# ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE DATA RELEASE REQUEST

CONTACT	INFORMATION	
Project Title: Self Insured Reporting, Data	Research	
Date: 4.4.2019		
Organization: Self Insured Reporting		
Organization Type: Commerical	Phone Number	: 844-568-3117
Mailing Address: 498 N. Main Street		
City: Mauldin	<sub>State:</sub> SC	ZIP Code: 29662
Contact Person: Mark Combs		
Title: CEO		
Email: mc@selfinsuredreporting.com		
Phone Number: 864-867-3172		
PROJECT I	NFORMATION	
Project Description (Use Additional Pages as Needed)	( )	
We are a reporting and claim analytics softwater. Our plan is to do research to see if winformation in various geographic areas into their clients would like to potentially be able to providers are.	e could integrate provour application. The id	rider and cost range dea is that brokers and
Evaluation Criteria (Use Additional Pages as Needed)		
Answer the following questions that will be asked during to answer any question if necessary.  1. Is the request consistent with the Transparency Initiative 2. Are there real or potential conflicts of interest or anti-co 3. If IRB approval is required, has the approval been granted. Does the data request contain the minimum information 5. Does the request minimize the risk of re-identification or	e's goals and purpose? mpetitive concerns? d? n required?	ess. The APCD will work with you to
Dranged Project Start Date: ASAP		
Proposed Project Start Date: ASAP		
Proposed Project End Date: N/A		
Is funding for the project dependent on approva	of this request?   \[ \subseteq Yes	es <b>I</b> No



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	DA	TA REQUEST			
Data Files  ☐ Enrollment Data ☐ Medical Claims ☐ Pharmacy Claims ☐ Dental Claims ☐ Provider Data  Parameters					
	Date Range	Date Type	Other Paramet	ers	
Enrollment*					
Medical Claims	1/1/2016	Most Recent			
Pharmacy Claims	1/1/2016	Most Recent			
Dental Claims					
*If requested member data should include all active members as of a specific date, e.g. 1/1/2013, the requested member date range should 'predate' that date to ensure that all active members are selected. For example, if all active members are required for 2013, the data request should indicate that member data should include records with date of first enrollment < 2013-01-01 and the date of disenrollment > 2013-01-01.  Payer-Level Detail (e.g., Medicaid or private payer)  Private payer certainly, but would like to consider other payers depending upon costs. Medicare, etc.					
Preferred Data File Type  ☐ Text File ☐ SAS File ☐ MS Excel Spreadsheet ☐ SQL Server 2016 Table ☐ Other  Other: Whatever is the easiest for you (and the least expensive) - we can deal with all formats					
Preferred Data Delimiter					
☐ Pipe ☐ Tab ☐ Comma					
Preferred Text Qualifiers					
☐ Single Quote ☐ Double Quotes ☐ None ☐ Other  Other: Whatever is the easiest for you (and the least expensive) - we can deal with all formats					

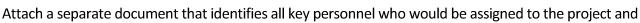


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### **DATA USAGE**

Note: Ark. Code Ann. § 23-61-907 prohibits the use of data to reidentify or attempt to reidentify an individual without obtaining the individual's consent.

Do you plan to merge or combine the Initiative data with other data files? Note, this does not include comparing Initiative data with other data files (e.g., Census data).
☐ Yes ■ No
If yes, what is the purpose?
Which data elements will be used to merge or combine the Initiative data with other data files?
N/A
PUBLICATION AND DISSEMINATION
Describe your plans to publish or disseminate the derived or extracted information:
Depending upon the data and if this works, we could show a range of costs paid for various procedures or by various providers in our software.
Do you anticipate that the Initiative Data requested, or information published or disseminated based on Initiative Data, could be used for anticompetitive purposes, including but not limited to price-fixing, market or customer allocation, service or output restriction, price stabilization, or in any way that restricts or limits competition?
□Yes ■No
QUALIFICATIONS AND EXPERIENCE



For all key personnel, describe the experience, if any, with prior or current projects of comparable scope and complexity to this project.



describe their qualifications.

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#### **OTHER PROJECT PARTICIPANTS**

OTHER HOSE TARTER AND				
Provide the name, role, and o contractors, and clients that w	_		•	
Name	Role		Organization	
Will a third-party or other organ	nization have access to the Initi	ative Data?	Yes No	
Provide the following third-part Initiative Data or who will be na	•	•		
Company Name:				
Contact Person:				
Title:				
Email:				
Phone Number:				
Mailing Address:				
City:	State	:	ZIP Code:	
Will the data be housed at an o	off-site location?	□Yes	■No	
If yes, submit their data manag	ement policies and procedures	in your Data Manag	gement Plan. What is	
their role in the project?				
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