ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE
DATA RELEASE REQUEST

CONTACT INFORMATION

Project Title: Urban-Rural Disparities in Healthcare Quality for Children

Date: February 18, 2018

Organization: Geisel School of Medicine at Dartmouth

Organization Type: Researcher Phone Number: 603-653-0855

Mailing Address: Rm 551, WTRB, Dartmouth-Hitchcock Medical Center

City: Lebanon State: NH ZIP Code: 03756

Contact Person: JoAnna Leyenaar

Title: Associate Professor of Pediatrics

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Phone Number: 603-653-0855

PROJECT INFORMATION

Project Description **(Use Additional Pages as Needed)**

The purpose of this project is to examine healthcare quality and outcomes in children and adolescents (including those < 18 years of age at any time during the data period), stratified among those with social and medical complexity using existing ICD-9/10 based algorithms, and to identify disparities among children who reside in urban and rural regions (with rurality determined based on 5-digit zip code linked to an existing rurality classification tool). We have attached a brief description of our project aims.

Evaluation Criteria **(Use Additional Pages as Needed)**

Answer the following questions that will be asked during the data request review process. The APCD will work with you to answer any question if necessary.

1. Is the request consistent with the Transparency Initiative's goals and purpose?
2. Are there real or potential conflicts of interest or anti-competitive concerns?
3. If IRB approval is required, has the approval been granted?
4. Does the data request contain the minimum information required?
5. Does the request minimize the risk of re-identification of individuals?

Proposed Project Start Date: May 1, 2018

Proposed Project End Date: June 30, 2023

Is funding for the project dependent on approval of this request? ☐ Yes ■ No

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DATA REQUEST

Data Files

☒ Enrollment Data ☒ Medical Claims ☐ Pharmacy Claims ☐ Dental Claims ☒ Provider Data

Parameters

	Date Range	Date Type	Other Parameters
Enrollment*	01/2013-12/2016	Date of Enrollment	Member characteristics; limi
Medical Claims	01/2013-12/2016	Date of Service	Provider, all ICD-9/10 codes
Pharmacy Claims			
Dental Claims			

Notes

Date Range *is the month and year. Historical data dates back from 2013.*

Date Type *is how the date range should be defined for the project (e.g., date of service, date of claim submission, date of claim payment, or date of enrollment).*

**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)

Medicaid, Commercial payer, self-pay if available

Preferred Data File Type

☐ Text File ☒ SAS File ☐ MS Excel Spreadsheet ☐ SQL Server 2016 Table ☐ Other

Other: _____

Preferred Data Delimiter

☐ Pipe ☐ Tab ☒ Comma ☐ Other

Other: _____

Preferred Text Qualifiers

☒ Single Quote ☐ Double Quotes ☐ None ☐ Other

Other: _____

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DATA USAGE

Note: Ark. Code Ann. § 23-65-907 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?

We will use existing data files including CMS Taxonomy files, Rural-urban Commuting Classification, and American Hospital Association data files to group providers by specialty, zip-codes by rurality, and hospitals by size and type.

Which data elements will be used to merge or combine the Initiative data with other data files?

Five-digit zip codes will be used to characterize each zip code as urban or rural using the Rural-Urban Commuting Classification software. In addition, travel times from 5-digit zip code centroid to healthcare providers and hospitals will be determined using existing travel-time files available at Dartmouth. We will determine provider specialty by linking provider IDs with taxonomy codes. Finally, we will link hospital names with American Hospital Association data files to describe hospital size and type.

PUBLICATION AND DISSEMINATION

Describe your plans to publish or disseminate the derived or extracted information:

Our goal is to identify urban-rural disparities in healthcare access and quality for children. To disseminate our findings, we plan to publish our work in peer-reviewed clinical journals. We are also happy to share any findings with the state of Arkansas. We will abide by all requirements regarding minimum cell size and will not publish any data that violates Arkansas APCD requirements.

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

Attach a separate document that identifies all key personnel who would be assigned to the project and describe their qualifications.

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

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OTHER PROJECT PARTICIPANTS

Provide the name, role, and organization of all the receiving organization's employees, contractors, and clients that will have access to the Initiative Data. Use a seperate page if needed.

Name	Role	Organization

Please see attached; only Dartmouth faculty and staff on the research team will have data acc

Will a third-party or other organization have access to the Initiative Data? ☐Yes ■No

Provide the following third-party information for all individuals or organizations who will have access to Initiative Data or who will be named as being affiliated with this project. Use a separate page if needed.

Company Name: _____

Contact Person: _____

Title: _____

Email: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Will the third party have access to the data at an off-site location? ☐Yes ■No

If yes, submit their data management policies and procedures in your Data Management Plan.

What is their role in the project?