



Department of Health

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Notice of Community Review Meeting

Proposed promulgation of

Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database [R23-17.17-RIAPCD]

The Rhode Island Department of Health will hold a community review meeting to receive input regarding these regulations which are being proposed for the purpose of implementing 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).

This community review meeting has been scheduled for: **Monday, 27 February 2012 at 1:00 PM** in the Auditorium of the Cannon Building (on the lower level).

If you have any questions about these proposed amendments, or wish to submit written comments in advance of the meeting, please direct them to Melinda Thomas, Senior Policy Advisor, by e-mail to melinda.thomas@health.ri.gov or calling 401-222-1625.

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

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.

**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

February 2012 (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 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 care payers 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 set**” means a collection of individual data records, whether in electronic or manual files.
- 1.4 “**Data use agreement**” means a document detailing restrictions on the disclosure and use of the analytic data.
- 1.5 “**De-identified health information**” means information that does not identify an individual patient, member or enrollee. De-identification means that such health information shall not be individually identifiable and shall require the removal of personally identifiable information associated with patients, members or enrollees.
- 1.6 “**Department**” means the Rhode Island Department of Health.
- 1.7 “**Director**” means the Director of the Department of Health or his or her duly authorized designee.
- 1.8 “**Direct Personal Identifier**” means any information, 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) Postal address information other than town or city, state and 5-digit ZIP code;
 - (d) Specific latitude and longitude or other geographic information that would be used to derive postal address;
 - (e) Telephone and fax numbers;
 - (f) Electronic mail addresses;
 - (g) Social security numbers;
 - (h) Vehicle identifiers and serial numbers, including license plate numbers;
 - (i) Medical record numbers;
 - (j) Health plan beneficiary numbers;
 - (k) Certificate and license numbers;
 - (l) Personal Internet protocol (IP) addresses and uniform resource locators (URL), including those that identify a business that would serve to identify a person;
 - (m) Biometric identifiers, including finger and voice prints; and
 - (n) Personal photographic images.

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- 1.9 **“Disclosure”** means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
- 1.10 **“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.
- 1.11 **“Health benefit plan”** means a policy, contract, certificate or agreement entered into, or offered by a health insurer to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.
- 1.12 **“Healthcare claims data”** means information consisting of or derived directly from member eligibility files, medical claims files, pharmacy claims files and other related data pursuant to the RIAPCD in effect at the time of the data submission. “Healthcare claims data” does not include analysis, reports, or studies containing information from health care claims data sets if those analyses, reports, or studies have already been released in response to another request for information or as part of a general distribution of public information by the Director.
- 1.13 **“Health care facility”** shall have the same meaning as contained in RIGL Chapter 23-17 and the regulations promulgated pursuant to that Chapter.
- 1.14 **“Health care provider”** means any person or entity licensed by the State of Rhode Island 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.
- 1.15 **“Health information”** means any information, whether oral or recorded in any form or medium, relating to a patient’s health care history, diagnosis, condition, treatment or evaluation.
- 1.16 **“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996, as amended, and its implementing regulations (45 CFR Parts 160-164).
- 1.17 **“Indirect personal identifiers”** means information relating to an individual patient, member or enrollee that a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods could apply to render such information individually identifiable by using such information alone or in combination with other reasonably available information.
- 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 Chapters 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, Medicare or Medicaid health plan sponsor, or pharmacy benefits manager is also deemed to be an *insurer*.

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- 1.19 ***“Medical 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 clinical diagnosis/procedure codes from all non-denied adjudicated claims for each billed service.
- 1.20 ***“Member”*** includes the subscriber and any spouse or dependent who is covered by the subscriber’s policy.
- 1.21 ***“Member eligibility file”*** means a data file composed of demographic information for each individual member eligible for medical, pharmacy, or dental insurance benefits for one or more days of coverage 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 performed by the health care provider.
- 1.23 ***“Payer”*** means a third-party payer or third-party administrator.
- 1.24 ***“Personally identifiable information”*** means information relating to an individual that contains direct or indirect personal identifiers to which a reasonable basis exists to believe that the information can be used to identify an individual.
- 1.25 ***“Pharmacy benefits manager”*** or ***“PBM”*** means any person or entity that is not licensed in Rhode Island as an insurer and that develops or manages pharmacy benefits, pharmacy network contracts, or the pharmacy benefit bid process. For the purposes of these Regulations, pharmacy benefits managers are considered to be third-party administrators, as defined in these Regulations.
- 1.26 ***“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 non-denied adjudicated claims for each prescription filled.
- 1.27 ***“Public use analytic files”*** means the datasets derived from records submitted by payers that contain only data elements that have been determined by the Department to be public use data elements listed in Appendix A of these Regulations.
- 1.28 ***“Restricted release analytic files”*** means the datasets derived from records submitted by payers that contain data elements that have been determined by the Department to be restricted release data elements listed in Appendix B of these Regulations
- 1.29 ***“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 related data submitted pursuant to RIGL Chapter 23-17-17.
- 1.30 ***“Rhode Island resident”*** means an individual for whom the Payer’s records contain a Rhode Island residential address.
- 1.31 ***“RIAPCD 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.
- 1.32 ***“RIGL”*** means the General Laws of Rhode Island, as amended.

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- 1.33 “**Subscriber**” means the individual responsible for payment of premiums or whose employment is the basis for eligibility for membership in a health benefit plan.
- 1.34 “**These Regulations**” means all parts of the *Rules and Regulations Pertaining to the Rhode Island All-Payer Claims Database [R23-17.17-RIAPCD]*.
- 1.35 “**Third-party administrator**” 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 residents of Rhode Island, or residents of another state from offices in Rhode Island, in connection with life or health insurance coverage or annuities, pursuant to RIGL §27-20.7-2(1).
- 1.36 “**Third-party payer**” means a state agency that pays for health care services or a health 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.
- 1.37 “**Unique encrypted identifier**” means a code or other means of record identification to allow each patient, member or enrollee to be tracked across the data set without revealing their identity. Unique encrypted 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 unique encrypted 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.
- 1.38 “**Unique Encrypted Identifier Vendor**” means a vendor designated by the Director that has a contract to collect only demographic data and assign a unique encrypted identifier to each member.

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 §4.2(a) of these Regulations shall not apply to:
- (a) An insurer with less than three thousand (3,000) enrolled or covered members who are Rhode Island residents; or
 - (b) Insurance coverage providing benefits for:
 - (1) *Hospital confinement indemnity;*
 - (2) *Disability income;*
 - (3) *Accident only;*
 - (4) *Long-term care;*

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- (5) *Medicare supplement;*
- (6) *Limited benefit health;*
- (7) *Specified disease indemnity;*
- (8) *Sickness or bodily injury or death by accident or both; or*
- (9) *Other limited benefit policies.*

Section 3.0 *Confidentiality*

- 3.1 **Access to RIAPCD Information.** Health care data and information submitted by insurers to the Rhode Island All-Payer Claims Database (RIAPCD):
- (a) Shall not be a public record as defined pursuant to RIGL §38-2-2. No public disclosure of any RIAPCD health care data or 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 Chapter 5-37.3) and other applicable law(s).
- 3.2 **Unique Encrypted Identifier.** All data submitted to the Director pursuant to §4.0 of these Regulations shall be protected by the removal of all personally identifiable information. To effectuate this requirement, the insurer shall submit only demographic data elements for each member to a unique encrypted identifier vendor. The unique encrypted identifier vendor shall assign each member a unique encrypted identifier. Under no circumstances shall any member health care information from any source be provided to the unique encrypted identifier vendor.
- 3.3 **Transmission of Unique Encrypted Identifier to Insurers and Payers.** The unique encrypted identifier vendor shall provide the unique encrypted identifier assigned to a member to the insurer and/or payer of record for that member. The insurer shall maintain a record of the assignment of the unique encrypted identifier assigned to each member.

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 completed health care claims data set including claims-line detail for all health care services provided to a Rhode Island residents, 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 and all commercial medical products for all individuals and all group sizes.
 - (1) 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.
 - (2) The health care claims data submitted shall include, where applicable, a member eligibility file and a provider directory containing records associated with each of the claims files reported: a medical claims file and a pharmacy claims file. (A summary of the required information for each of these file types is contained in Appendix A.)
 - (3) The data submitted shall also include supporting definition files for payer specific provider specialty taxonomy codes and procedure and/or diagnosis codes.
- (b) The member eligibility file, medical claims file and pharmacy claims file shall be submitted to the Director in the format required in the RIAPCD Specification Manual.
- (c) An insurer shall transmit the required health care claims data sets by means of a secure web-based data system designated by the Director.

4.2 **RIAPCD Contact and Enrollment Update Form.**

- (a) Each insurer shall submit to the Director by December 31st of each year, in a format provided in the RIAPCD Specification Manual, a contact and enrollment update form indicating if health care claims are being paid for members who are Rhode Island residents and, if applicable, the types of coverage and estimated enrollment for the following calendar year.
- (b) It shall be the responsibility of the insurer to resubmit or amend the form whenever modifications occur relative to the data files, type(s) of business conducted, or contact information.

4.3 **Data Files to be Submitted.**

- (a) **Medical Claims File.** Health care payers shall submit data files that report health care services paid on behalf of all Rhode Island resident members. As detailed in the RIAPCD Specification Manual, payers shall report information about services

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provided to members under all reimbursement arrangements, including but not limited to fee for service, capitated arrangements, and any other payment methods.

- (b) **Pharmacy Claims File.** Health care payers must provide data for all pharmacy paid claims for prescriptions that were actually dispensed to members.
- (c) **Member Eligibility File.** Health care payers shall provide 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.
 - (1) The health care payer shall submit the data in the format required by the RIAPCD Specification Manual and utilize the a unique encrypted identifier associated with each data file submitted that will allow retrieval of related information from product, pharmacy, dental and medical claims data sets. Health care payers shall delete all personal health information and link the data to the assigned unique encrypted identifier before submitting member information as described in the RIAPCD Specifications Manual.
- (d) **Provider File.** Health care payers shall provide a dataset that contains information that will uniquely identify health care providers and allow retrieval of related information from pharmacy, dental and medical claims data sets.

4.4 **Additional Information.**

- (a) The Department may require health care payers to submit information about the insurance product covering each member, including premium, deductibles, co-insurance and copayments as set forth in the RIAPCD Specifications Manual.
- (b) The Department may require health care payers 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 Specification Manual shall be utilized in submission of the health care claims data sets required pursuant to §4.0 of these Regulations.

5.2 **Schedule for Submissions.** Health care payers shall submit information to the RIAPCD in the specified format in accordance with the following schedule:

(a) **Initial Data Submissions**

- (1) Within one hundred and twenty (120) days of the effective date of these Regulations, health care payers shall submit test files containing a month of representative member eligibility, provider information, and medical and pharmacy claims paid during the prior month.
- (2) Within one hundred and fifty (150) days of the effective date of these regulations, health care payers shall submit files containing member eligibility,

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provider information, and medical and pharmacy claims paid for dates of service in calendar years 2009 and 2010.

- (3) Submissions of data for dates of service in calendar year 2011 shall be submitted no later than 1 July 2012.
- (b) Effective 1 August 2012, health care payers shall submit member eligibility, provider, claims and pharmacy claims data sets on a monthly basis. Monthly data files are due to the RIAPCD by the last day of the following month. (For example, files containing data relating to services paid during September shall be submitted by October 31.)

Section 6.0 *Compliance with Data Standards*

- 6.1 **Standards.** The Director shall evaluate each member eligibility file, provider file, medical claims file and pharmacy claims file in accordance with the following standards:
 - (a) The applicable code for each data element shall be as identified in the RIAPCD 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) Member identifiers shall be consistent across files; and
 - (d) Files submitted shall not contain personally identifiable information.
- 6.2 **Notification.** Upon completion of this evaluation, the Director 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 shall resubmit within sixty (60) days of the date of notification with the required changes.
- 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.

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 §23-17.17-9.
- 7.2 The data release review process described in these Regulations, and shown in Appendix B, applies to requests for analytic datasets by organizations, individuals or groups other than state agencies.
- 7.3 All users of the RIAPCD analytic files, including the Department, other state agencies, their business associates and any approved data use applicants shall comply with all data security and privacy requirements as provided by state and federal law and regulation.

7.4 **Release Policies and Procedures.**

- (a) **General Provisions.** The Department may provide pre-determined analytic file modules at different levels of detail to meet requests for public use and restricted release analytic files.
- (b) **Data Use Request Documentation.** All applicants shall:
 - (1) 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;
 - (2) 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;
 - (3) Specify security and privacy measures that will be used to safeguard patient privacy and to prevent unauthorized access to or use of such data;
 - (4) Specify the applicant's methodology for maintaining data integrity and accuracy;
 - (5) Describe how the results of the applicant's analysis will be published, including level of aggregation of data that will be presented;
 - (6) Agree that cells with six (6) observations or fewer shall never display the actual number of observations in the cell;
 - (7) Agree to the data disclosure restrictions and prohibitions on re-release of the data;
 - (8) 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
 - (9) 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.
- (c) Data shall not be re-released in any format to anyone except personnel identified and approved on the original application.
- (d) Should any restricted use data elements be requested and approved by the Department, the applicant shall be required to obtain prior written approval from the Department through the Department Data Release Review Board process.
- (e) 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
- (f) Prior to the release of all analyses, research, or other product(s) developed based upon an approved application through the Department Data Release Review Board process for restricted use data elements, the Department shall review the report to determine whether the privacy rights of any data subject would be violated by the release of the report.
- (g) 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.

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(h) Medicaid data shall not be included in the public use or restricted release analytic 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.

7.5 **Fees.** The fee for 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.

(a) The fee for an annual public use analytic 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.

(b) The fee for restricted release analytic files 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 costs to package and ship the data set on particular electronic medium.

(c) 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 costs to package and ship the data set on particular electronic medium.

(d) The fee may be reduced or waived for the following entities at the discretion of the Department:

(1) CMS; and

(2) Rhode Island state agencies.

(e) Payments are due in full from the requesting party within thirty (30) days of receipt of RIAPCD data sets, files, reports, or other released material.

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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 a literal 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)*.¹

Section 11.0 *Severability*

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

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¹ 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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APPENDIX A

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

MEMBER ELIGIBILITY FILE

| Data Element Name | Public Use | Restricted Use | Submitted Data Elements |
|----------------------------------|---|---|--------------------------------|
| Payer Name/Code | No | Yes | Yes |
| National Plan ID | No | Yes | Yes |
| Insurance Type Code/Product | Yes | Yes | Yes |
| Year | Yes | Yes | Yes |
| Month | Yes | Yes | Yes |
| Insured Group or Policy Number | No | No | Yes |
| Coverage Level Code | Yes | Yes | Yes |
| Encrypted Plan Specific Contract | No | No | Yes |
| Unique Member ID (encrypted) | 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, not DOB | Age or age bands will be displayed, not DOB | Yes |
| Member Age | No | No | Yes |
| Member City Name | No | Yes | Yes |
| Member State or Province | Yes | Yes | Yes |
| Member ZIP Code | No | Yes | Yes |
| Medical Coverage | Yes | Yes | Yes |
| Prescription Drug Coverage | Yes | Yes | Yes |
| Dental 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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CLAIMS DATA FILE

| Data Element Name | Public Use | Restricted Use | Submitted Data Elements |
|--|---|---|--------------------------------|
| Payer | No | Yes | Yes |
| National Plan ID | No | Yes | Yes |
| Insurance Type/Product Code | Yes | Yes | Yes |
| Payer Claim Control Number | No | No | Yes |
| Line Counter | Yes | Yes | Yes |
| Version Number | No | No | Yes |
| Carrier Specific Insured Group or | No | No | Yes |
| Plan Specific Contract Number | No | No | Yes |
| Unique Member Identification | No | Yes | Yes |
| Unique Subscriber ID (encrypted) | No | Yes | Yes |
| Individual Relationship Code | No | Yes | Yes |
| Member Gender | No | Yes | Yes |
| Member Date of Birth | Age or age bands will be displayed, not | Age or age bands will be displayed, not DOB | 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, MMYY | 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 |
| Service Provider Entity Type | 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 | If Needed | If Needed | Yes |
| Service Provider Suffix | No | No | Yes |
| Service Provider Specialty | Yes | Yes | Yes |

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CLAIMS DATA FILE

| Data Element Name | Public Use | Restricted Use | Submitted Data Elements |
|--|-------------------|------------------------|--------------------------------|
| 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 |
| 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 |
| Coinsurance Amount | Yes | Yes | Yes |
| Deductible Amount | Yes | Yes | Yes |
| Patient Account/Control Number | No | Yes | Yes |
| Discharge Date | CCYYMM if needed | CCYYMM if needed | Yes |
| DRG | Yes if available | Yes if available | Yes |
| DRG Version | Yes if DRG is | Yes if DRG is included | Yes |
| APC | Yes | Yes | Yes |
| APC Version | Yes if APC is | Yes if APC is included | Yes |
| Drug Code | No | Yes | Yes |

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CLAIMS DATA FILE

| Data Element Name | Public Use | Restricted Use | Submitted Data Elements |
|---|-------------------|-----------------------|--------------------------------|
| 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 | Restricted Use | Restricted Use | Submitted Data Elements |
|---------------------------------------|-----------------------|-----------------------|--------------------------------|
| Payer | Yes | 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 | Yes | Yes | Yes |
| First Name | Yes | Yes | Yes |
| Middle Initial | Yes | 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 Use | Submitted Data Elements |
|---|---|---|--------------------------------|
| Payer | No | Yes | Yes |
| Plan ID | No | Yes | Yes |
| Insurance Type/Product Code | Yes | Yes | Yes |
| Payer Claim Control Number | No | No | Yes |
| Line Counter | No | No | Yes |
| Insured Group Number | No | No | Yes |
| Plan Specific Contract Number | No | No | Yes |
| Unique Member Identification Code (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, not DOB | Age or age bands will be displayed, not DOB | Yes |
| Member City Name of Residence | No | 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) | CCYYMM | CCYYMM | 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 |
| 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 |

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PHARMACY FILE

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

APPENDIX B

RI APCD DATA RELEASE REVIEW PROCESS

