mental Health Carrier Name	No	No	Optional
Network Indicator	No	No	Optional
Name of Network	No	No	Optional
Medicare Part D Indicator	No	No	Optional
Begin Coverage Date	No	No	Optional
End of Coverage Date	No	No	Optional
Relationship to Policy	No	No	Optional
Dependent Indicator	No	No	Optional
Student Indicator	No	No	Optional
Dependent Last Name	No	No	Optional
Dependent First Name	No	No	Optional
Dependent Middle Initial	No	No	Optional
Dependent Address 1			

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APPENDIX A-2

DATA ELEMENTS FOR PUBLIC USE AND RESTRICTED RELEASE
AND DATA TO BE SUBMITTED BY INSURER

MEMBER ELIGIBILITY FILE TO DATA AGGREGATOR

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Payer Name/Code	No	Yes	Yes
National Plan ID	No	Yes	Yes
Insurance Type /Product/ Plan Code	No	Yes	Yes
Year	Yes	Yes	Yes
Month	Yes	Yes	Yes
Days Eligible	Yes	Yes	Yes
Insured Group or Policy Number	No	No	Yes
Coverage Level Code	Yes	Yes	Yes
Plan Specific Contract Number	No	No	Yes
Encrypted Unique Identifier	No	Yes	Yes
Unique Member ID (encrvpted)	No	Yes	Yes
Unique Subscriber ID (encrvpted)	No	Yes	Yes
Individual Relationship Code	Yes	Yes	Yes
Member Gender	Yes	Yes	Yes
Member City Name	No	Yes	Yes
Member State or Province	Yes	Yes	Yes
Member ZIP Code	Yes: 3 digits	Yes: 5 digits (but reported at 3)	Yes
Medical Coverage	Yes	Yes	Yes
Prescription Drug Coverage	Yes	Yes	Yes
Race and Ethnicity	Yes, if available	Yes, if available	Yes
Primary Insurance Indicator	Yes	Yes	Yes
Coverage Type	Yes	Yes	Yes
Market Category Code	No	No	Yes
Special Coverage	No	No	Yes
Record Type	Yes	Yes	Yes

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MEMBER ELIGIBILITY FILE TO DATA AGGREGATOR

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
(Hashed) Subscriber SSN	No	No	Yes
(Hashed) Subscriber last name	No	No	Yes
(Hashed) Subscriber first name	No	No	Yes
(Hashed) Subscriber middle initial	No	No	Yes
(Hashed) Member SSN	No	No	Yes, if available
(Hashed) Member last name	No	No	Yes
(Hashed) Member first name	No	No	Yes
(Hashed) Member middle initial	No	No	Yes
(Hashed) Member Date of Birth	Age or age bands will be displayed.	Age or age bands will be displayed.	Yes

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MEDICAL CLAIMS DATA FILE

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Payer	No	Yes	Yes
National Plan ID	No	Yes	Yes
Insurance Type/Product/Plan Code	No	Yes	Yes
Payer Claim Control Number	Hashed	Hashed	Yes
Line Counter	Yes	Yes	Yes
Version Number	No	No	Yes
Carrier Specific Insured Group or Policy Number	No	No	Yes
Plan Specific Contract Number	No	No	Yes
Encrypted Unique Identifier	No	Yes	Yes
Unique Member Identification	No	Yes	Yes
Unique Subscriber ID (encrypted)	No	Yes	Yes
Individual Relationship Code	Yes	Yes	Yes
Member Gender	Yes	Yes	Yes
Member Date of Birth	Age or age bands will be displayed.	Age or age bands will be displayed.	Yes
Member City Name	No	Yes	Yes
Member State or Province	Yes	Yes	Yes
Member ZIP Code	3 digit	5 digits in file, but reported out at 3 digit level	Yes
Date Service Approved/ Accounts Payable Date/ Actual Paid Date	No	MMYY	Yes
Admission Date	If Needed,	If Needed, MMYY	Yes
Admission Hour	No	If Needed	Yes
Admission Type	If Needed	If Needed	Yes
Service Provider Number	No	Yes	Yes
Service Provider Tax ID Number	No	If Needed	Yes
Service National Provider ID	No	If Needed	Yes

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MEDICAL CLAIMS DATA FILE

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Service Provider Entity Type Qualifier	Yes, If Needed	Yes	Yes
Service Provider First Name	No	If Needed	Yes
Service Provider Middle Name	No	No	Yes
Service Provider Last Name or Organization Name	No	If Needed	Yes
Service Provider Suffix	No	No	Yes
Service Provider Specialty	Yes	Yes	Yes
Service Provider City Name	Yes	Yes	Yes
Service Provider State or Province	Yes	Yes	Yes
Service Provider ZIP Code	Yes	Yes	Yes
Type of Bill – Institutional	Yes	Yes	Yes
Facility Type - Professional	Yes	Yes	Yes
Admitting Diagnosis	Yes	Yes	Yes
E-Code	Yes	Yes	Yes
Diagnosis present on Admission (1-25)	Yes	Yes	Yes
Principal Diagnosis (1)	Yes	Yes	Yes
Other Diagnosis (2-25)	Yes	Yes	Yes
Revenue Code	Yes	Yes	Yes
Procedure Code (HCPCS includes CPT)	Yes	Yes	Yes
Procedure Modifier – 1	Yes	Yes	Yes
Procedure Modifier – 2	Yes	Yes	Yes
ICD-9-CM Procedure Code (1 through 25)	Yes	Yes	Yes
Date of Service – From	MMYY	DDMMYY	Yes
Date of Service – Thru	MMYY	DDMMYY	Yes
Quantity	No	Yes	Yes
Charge Amount	Yes, If Needed	Yes	Yes
Paid Amount	Yes	Yes	Yes
Prepaid Amount	Yes	Yes	Yes
Co-pay Amount	Yes	Yes	Yes

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MEDICAL CLAIMS DATA FILE

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Coinsurance Amount	Yes	Yes	Yes
Coordination of Benefits Paid Amount	Yes	Yes	Yes
Deductible Amount	Yes	Yes	Yes
Patient Account/Control Number	No	Yes	Yes
Discharge Date	CCYYMM if	CCYYMM if	Yes
DRG	Yes if available	Yes if available	Yes
DRG Version	Yes if DRG is included	Yes if DRG is included	Yes
APC	Yes	Yes	Yes
APC Version	Yes if APC is included	Yes if APC is included	Yes
Drug Code	No	Yes	Yes
Billing Provider Number	No	Yes	Yes
National Billing Provider ID	No	Yes	Yes
Billing Provider Last Name or Organization Name	No	Yes	Yes
Record Type	Yes	Yes	Yes

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PROVIDER FILE

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Payer	No	Yes	Yes
National Provider ID/Plan Provider ID	No	No	Yes
Tax Id	No	No	Yes
UPIN Id	Yes	Yes	Yes
DEA ID	No	No	Yes
License Id	No	No	Yes
Medicaid Id	No	No	Yes
Last Name	No	Yes	Yes
First Name	No	Yes	Yes
Middle Initial	No	Yes	Yes
Suffix	Yes	Yes	Yes
Entity Name	Yes	Yes	Yes
Entity Code	Yes	Yes	Yes
Gender Code	Yes	Yes	Yes
DOB Date	No	No	Yes
Street Address1 Name	No	No	Yes
Street Address2 Name	No	No	Yes
City Name	Yes	Yes	Yes
State Code	Yes	Yes	Yes
Country Code	Yes	Yes	Yes
Zip Code	Yes	Yes	Yes
Taxonomy	Yes	Yes	Yes
Mailing Street Address1 Name	Yes	Yes	Yes
Mailing Street Address2 Name	Yes	Yes	Yes
Mailing City Name	Yes	Yes	Yes
Mailing State Code	Yes	Yes	Yes
Mailing Zip Code	Yes	Yes	Yes
Primary Specialty Code	Yes	Yes	Yes

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PHARMACY FILE

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Payer	No	Yes	Yes
National Plan ID	No	Yes	Yes
Insurance Type/Product/Plan Code	No	Yes	Yes
Payer Claim Control Number	Hashed	Hashed	Yes
Line Counter	No	No	Yes
Insured Group Number	No	No	Yes
Plan Specific Contract	No	No	Yes
Encrypted Unique Identifier	No	Yes	Yes
Unique Member Identification	No	Yes	Yes
Individual Relationship Code	Yes	Yes	Yes
Member Gender	Yes	Yes	Yes
Member Date of Birth	Age or age bands will be displayed, not DOB	Age or age bands will be displayed, not DOB	Yes
Member City	Yes	No	Yes
Member State or Province	Yes	Yes	Yes
Member ZIP Code	3 digit	5 digits in file, but reported out at 3 digit level	Yes
Date Service Approved (AP Date)	No	MMYY	Yes
Pharmacy Number	No	Yes	Yes
Pharmacy Tax ID Number	No	Yes	Yes
Pharmacy Name	No	Yes	Yes
National Provider ID Number	No	Yes	Yes
Pharmacy Location City	Yes	Yes	Yes
Pharmacy Location State	Yes	Yes	Yes
Pharmacy ZIP Code	Yes	Yes	Yes
Pharmacy Country Name	Yes	Yes	Yes
Claim Status	No	No	Yes
Drug Code	No	Yes	Yes

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PHARMACY FILE

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Drug Name	Yes	Yes	Yes
New Prescription or Refill	Yes	Yes	Yes
Generic Drug Indicator	Yes	Yes	Yes
Dispense as Written Code	Yes	Yes	Yes
Compound Drug Indicator	No	Yes	Yes
Date Prescription Filled	CCYYMM	CCYYMMDD	Yes
Quantity Dispensed	Yes	Yes	Yes
Days' Supply	Yes	Yes	Yes
Charge Amount	Yes	Yes	Yes
Paid Amount	Yes	Yes	Yes
Ingredient Cost/List Price	Yes	Yes	Yes
Postage Amount Claimed	Yes	Yes	Yes
Dispensing Fee	Yes	Yes	Yes
Co-pay Amount	Yes	Yes	Yes
Coinsurance Amount	Yes	Yes	Yes
Coordination of Benefits Paid Amount	Yes	Yes	Yes
Deductible Amount	Yes	Yes	Yes
Prescribing Provider ID	No	Yes	Yes
Prescribing Physician First Name	No	Yes	Yes
Prescribing Physician Middle Name	No	Yes	Yes
Prescribing Physician Last Name	No	Yes	Yes
Prescribing Physician Plan Number	No	Yes	Yes
Unique Subscriber ID (encrypted)	No	No	Yes
Prescribing Physician DEA No.	No	Yes	Yes
Prescribing Physician Lic. No.	No	Yes	Yes
Prescribing Physician Street Address	No	Yes	Yes
Prescribing Physician State	No	Yes	Yes

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PHARMACY FILE

Data Element Name	Public Use	Restricted Release	Submitted Data Elements
Prescribing Physician City	No	Yes	Yes
Prescribing Physician ZIP	No	Yes	Yes
Mail Order Pharmacy	Yes	Yes	Yes