CONTACT INFORMATION			
Project Title: Internal Review of Arkansas World	ks		
Date: July 3, 2018			
Organization: Department of Human Services			
Organization Type: State Agency/General Asser	Phone Number:	501-396-6421	
Mailing Address: PO Box 1437 Slot W401			
City: Little Rock	State: AR	ZIP Code: 72203	
Contact Person: David J McMahon II			
Title: DHS Chief Financial Officer for Medicaid S	ervices		
Email: david.mcmahon@dhs.arkansas.gov			
Phone Number: 501-396-6421			
PROJECT INFO	ORMATION		
The Department of Human Services is reviewing individuals participating in the Arkansas Works produced limit and DHS wants to determine actuality limit and DHS wants to determine actuality limit and DHS wants to determine actually sharing paid by the carriers who participate in the of rates for calendar year 2019. DHS is needing objectives of the Department.	program. The progra lal medical service of e program as the ca	am is subject to a budget cost and potential cost arriers begin development	
Evaluation Criteria (Use Additional Pages as Needed)			
Answer the following questions that will be asked during the danswer any question if necessary. 1. Is the request consistent with the Transparency Initiative's goal. Are there real or potential conflicts of interest or anti-comped. If IRB approval is required, has the approval been granted? 4. Does the data request contain the minimum information requests. Does the request minimize the risk of re-identification of ind	pals and purpose? etitive concerns? uired?	ss. The APCD will work with you to	
Proposed Project Start Date: July 5, 2018			
Proposed Project End Date:	_		
is funding for the project dependent on approval of	this request?	E III No	



DATA REQUEST				
Data Files Enrollment Data Parameters	■ Medical Claims 🗏 F	Pharmacy Claims 🗏 Der	ntal Claims 🗏 Pr	rovider Data
	Date Range	Date Type	Other Parame	ters
Enrollment*	1/1/14-12/31/17	Date of Enrollment		•
Medical Claims	1/1/14-12/31/17	Claim Pymt Date		
Pharmacy Claims	1/1/14-12/31/17	Claim Pymt Date		
Dental Claims	1/1/14-12/31/17	Claim Pymt Date		
2013, the data request sho date of disenrollment > 20	ould indicate that member da 113-01-01. 3., Medicaid or private pa	e members are selected. For ta should include records with yer)		
_	AS File		erver 2016 Table	□ Other
				-
Preferred Text Qualifie Single Quote Other:	Double Quotes ☐ No	one 🗆 Other		_
ARKANSAS				



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?
PUBLICATION AND DISSEMINATION
Describe your plans to publish or disseminate the derived or extracted information:
Data will be used for internal calculations.
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.



OTHER PROJECT PARTICIPANTS

OTHER PROJECT PARTICIPANTS				
	d organization of all the rece t will have access to the Init			needed.
Name	Role		Organ	ization
Please see separate pag	ge			
Will a third-party or other or	ganization have access to the	Initiative Data?	■Yes	□No
Initiative Data or who will be	earty information for all individual named as being affiliated wit	_		
Company Name: Milliman	, Inc			
Contact Person: Michael	Cook			
Title:				
Email: michael.cook@n	nilliman.com			
Phone Number: 262 796	3417			
Mailing Address: 15800 V	V. Bluemound Road			
City: Brookfield		tate: WI	ZIP Cod	e: <u>53005</u>
If yes, submit their data man What is their role in the proj Milliman is the DHS con	ess to the data at an off-site lo agement policies and proced ect? tracted actuary that will as ures to DHS Executive Sta	ures in your Data	Management Plan	ding various



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
Dawn Stehle	Medicaid State Director Oversees the policy implementation of the Arkansas Works 1115 Demonstration Waiver.	Arkansas DHS
David McMahon	Chief Financial Officer for Medicaid Oversees the financial impact of any changes in policies related to the Arkansas Works 1115 Demonstration Waiver.	Arkansas DHS
William Lewis	Data Analytics Consultant Oversees data ran through the DHS Decision Support System and would lead any data runs done within DHS on the data being requested.	Arkansas DHS