



Rhode Island All-Payer Claims Database Member Opt-Out Notification Letter

Dear valued member,

All health insurers and administrators in Rhode Island are required to submit certain information about their plan enrollees to the Rhode Island All-Payer Claims Database (RI APCD).¹ Information to be submitted by UnitedHealthcare will include your eligibility details and medical and pharmacy claims data. **Personal information such as your name or any other information that could be used to identify you will not be provided.** More information regarding the APCD and your right to opt-out of the RI APCD program can be found below.

What is the RI APCD?

The RI APCD was created by the Rhode Island Department of Health (RI DOH). The database will include medical and pharmacy claims, provider and product information, and enrollee eligibility data. The RI APCD plans to use the data to create consumer-related information that compares the cost and quality of health care among health plans, doctors and hospitals. Several other states have similar programs in place.

What information will be shared with the APCD?

UnitedHealthcare is required to send information to the RI APCD.¹ Required information includes your eligibility, medical and pharmacy claims data. **We will not send your name, address, Social Security number, telephone number, email address, or any other information that could identify you to the database.** Once the data is sent to RI DOH and its APCD vendor, they have responsibility for protecting it according to the Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

Even though your information will be kept anonymous, you have the option to not participate in the RI APCD. **If you do not want your eligibility, medical and pharmacy claims data shared with RI DOH, please go to the RI APCD Opt-Out website at www.riapcd-optout.com and fill out the necessary information.** If you do not have access to the internet and would like to opt-out, please call the Rhode Island Health Insurance Consumer Support Line (RI-REACH) toll-free at 1-855-747-3224. A RI-REACH employee will be available to guide you through and handle the opt-out process on your behalf. UnitedHealthcare will be contacted by the RI DOH to confirm your exclusion from our RI APCD data submission. You can go to the website (www.riapcd-optout.com) or call the phone number ((RI-REACH) toll-free at 1-855-747-3224) at any time to exclude yourself from the RI APCD program.

Each adult individual in your family, who chooses not to participate in the RI APCD, must complete and submit the information on the website. You may register opt-out preferences on behalf of any minors covered under your plan. There is no deadline or time frame to decide you do not want to be a part of the RI APCD; however, this will be your only notice from UnitedHealthcare regarding your opt-out option from the RI APCD program.

For more information about the RI APCD, visit www.health.ri.gov/partners/collaboratives/allpayerclaimsdatabase, or email questions to OHIC.RIAPCD@ohic.ri.gov. If you have questions regarding your health plan benefits, please call the member phone number listed on your health plan ID card.

Thank you

Sincerely
UnitedHealthcare Team

¹ Effective May 1, 2014.

Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. HMO coverage provided by or through UnitedHealthcare of New England, Inc.