Rhode Island Alternative Payment Model File Technical Specification

All identified payers must report the Rhode Island Alternative Payment Model File on an annual basis. Submissions must include data for contracts sitused in Rhode Island and information for individual contracts where the subscriber resides in Rhode Island. *(Rhode Island All-Payer Claims Database 216-RICR-10-10-5)*

Alternative Payment Model File

Notes:

- Only payments made by the primary payer should be reported.
- Medical and dental related payments made to providers under a medical benefits contract, or a dental benefits contract, shall be submitted within the same APM File. Distinction between these two contract types shall be indicated in the "Contract Type" field APM003. NOTE: Payments under a medical benefits contract should include all payments made to providers for medical, pharmacy, and dental services incurred under medical stand-alone coverage; a dental benefits contract should include only payments made to providers for services paid for under dental stand-alone coverage.
- Payments made to providers under a pharmacy benefits contract should not be included in the APM file. However, payments for pharmacy services made under a medical benefits contract should be reported under "Contract Type" (APM003) = "M" (Medical)
- When 'null' is used in the data element descriptions below, the field should be submitted blank. Do not submit 'NULL' or space/tab characters within any field to signify no content available for reporting.

Field ID	Field Name	Hashed	Type	Max length	Required?	Descriptions and Codes	Threshold
APM001	Submitter Code	No	Text	8	Yes	Use this field to report the submitter code assigned by the APCD Data Management Vendor.	100%
APM002	Contract ID	No	Text	30 (Minimum length 2)	Yes	Unique internal ID of the entity receiving the payment or bearing the risk. Contract ID should be consistent throughout all reporting so that all payments/risk attributed to the same Contract ID can be summed up to capture the total payments/risk attributable to that contracted entity by the payer. If APM011 = A or V, leave this field null.	100%
APM003	Contract Type	No	Text	1	Yes	Use this field to indicate whether the payments reported were administered as part of a medical benefits contract or a dental benefits contract. Valid values: M – Payments made under a medical benefits contract, including all payments made to providers for medical, pharmacy, and dental services incurred under medical stand-alone coverage. D – Payments made under a dental benefits contract;	100%

						this should include only payments made to providers for members on dental stand-alone coverage.	
APM004	Billing Provider or Organization NPI	No	Text	10	Yes	NPI for the billing provider or organization which received the payment from the submitter. If APM011 = A or V, leave this field null.	100%
APM005	Billing Provider or Organization Tax ID	No	Text	9	Yes	Federal taxpayer's ID of the billing provider or organization/facility which received the payment from the payer. Include leading zeros and do not include dashes. (Example: 012345678) If APM011 = A or V, leave this field null.	100%
APM006	Billing Provider Last Name or Organization	No	Text	100	Yes	Last name of the billing provider or the full name of the organization which received the payment from the payer. If APM011 = A or V, leave this field null.	99%
APM007	Billing Provider First Name	No	Text	25	Situational	First name of the billing provider which received the payment from the payer. Field is required when provider is a Person (APM008 = 1). If APM011 = A or V, leave this field null.	99%
APM008	Billing Provider or Organization Entity Type	No	Numeric	2	Yes	Valid Values: 1 – Person 2 – Facility 3 – Professional Group 4 – Retail Site 5 – E-Site 6 – Financial Parent 7 – Transportation 0 – Other *(See APM Reference Table 1)* If APM011 = A or V, leave this field null.	100%
APM009	ACO or AE Name	No	Text	100	Situational	Report the name of the Accountable Care Organization or Accountable Entity contracted under the designated payment model.	20%

						Required when reported Contract ID is part of an ACO or AE. If APM011 = A or V, leave this field null.	
APM010	Line of Business	No	Text	4	Yes	Indicates insurance line of business. Only report the following lines of business using the codes listed below: COMM = Commercial MADV = Medicare Advantage MMCO = Medicaid MCO Note: All Lines of Business are mutually exclusive with respect to payments. Payments to the same Contract ID will be summed up to capture the total payments to that contract; do not include one contract under multiple lines of business.	100%
APM011	Payment Model	No	Text	2	Yes	Indicates the payment model type that is being reported. *(See APM Reference Table 2 for list of Payment Model codes and definitions)* If there is more than one payment type with a single Contract ID, then separately report each payment type. Note: All Payment Models are mutually exclusive with respect to payments. Payments to the same Contract ID will be summed up to capture the total payments to that contract. Valid value "A" and "V" must be reported once for each distinct line of business (APM010)	100%
APM012	Reporting Year	No	Integer	4	Yes	Calendar year corresponding to APM file submission. Report as YYYY.	100%
APM013	Performance Period Start Date	No	Date	8	Yes	Effective date of performance period for reported Insurance Line of Business and payment model type. Report as YYYYMMDD. If varying performance periods apply to a billing provider or organization (for a particular line of	100%

						business and payment model type), report these on separate lines. If APM011 = A or V, leave this field null.	
APM014	Performance Period End Date	No	Date	8	Yes	End date of performance period for reported Insurance Line of Business and payment model type. Report as YYYYMMDD. If varying performance periods apply to a billing provider or organization (for a particular line of business and payment model type), report these on separate lines. If APM011 = A or V, leave this field null.	100%
APM015	Member Months	No	Numeric	7	Situational	Total number of members in the reported stratification that participate in the reported payment model, expressed in months of membership. Membership should align with what is reported in annual NAIC/SERFF filings and should only be reported for those members for whom the mandatory reporter is the primary payer. No decimal places; round to nearest integer. Example:12345 Field is required when APM011 value = 4A, 4B, 4C, 4N, A, and V Field should be reported with all available data when APM011 value = 1, 1A, 2A, 2B, 2C, 3A, 3B, and 3N. Note: Payers should report payment model member months only when the payment is attributed to a defined member population, and members months can be calculated. Otherwise, leave NULL.	99%
APM016	Total Claims Payments	No	Numeric	14	Yes	Sum of all associated claims payments (paid claims only), including patient cost-sharing amounts, that	99%

						were made under policies that align with the inclusion criteria of annual NAIC/SERFF filings. Two explicit decimal places (e.g., 200.00). Enter 0 if no claims payments were made. If APM011 = A or V, leave this field null.	
APM017	Total Claims Payments – Payer Portion	No	Numeric	14	Yes	Sum of all associated claims payments (paid claims only), excluding patient cost-sharing amounts (copays, coinsurance, deductibles). Two explicit decimal places (e.g., 200.00). Enter 0 if no claims payments were made. If APM011 = A or V, leave this field null.	99%
APM018	Total Non-Claims Payments	No	Numeric	14	Yes	Sum of all associated non-claims payments that were made under policies that align with the inclusion criteria of annual NAIC/SERFF filings. Two explicit decimal places (e.g., 200.00). Enter negative number if the billing provider or organization must pay the payer. Enter 0 if no non-claims payments made. If APM011 = A or V, leave this field null.	99%
APM019	Record Type	No	Text	2	Yes	Use this field to report the constant value of “TC” to denote a total cost record reported as part of the APM file.	100%

APM File Naming Convention:

<File Type Code>_<Client Code><Submitter Code>_<Reporting Year Start>_<Reporting Year End>_<Date Submitted in YYYYMMDD>

Example: TC_RIRIC0000_202201_202212_20220825

APM Reference Table 1: Billing Provider or Organizational Type Lookup (APM008)

Code	Value	Definition/Example
1	Person	Physician, clinician, orthodontist, and any individual that is licensed/certified to perform healthcare services.
2	Facility	Hospital, health center, long-term care, rehabilitation, and any building that is licensed totransact healthcare services.
3	Professional Group	Collection of licensed/certified healthcare professionals that are practicing healthcare services under the same entity name and Federal Tax ID Number.
4	Retail Site	Brick-and-mortar licensed/certified place of transaction that is not solely a healthcare entity (i.e., pharmacies, independent laboratories, vision services).
5	E-Site	Internet-based order/logistic system of healthcare services, typically in the form of durable medicalequipment, pharmacy, or vision services.
6	Financial Parent	Financial governing body that does not perform healthcare services itself but directs and finances healthcare services entities, usually through a board of directors.
7	Transportation	Any form of transport that conveys a patient to/from a healthcare provider.
0	Other	Any type of entity not otherwise defined that performs health care services.

APM Reference Table 2: Payment Model Type Lookup (APM011)

Code	Value	Definition/Example
1A	Fee for Service with Link to APM	Payments based on the volume of services, for services that are subject to an APM, regardless of whether the billing provider or entity holds the APM contract (i.e. bears the risk) for the service.
1	Fee for Service Without Known Link to APM	Payments based on volume of services, on behalf of patients or enrollees, with no known link to an APM.
2A	Foundational Payments for Infrastructure and Operations	Foundational payments to improve care delivery, such as care coordination fees and payments for investments in HIT.
2B	Pay for Reporting	Bonus payments for reporting data on quality, or penalties for not reporting data.
2C	Pay for Performance	Bonus payments for high performance on clinicalquality measures, or penalties for poor performance.
3A	Alternative Payment Models with Shared Savings	Payments made under arrangements that are based on cost (and occasionally utilization) performance if quality targets are met. Examples include Bundled payment with upside risk only; episode-based payments for procedure-based clinical episodes with shared savings only.
3B	Alternative Payment Models with Shared Savings and Downside Risk	Payments or penalties made under arrangements that both reward and penalize cost (and occasionally utilization) performance if quality targets are met. Examples include Episode-based payments for procedures and comprehensive payments with upside and downside risk.

3N	Risk Based Payments Not Linked to Quality	Payments that do not take quality into account.
4A	Condition-Specific Population- Based Payment	Prospective, population-based payment for acertain set of condition specific-services (e.g., oncology, mental health, diabetes) or for care delivered by particular types of clinicians (e.g., primary care, orthopedics).
4B	Comprehensive Population- Based Payment	Prospective, population-based payments for all an individual's health care needs.
4C	Integrated Finance and Delivery System	Payments for comprehensive care that integrate the financing arm with a delivery organization. In some cases, these integrated arrangements consist of insurance companies that own provider networks, and in others, they consist of delivery systems that offer their own insurance products.
4N	Capitation Payments Not Linked to Quality	Payments that do not take quality into account.
A	All Member Months	Total enrollment during the calendar year being submitted. This value must be reported only once for every distinct line of business (APM010). Enrollment should be reported (in de-duplicated member months) for insurance policies that align with the inclusion criteria of annual NAIC/SERFF filings and should only be reported for those members for whom the mandatory reporter was the primary payer.
V	Alternative Arrangement Payment Model Member Months	Total enrollment in alternative payment models during the calendar year being submitted. This value must be reported only once for every distinct line of business (APM010). Enrollment must be reported for members under each payment category. Enrollment should be reported (in de-duplicated member months) for insurance policies that align with the inclusion criteria of annual NAIC/SERFF filings and should only be reported for those members for whom the mandatory reporter was the primary payer.

Alternative Payment Model Header File

Field ID	Field Name	Hashed	Type	Max. length	Required?	Descriptions and Codes	Threshold
HD001	Record Type	No	Text	2	Yes	Use this field to uniformly report the value of "HD" to indicate header data.	100%
HD002	Submitter Code	No	Text	8	Yes	Use this field to report the submitter code assigned to you by Onpoint Health Data. This code is assigned at the submitter level, which is often more granular than the payer/carrier level (i.e., one payer/carrier may use multiple submitters to supply their data to the APCD).	100%
HD003	Placeholder	*Not Applicable*	*Not Applicable*	*Not Applicable*	Yes	*Not Applicable*	*Not Applicable*

HD004	Type of File	No	Text	2	Yes	Use this field to report the code that indicates the type of data being submitted. The only valid codes for this field are: ME = Member eligibility file MC = Medical claims PC = Pharmacy claims DC = Dental claims PV = Provider file TC = APM File	100%
HD005	Period Beginning Date	No	Integer	6	Yes	Use this field to report the very first calendar year and month of the reporting period. For example, the file covering the 2020 reporting period, in which all contracts with a Performance Period End Date in the year 2020 will be reported, should report this field as 202001. Report as YYYYMM.	100%
HD006	Period Ending Date	No	Integer	6	Yes	Use this field to report the final calendar year and month of the reporting period. For example, the file covering the 2020 reporting period, in which all contracts with a Performance Period End Date in the year 2020 will be reported, should report this field as 202012. Report as YYYYMM.	100%
HD008	Record Count	No	Integer	10	Yes	Report the total number of records (rows) submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters. If the number of records within the submission does not equal the number reported in this field, the submission will fail. The record count should not include the header and trailer records.	100%
HD009	Comments	No	Text	80	No	This field may be used by the submitter to document a file name, system source, or other administrative device to assist with their internal tracking of the submission.	0%

Alternative Payment Model Trailer File

Field ID	Field Name	Hashed	Type	Max. length	Required?	Descriptions and Codes	Threshold
TR001	Record Type	No	Text	2	Yes	Use this field to uniformly report the value of "HD" to indicate header data.	100%
TR002	Submitter Code	No	Text	8	Yes	Use this field to report the submitter code assigned to you by Onpoint Health Data. This code is assigned at the submitter level, which is often more granular than the payer/carrier level (i.e., one payer/carrier may use multiple submitters to supply their data to the APCD).	100%
TR003	Placeholder	*Not Applicable*	*Not Applicable*	*Not Applicable*	Yes	*Not Applicable*	*Not Applicable*
TR004	Type of File	No	Text	2	Yes	Use this field to report the code that indicates the type of data being submitted. The only valid codes for this field are: ME = Member eligibility file MC = Medical claims PC = Pharmacy claims DC = Dental claims PV = Provider file TC = APM File	100%
TR005	Period Beginning Date	No	Integer	6	Yes	Use this field to report the very first calendar year and month of the reporting period. For example, the file covering the 2020 reporting period, in which all contracts with a Performance Period End Date in the year 2020 will be reported, should report this field as 202001. Report as YYYYMM.	100%
TR006	Period Ending Date	No	Integer	6	Yes	Use this field to report the final calendar year and month of the reporting period. For example, the file covering the 2020 reporting period, in which all contracts with a Performance Period End Date in the year 2020 will be reported, should report this field as 202012.	100%

						Report as YYYYMM.	
TR008	Date Processed	No	Date	8	Yes	Use this field to report the date on which the file was created in CCYYMMDD format.	100%