



**Health Insurance Bulletin 2013-2**  
**Health Care Claims Data**  
**Revised April 10th, 2014**

(a) Purpose. The collection and analysis of health care claims data is a critical regulatory function of the Office of the Health Insurance Commissioner, necessary to support the regulation of health insurance rates, and the health care systems integration and affordability goals of the Office. R.I. Gen. Laws § 42-15.5-1 et seq.

(b) Authority. The Commissioner hereby issues this Bulletin in accordance with R.I. Gen. Laws §§ 42-14.5-1 et seq., 42-14-5, and 42-62-13, and OHIC Regulation 2. The Commissioner's Bulletin is issued pursuant to the status of the Office as a health oversight agency. Under federal HIPAA regulations, the Office may require the disclosure to the Office of claims data containing otherwise protected health information from entities regulated by the Office, for the purpose of fulfilling the health care system oversight activities of the Office. 45 C.F.R. § 164.512(d).

(c) Privacy and security. The Office shall contract with one or more trusted parties, such as data aggregation and analysis firms, to receive claims data submitted under this Bulletin or another previous directive from the Office. The firms will store the data, provide for the confidentiality and security of the data, and release the claims level data only to the Office, or to another data aggregation and analysis firm under contract with the Office to provide for the confidentiality and security of the data. Any Protected Health Information will remain in the contracted data aggregation and analysis firm's secure data warehouse and will be subject to appropriate security measures and will be used only as needed to complete the objectives described herein.

(d) Medicaid and Medicare claims data. The Commissioner intends to enter into interagency agreements for the collection of Medicaid and Medicare claims data.

Wherefore, it is hereby ORDERED:

1. Health insurance issuers with over 3,000 covered lives in this state shall submit claims data, in a format and in a manner prescribed by the Commissioner, for the purpose of supporting (1) the Rhode Island Chronic Care Sustainability Initiative ("CSI"), (2) the State Innovation Models Initiative grant ("SIM") awarded to Rhode Island by the U.S. Centers for Medicare and Medicaid Services, and (3) the two legislatively-mandated Health Care Planning & Accountability Advisory Council (HCPAAC) studies on the total cost of care and assessment of Rhode Island's behavioral health care system, authorized by S540A, passed during the 2013 session of the Rhode Island General Assembly (RI Gen. Laws section 23-81-4(h)(i)).
2. Claims data shall be submitted beginning on July 1, 2013, and thereafter on or before the first day of each calendar quarter. For claims data submitted in accordance with the 2014 revised bulletin, data shall be submitted beginning on April 25, 2014, and thereafter on or before the first day of each calendar quarter. Each claims data submission shall report on claims data for the calendar quarter ending six months prior to the date of submission. A revised submission shall be made if necessary to correct data quality issues in previous submissions.
3. Claims data shall be submitted (i) for Rhode Island residents for services provided by health care providers and facilities located within and outside of the state and (ii) in connection with the CSI initiative and the HCPAAC studies, for out-of-state employees and their dependents for services received by health care providers and facilities located within Rhode Island.
4. Claims data shall be submitted for: (i) claims paid or administered by RI licensed insurance companies; and (ii) claims administered by non-licensed companies affiliated in a holding company structure with RI licensed insurance companies.
5. With respect to data collected to support the CSI initiative, this Order shall take effect upon issuance of this Bulletin, and shall apply to claims data submitted with the Office, or with one or more of the Office's data aggregation and analysis firms, before or after the issuance of the Bulletin. In particular, and without limiting the scope and effect of the foregoing, the terms of this Order apply to claims data submitted by health insurance issuers since April 1, 2007 in connection with the CSI Initiative. With respect to data collected to support the SIM grant, this Order shall take effect upon issuance of this Bulletin, and shall apply to claims data submitted

with the Office, or with one or more of the Office's data aggregation and analysis firms, until the completion of SIM-related data collection, anticipated to occur by the end of calendar year 2013. With respect to data collected to support the legislatively-mandated HCPAAC studies, this Order shall take effect upon issuance of this Bulletin, and shall apply to claims data submitted with the Office, or with one or more of the Office's data aggregation and analysis firms, until the completion of HCPAAC studies, anticipated by the end of calendar year 2015.

Dated at Cranston, Rhode Island this 10th day of April, 2014.

  
Kathleen C. Hittner, Commissioner