

HEALTHFACTS RHODE ISLAND APPLICATION FOR LEVEL 3 CLAIMS EXTRACTS (COPY OF ONLINE APPLICATION)

Please be advised that applicants are unable to save and return to the online application form, and therefore must complete the full application at one time. We strongly recommend applicants review this copy of the application to ensure they have the necessary information and documentation before beginning the online application.

1. Instructions

The Rhode Island Department of Health (RIDOH) may release data from HealthFacts RI, Rhode Island's All-Payer Claims Database (RI APCD) to a person or organization engaged in improving, evaluating or otherwise measuring health care provided to members.

Level 3 extracts require a full application and review process. To request Level 3 extracts:

1. Review the PDF copy of the online application and gather all necessary documentation before beginning the online application. PLEASE NOTE: YOU CANNOT SAVE AND RETURN TO THE ONLINE APPLICATION ONCE YOU HAVE BEGUN.
2. Complete the online application.
3. Attach a signed Data Use Agreement to this application.
4. Complete the Application Fee Remittance form and mail check to RIDOH (see Application Fee information below).
5. Once application and fee are received, a member of the HealthFacts RI team will contact you regarding any issues with your application and next steps.
6. The application is posted to <http://www.health.ri.gov/data/healthfactsri/> for public comment for at least 10 business days.
7. The RI APCD Data Release Review Board reviews the application to ensure patient privacy is protected, and makes a recommendation to the RIDOH Director.
8. The Director approves or denies the request based on the Board's recommendation.
9. If approved, applicant completes the Data Acquisition Fee Remittance Form and mails in a check for the data acquisition fee to RIDOH.
10. The State transfers extract(s) to the applicant (30-45 days after request is approved).

FORMS AND ATTACHMENTS: All forms and application attachments associated with Level 3 extracts can be found at <http://www.health.ri.gov/data/healthfactsri>. Please submit all attachments in document or PDF format. The following file types are not accepted: .html, .exe, .dll, .php, .php3 or .phps. Attachments are limited to 10 MB.

APPLICATION FEE: Along with submission of the online application, all applicants must mail in the Application Fee Remittance Form and a non-refundable \$100 application fee (in the form of a check). **DATA REQUESTS WILL NOT BE CONSIDERED UNTIL BOTH THE ELECTRONIC APPLICATION AND THE REMITTANCE FORM/APPLICATION FEE ARE RECEIVED.** The Application Fee Remittance Form and mailing address can be found on the RIDOH HealthFacts RI webpage (www.health.ri.gov/data/healthfactsri).

DATA RELEASE REVIEW BOARD: Once the application is submitted and payment is received, a member of the HealthFacts RI team will contact you regarding next steps. All applications are reviewed by the APCD Data Release Review Board, which meets monthly. The Board reviews requests to ensure patient privacy will be adequately protected by evaluating the following criteria:

- Appropriate privacy and security protections are in place to protect patient privacy
- Applicant will adhere to cell size suppression policy
- Access to data is necessary to achieve project's intended goals (there is an obvious link between project and data)

- Applicant is qualified to protect and responsibly handle data

This review is strictly for privacy protection purposes and is not a scientific review. Applicants are encouraged to attend the Board meeting during which their application is being reviewed.

DATA ACQUISITION FEE:

If your request for APCD data is approved, a member of the RI APCD team will contact you about payment. Applicants should refer to the fees listed on the RIDOH HealthFacts RI webpage (www.health.ri.gov/data/healthfactsri) prior to submitting their applications.

For questions regarding the data request process or this application, please contact DOH.HealthFactsRI@health.ri.gov or Alyssa Ursillo, APCD Project Manager at aursillo@freedmanhealthcare.com or 617-243-9509 Ext. 204.

Per the RI APCD Regulations, parts of this application will be posted on the RIDOH HealthFacts RI website for public comment.

Questions marked with * are required.

2. General Information

2.1 Today's Date:*

2.2 Project Title:*

2.3 Organization Name:*

2.4 Organization Type (check one):*

- Academic Researcher
- Government Agency
- Data Submitter to RI APCD
- Other (please specify)

2.5 Project Lead (Principal Investigator, project Director, etc.):*

2.6 Project Lead Title:*

2.7 Other project personnel from your organization who will have access to RI APCD data:*

Contact Information

This section of the application will not be posted publically.

2.8 Project Contact:*

2.9 Project Contact Title:*

2.10 Phone Number:*

2.11 Email:*

2.12 Mailing Address:*

3. Project Details

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

Project Description

3.1 Provide a description of your project, including the following information (attach additional pages if needed):*

- Project purpose
- Research questions (if applicable)
- Why the data you are requesting is necessary to accomplish the project's purpose. If requesting the Extended Extract, please justify why service date and 5-digit zip codes are required for the project.

3.2 Attach additional project description information, if needed.

Distribution of Project Findings

3.3 Describe how project findings/results that will be disseminated and to whom (e.g. peer-reviewed publication, organization newsletter, program evaluation report, etc.)*

Note: All findings/results which will be publicly distributed must be submitted to the RI Department of Health at least 15 days prior to any release to ensure that the conditions of the Data Use Agreement (i.e. cell suppression) are being met (see Section 10 of the Data Use Agreement for further details).

3.4 Attach additional information about how findings will be distributed, if needed.

4. Data Requested

Please indicate the Level 3 detailed extract(s) requested. There are two extract types available: the Core Extract and Extended Extract. Both extracts contain member level demographic information, claim line detail (medical or pharmacy), and provider detail. The Core extract contains member 3-digit zip codes and service month and year. The Extended Extract includes member 5-digit zip codes and service date.

To determine which data and value added elements are available in each extract, refer to the detailed extract Data Files Layout on the RIDOH HealthFacts RI webpage (www.health.ri.gov/data/healthfactsri).

4.1 Which type of extract are you requesting (check all that apply)?*

- Core Extract Medical Claims
- Core Extract Pharmacy Claims
- Extended Extract Medical Claims
- Extended Extract Pharmacy Claims

4.2 Years requested (check all that apply):*

Extracts are available for the following calendar years. Prices are per extract, per year.

- 2011
- 2012
- 2013
- 2014
- 2015 (Medicare FFS data is for Q12015 and Q22015 only)

Data Linkages

RI APCD data may only be linked to other data sources that are specified in this application and for purposes approved by RIDOH. Applicants may not link APCD data to another data source for the purpose of identifying a member. If this project requires linkage to another data source (e.g. Census data), the applicant must provide a justification for why this linkage is necessary.

4.3 Will RI-APCD data be linked to another data source?*

- Yes
- No

4.4 If yes, will the data be linked to patient level data, individual provider level data, facility level data, or aggregate level data? (Check all that apply.)

- Individual patient data
- Individual provider data
- Facility level data
- Aggregate level data

4.5 If yes, provide a justification for each linkage indicated above and the steps you will take to prevent identification of individual members.

4.6 If yes, attach additional information about linkage, if needed.

5. Data Security

This section of the application will not be posted publically.

5.1 Attach a completed Data Management Plan template (4-page maximum).*

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

5.2 Attach any standard Data Privacy and Security Policies and Procedures from your organization and any third-parties that will access the data (not included in 4-page limit).

While documentation from contracted third-parties is not required, it may be requested at any time during the review process.

5.3 Attach additional organizational and/or third party Data Privacy and Security documents (if applicable)

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6. Applicant Details

Applicant Qualifications

6.1 Describe the qualifications of your organization and key personnel to implement the proposed data management plan with fidelity and to adhere to the Data Use Agreement.*

Use of Third Party Agents or Vendors

6.2 Will you be contracting with any third-party vendors who will have access to RI APCD data?*

- Yes
- No

6.3 If yes, list the name(s) of the third-party vendor(s)

6.4 If yes, list the services to be provided by third-party vendor(s):

7. Application Documentation

Data Use Agreement

7.1 Attach a signed Data Use Agreement form. The Data Use Agreement will be appended to include the data covered by the agreement and the application upon approval of the data request.*

The Data Use Agreement can be found at the RIDOH HealthFacts RI webpage

(www.health.ri.gov/data/healthfactsri).

Checklist

7.2 Verify that all required documents are attached.

- Completed Data Management Plan Template
- Signed Data Use Agreement

Signatures

By entering a name below, the Applicant attests that all information contained in this application is true and the Applicant will adhere to the restrictions and requirements outlined in the Data Use Agreement, to be executed between the Applicant and the Department of Health upon approval of this data request.

7.3 Name:*

7.4 Title:*

7.5 Organization:*

7.6 Date:*