BIENNIAL
REPORT
2022–2023

ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE

ACHI
INSPIRING HEALTHY ACTS

AID
ARKANSAS INSURANCE DEPARTMENT
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Healthcare
Transparency
Initiative

Introduction

The Arkansas Healthcare Transparency Initiative (HTI), established in 2015, continues to support a broad spectrum of activities to inform consumers, researchers, and policymakers with actionable, data-driven insights into the healthcare landscape. The Arkansas All-Payer Claims Database (APCD), as part of the HTI, has evolved into an important tool and resource to support these efforts. This report offers a snapshot of the past two years (2022–2023), featuring achievements made possible through our collaborative efforts and data users.

HTI Governance

The HTI is under the authority of the Arkansas Insurance Department (AID), with the Arkansas Center for Health Improvement (ACHI) named as the statutorily designated administrator. The HTI Board advises AID, focusing primarily on the oversight of data requests and data outputs. To support its functions, two specialized subcommittees have been established: the Data Oversight Committee and the Scientific Advisory Committee. The Data Oversight Committee is tasked with reviewing data requests and making recommendations to the HTI Board, ensuring that data usage aligns with the initiative's objectives and privacy standards. The Scientific Advisory Committee provides a critical peer review function for academic research proposals, upholding the scientific integrity of projects utilizing HTI data. For a detailed list of HTI board and committee members, refer to Appendix A.

Data Submission

HTI data include medical, pharmacy, and dental claims; enrollment and provider files; hospital discharge and emergency department data for the uninsured; cancer registry data; birth and death records; and medical marijuana qualifying patient and dispensary data.

Entities that submit to the HTI include issuers of health or dental insurance plans, Medicaid, Medicare (with agreement from the federal government), the state and public school employee plan, state-funded colleges and universities, the Arkansas State Police, the Arkansas Workers' Compensation Commission, pharmacy benefit managers (PBM), third-party administrators (TPAs), managed care organizations, Provider-led Arkansas Shared Savings Entities (PASSE), and the Arkansas Department of Health. The following table shows the data elements available by submitting entity and the date range covered for each.

AVAILABLE HTI DATA AS OF OCTOBER 2023

HEALTHCARE COVERAGE

	Category	Years	Count
	COMMERCIAL	2013-2023	3,882,736 covered individuals
	AR MEDICAID	2013-2023	1,945,815 covered individuals
	MEDICARE	2013-2020	909,352 covered individuals
	AR STATE/SCHOOL EMPLOYEES	2013-2023	352,726 covered individuals
	AR WORKERS' COMPENSATION	2013-2023	60,899 covered individuals
	BIRTH CERTIFICATE	2013-2022	362,305 children
	DEATH CERTIFICATE	2013-2022	334,161 individuals
	HOSPITAL DISCHARGE*	2013-2021	102,016 individuals
	EMERGENCY DEPARTMENT*	2013-2021	615,115 individuals
	CANCER REGISTRY	2013-2020	134,480 individuals
	MEDICAL MARIJUANA CARDHOLDERS	Aug 2018-Sep 2020	100,617 individuals

* Self-pay and uninsured only

MEDICAL   PHARMACY   ENROLLMENT   DENTAL   PROVIDER

Current Data Requesters

HTI data are available by request through ACHI, as approved by AID. Data may be acquired for one-time use on a project or through a subscription that allows use for multiple projects. State agencies are eligible to receive a subscription without a fee.

HTI DATA REQUEST SUMMARY: 2022–2023

Year	Applications Received	Projects in Progress	Subscriptions
2022	10	29	4
2023	9	27	4

Applications Received: The number of applications received during the year includes applications that were canceled at a subsequent time. *Projects in Progress*: Applications received are not included in the total, but subscription projects are included. *Subscriptions*: ADH, ACHI, AID, and ABI had subscriptions for 2022 and 2023.

Data Use

Arkansas Biosciences Institute

Since 2018, Arkansas Biosciences Institute (ABI) projects utilizing the APCD have secured nearly $15 million in funding, reflecting their significant contributions to health services research. The ABI subscription is used for projects by ABI-affiliated researchers at the University of Arkansas for Medical Sciences, the University of Arkansas, Arkansas Children's Research Institute, and Arkansas State University. During 2022 and 2023, 26 ABI projects were approved by AID. These projects and others in progress covered a variety of topics, from examining the effectiveness of home-visiting programs on maternal and child health in Arkansas to developing algorithms aimed at reducing disparities in infant health outcomes. They also include investigations into maternal exposures to psychiatric medication potentially linked to birth defects and efforts to validate self-reported medication use during pregnancy. These studies, and other listed in Appendix B, leverage diverse data sources and methodologies to address health issues and disparities.

Collaboration with DHS and AFMC

To establish a more comprehensive record of healthcare services provided to children in foster care, ACHI is collaborating with the Department of Human Services (DHS) and Arkansas Foundation for Medical Care (AFMC) to provide historical diagnoses and treatment information. This project involves linking data from the APCD with records held by DHS and AFMC to enable the accurate tracking and analyses of healthcare utilization over time for foster kids to provide a more comprehensive profile of their healthcare history as they prepare for adoption.

ARHOME Evaluation

The Arkansas Health and Opportunity for Me program, or ARHOME, uses Medicaid expansion funds to purchase private health plans for eligible beneficiaries. General Dynamics Information Technology (GDIT) is evaluating ARHOME, comparing its population to traditional Medicaid fee-for-service recipients through qualitative and quantitative analyses. Over five years, GDIT will receive anonymized enrollment data from the Arkansas APCD to aid in conducting analyses related to coverage transitions as part of the evaluation. Results of the evaluation will be reported to DHS and the Centers for Medicare and Medicaid Services.

Out-of-State Contributions

Several out-of-state organizations and researchers request data, and those requests must align with the HTI's goals and purposes and demonstrate a benefit to Arkansas.

Projects include the RAND Hospital Price Transparency Study, an employer-led initiative using claims data to compare hospital prices and enable employers to make informed decisions regarding health plans and provider networks.

The DecisionQ project aims to stratify the risk of undiagnosed chemical dependency or substance use disorders using data described in peer-reviewed journal articles.

The Agency for Healthcare Research and Quality (AHRQ) commissioned NORC at the University of Chicago and its partners to focus on creating a "Physician and Physician Practice Research Database" from administrative data for 13 states, including Arkansas. This database will address data gaps in health services research and support healthcare policy decision-makers in resource allocation, especially during public health emergencies.

A researcher from Brown University is examining the effects of Medicaid expansion on disparities in postpartum insurance coverage, healthcare access, and health outcomes among recently pregnant women in Arkansas, utilizing birth certificate and claims data to link births to healthcare utilization and outcomes.

A researcher at Cornell University is investigating the effects of cost-sharing on healthcare utilization among low-income populations through the lens of Medicaid expansion in Arkansas, aiming to provide insights into how privatization affects healthcare access and utilization in this demographic.

ACHI

ACHI maintains a subscription for HTI data and has conducted multiple projects during 2022 and 2023, focusing on issues such as variations in C-section rates; the implications of long COVID; out-migration of service delivery in Northwest Arkansas; an analysis of the state's primary care physician workforce; an assessment (with the Arkansas Department of Human Services) on behavioral health workforce, utilization, and costs; community health needs assessments; and dental care utilization. For more details on ACHI projects, see Appendix C.

Data Users Group

Since September 2019, ACHI has hosted quarterly meetings for the Data Users Group, a forum for data users to examine practical applications of APCD and HTI data. These sessions provide opportunities for participants to learn about specific data-related topics, receive guidance from ACHI experts, and present data use cases or analytic solutions. Discussions have included topics such as the impact of insurer size on negotiated prices, social network analysis of opioid prescribing, and addressing healthcare issues (e.g., pediatric asthma risks, dental care utilization, etc.). All meetings are recorded and available for review at arkansasapcd.net. Additionally, ACHI maintains a repository of data tips and ways to address data variations across different entities and years, ensuring users can effectively merge and analyze data. See Appendix D for more information on topics covered.

National Movement

Efforts have been made to leverage APCDs at a national level to enhance healthcare transparency and address systemic challenges, aiming to standardize and harmonize health data across states. By fostering collaboration between state and federal entities, these initiatives seek to build more comprehensive data coverage.

In 2021, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) tasked RAND with analyzing the landscape of state all-payer claims databases (APCDs), which laid the groundwork for a national initiative to enhance healthcare transparency. A companion piece was published in 2022, which describes the U.S. Department of Health and Human Services' growing interest in APCDs as a tool to address healthcare challenges. Among the highlighted case studies was the innovative use of the Arkansas APCD to study medical marijuana use in Arkansas, utilizing a linkage of APCD data with the Arkansas Department of Health medical marijuana patient registry, dispensary purchases, vital records, hospital emergency department records, and data from the Arkansas State Police on motor vehicle crashes.

Despite the existing potential of state-level claims data for healthcare research, limitations in scope and comparability across states remain a hurdle. To overcome these challenges, ASPE, supported by the Patient-Centered Outcomes Research Trust Fund, is developing a pilot database that aims to achieve greater insight into health outcomes and care costs.

"Realizing the Promise of All Payer Claims Databases: A Federal and State Action Plan" — a white paper funded by the Robert Wood Johnson Foundation and prepared by Manatt —

proposes a collaborative federal-state model to enhance the utility of APCDs. This model would involve states retaining ownership of health data while adhering to national standards and practices to ensure uniformity and completeness. Under the plan, a national health data organization (HDO) would be created to centralize the data collected by the states, supported by federal financial incentives. This organization would also integrate federally regulated data, including that from Employee Retirement Income Security Act plans, to provide a comprehensive view of health data across states. The governance of the HDO would be a multilateral arrangement, including federal, state, and consumer stakeholders, reflecting a balanced partnership aimed at promoting transparency, protecting privacy, and leveraging APCDs for policymaking and health system improvements.

Enhancements to HTI Data Use

ACHI is developing several enhancements to support the use of HTI data, aiming to improve healthcare research and policymaking capabilities. Among these, the Member Enrollment Selection Table (MEST) simplifies the process of identifying study populations by offering data users the ability to easily segment and identify study populations by member enrollment and coverage activity. It also introduces the ability to categorize populations based on payer type, facilitating more nuanced and targeted research efforts.

In addition to MEST, ACHI is preparing a mother and child cross-reference table. This table will serve as a supplemental data asset to assist users in bringing together claims and enrollment data for mothers and children. Also in development is a type 2 diabetes analytic file. This project compiles a dataset that spans multiple years, incorporating enrollment details, medical and pharmacy service data for individuals identified with type 2 diabetes. This dataset will enable analysts and researchers to explore various aspects of diabetes care, including the geographic distribution of members, the volume and rates of diabetes services utilized, associated costs, and the impact of sustained healthcare coverage on condition management.

Another enhancement is the development of a multi-payer dashboard of healthcare spending to help policy leaders and the public to better understand some of the basic drivers of and variations in healthcare costs in Arkansas. By aggregating data by payer type, county, and service category, this project will help highlight spending differences and support evidence-based decision-making. Together, these enhancements expand the utility of HTI data, supporting research and policy analysis to improve healthcare outcomes statewide.

Appendix A

ARKANSAS HTI BOARD MEMBERS

Jill Arnold (Chair)*
Consultant, Consumer Reports

Bradley C. Martin (Vice-Chair)
Professor, Division Head of Pharmaceutical
Evaluation and Policy, University of
Arkansas for Medical Sciences

Cal Kellogg
Executive Vice President and Chief Strategy
Officer, Arkansas Blue Cross and Blue
Shield

Austin Porter*
Deputy Chief Science Officer,
Arkansas Department of Health

Doug Weeks*
Executive Vice President, Baptist Health

Shan Pethaperumal
Division of Medical Services
State Systems Architect
Arkansas Department of Human Services

Chad Aduddell
Market Chief Executive Officer, CHI St.
Vincent

Anne Santifer
Executive Director, Office of Health
Information Technology
Arkansas Department of Health

Billy Roehrenbeck*
Owner, Pulaski County Title

John Ryan
President and CEO, Arkansas Health &
Wellness Solutions

Dr. Kay Chandler
Arkansas Surgeon General

Jeff Brinsfield
Vice President of Information Systems,
QualChoice

Jayme Mayo
Nabholz

Robert McGehee (Ex-officio, nonvoting
member)
Arkansas Biosciences Institute

*Member of the Data Oversight
Subcommittee

SCIENTIFIC ADVISORY SUBCOMMITTEE

Bradley C. Martin
Professor, Division Head of Pharmaceutical
Evaluation and Policy,
University of Arkansas for Medical Science

Richard R. Owen
Director and Principal Investigator, Center
for Mental Healthcare and Outcomes
Research
Associate Chief of Staff for Research,
Central Arkansas Veterans Healthcare
System
Professor, University of Arkansas for
Medical Sciences

Dr. Keith Williams
Professor, College of Public Health,
University of Arkansas for Medical Sciences

Appendix B

Project Name	Project Summary
Constructing a hyperparameter tuning workflow	This study aims to develop a big data framework that uses high-performance computing to improve the classification of severely imbalanced big data, particularly in predicting substance use disorder diagnoses after obtaining an Arkansas medical marijuana card, while significantly reducing computational time.
Long-term risk of cardiovascular disease in mothers who have infants with congenital heart defects in Arkansas	This study investigates the long-term cardiovascular disease (CVD) risk in mothers with histories of pregnancies affected by congenital heart disease (CHD), using data from the National Birth Defects Prevention Study. Women are categorized as exposed or unexposed based on whether their pregnancy involved CHD, aiming to determine the association between CHD-affected pregnancies and subsequent CVD risk in mothers.
Assessing the burden of colorectal cancer mortality and potential risk factors in persistent poverty counties compared to other counties in Arkansas	The proposed study will demonstrate the capacity of conducting colorectal cancer (CRC) research in Arkansas, utilizing all of these valuable resources — especially in rural and persistent poverty areas where the CRC mortality rate is highest — and obtain preliminary data to uncover the underlying mechanisms of CRC mortality in these areas.
Relationship of Food Insecurity and Diabetes in Arkansas	This project aims to explore the link between food insecurity and diabetes in Arkansas by analyzing the relationship between the availability of unhealthy versus healthy food options and diabetes metrics at the ZIP Code Tabulation Area level.
Impact of School Meal Delivery on Behavioral Disorders among Children in Health Disparity Populations	This project will explore whether policies to facilitate participation in school nutrition programs reduce diagnosis rate disparities in behavioral disorders.

The association of hormone replacement therapy and the postponed onset of Alzheimer's disease in women with Down syndrome	This study proposes to evaluate the onset of Alzheimer's disease in women with Down syndrome who received hormone replacement therapy during menopause compared to those who didn't receive it.
Assessing the quality of the linked Arkansas Cancer Registry Data and All-Payer Claims Data	The overall goal of this study is to examine the quality of the linked Arkansas Cancer Registry and APCD data to generate preliminary data for an R01 application focused on identifying reasons for elevated mortality in colorectal cancer patients.
Evaluating care in patients with brain tumors in Arkansas	This project analyzes Arkansas healthcare data from 2005 to 2022, including inpatient, emergency department, and cancer registry records, to track brain mass or tumor diagnoses and treatments like surgery and radiation therapy. By linking this data with Arkansas Medicare and death certificates, the study aims to explore the impact of social determinants of health and treatment types on patient survival.
Did the Medicaid Private Option Shorten Time-to-Diagnosis for Cancer Patients? An Analysis of the APCD	This study evaluates how enhanced Medicaid reimbursement affects cancer patient outcomes, particularly focusing on whether the private option can reduce disparities in accessing specialized cancer services.
Association of P-gp substrates with the development of Alzheimer's disease	This study investigates the relationship between the use of P-glycoprotein (P-gp) substrate medications and the risk of developing Alzheimer's disease, utilizing the APCD. By identifying drugs that potentially interfere with amyloid beta-peptide clearance and thus increase risk of Alzheimer's, the research aims to facilitate further in vitro testing of these medications.
Comparing the referral to diabetes self-management and education and support programs	This project analyzes Arkansas's Medicare and Medicare Advantage beneficiaries with type 2 diabetes, identifying patients through diagnosis codes and medication data in the APCD. It will employ the RxRisk score for chronic condition identification and risk adjustment and examines the utilization of diabetes self-management education and support (DSMES). Utilizing logistic regression, the study aims to assess the likelihood of DSMES referral within both Medicare fee-for-service and Medicare Advantage groups.
Association of Quality Metrics and Adverse Outcomes for Children with Asthma	This project proposes to use the APCD to explore relationships between asthma quality metrics and adverse outcomes in children.

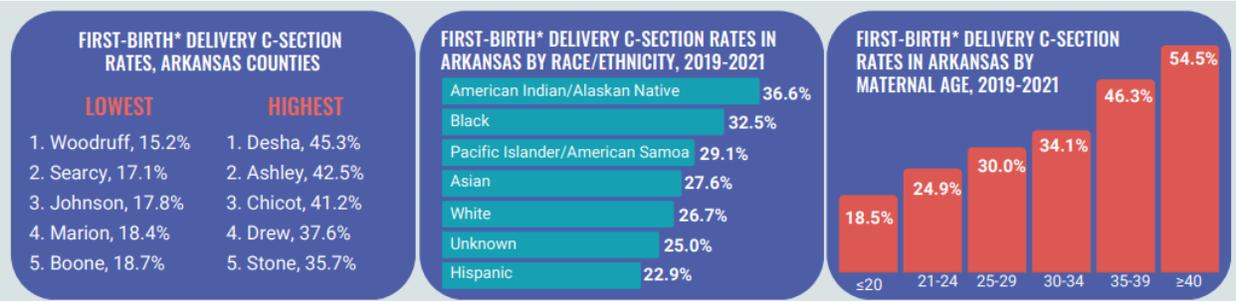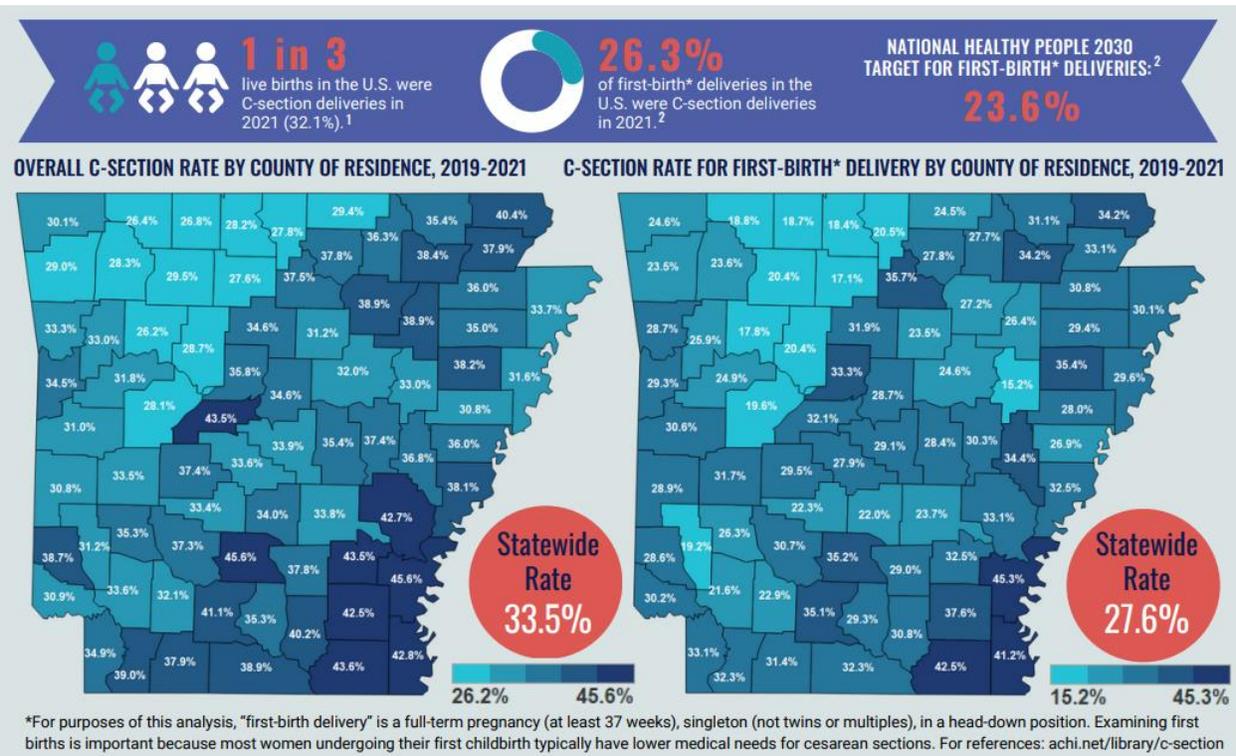|	
Adolescent obesity academic performance, long-term outcomes and predictive factors	This retrospective study links adolescents' BMI and education data from the Arkansas Department of Education with healthcare data in the APCD, using de-identified IDs. The study connects neighborhood demographics (e.g., income, education, vehicle access) from the American Community Survey to analyze the impact on BMI, with privacy safeguards in place to mask actual locations.
Prescription Stimulant Use in Patients with Long-Term COVID-19 Sequelae	The study explores the relationships between patients who have persistent long-term symptoms following COVID-19 and potential increased use of prescription stimulant medications.
Buprenorphine treatment for opioid use disorder in Arkansas	This study will investigate initiation and retention on buprenorphine treatment for opioid use disorder in Arkansas through the APCD.
Analysis of Hospitalizations and Deaths Caused by a Select Enteric Pathogen in Arkansas	This study will analyze Salmonellosis, an enteric pathogen with the highest number of recorded hospitalizations and deaths in Arkansas from 2013 to 2019.
Social Determinants of Health and Healthcare Utilization Among Individuals with History of Jail Incarceration	The primary aim of this study is to evaluate healthcare utilization among individuals detained in the Pulaski County Reginal Detention Facility in 2018. It proposes to evaluate healthcare use via claims data among this sample of individuals for five years prior to their incarceration (2013–2018) and one year following their incarceration (2019).
Algorithmic fairness in predictive models to eliminate disparities in adverse infant outcomes: A case for race	This project aims to develop predictive algorithms for low birthweight birth using insurance claims data and birth certificate data from the APCD.
The impact of the social determinates of health on colorectal cancer screening	This work will analyze colorectal cancer incidence, screening and cancer registry data merged with community-level social determinants of health factors. It aims to gain a better understanding of incidence rates, and the barriers to screening. It is especially interested in how social factors are related to incidence and screening likelihood.
Impact of Cancer in the UAMS Cancer Institute Catchment Area	This project will use data from the Arkansas cancer registry and APCD to perform a descriptive analysis of the UAMS Cancer Institute catchment area, defined as the state of Arkansas.

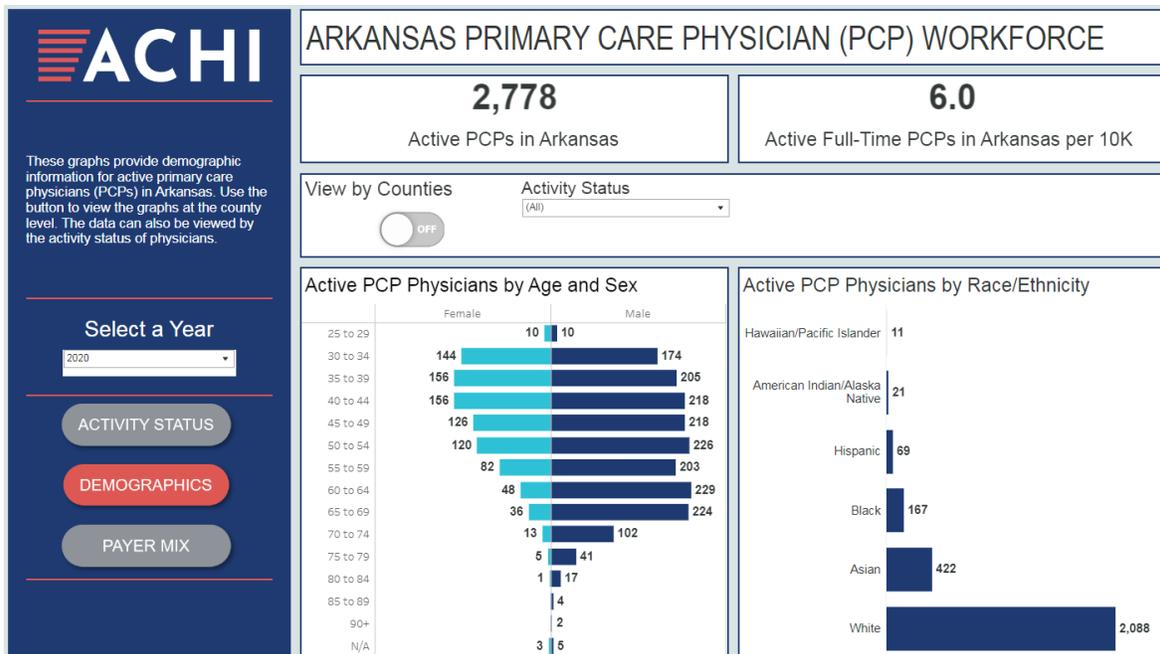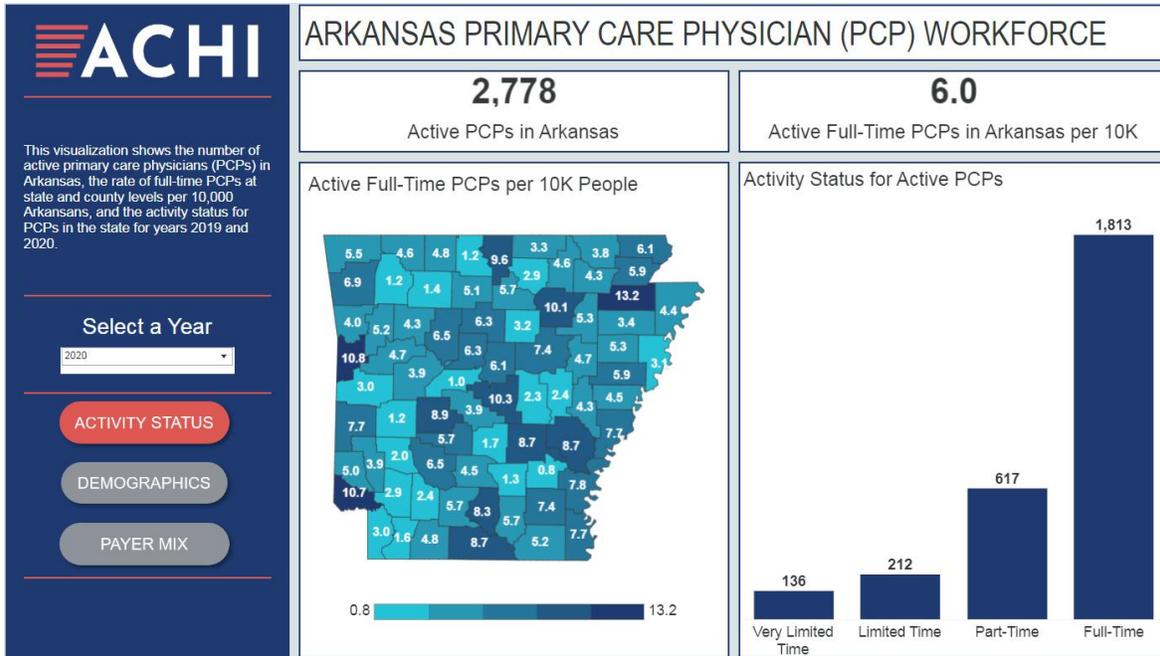|	
Unravelling Disparities in Cardiovascular Health Among Breast Cancer Survivors	This study aims to investigate the impact of underlying disparities on cardiovascular outcomes among breast cancer survivors in Arkansas, focusing on the health status differences between Black and White women. It utilizes comprehensive administrative healthcare data from the APCD to examine health disparities.
Recent Trends in the Mental Health Diagnoses Among Arkansas School Children	This study will compile specific mental health incidence and prevalence diagnosis rates and trends (from 2013–2020) in Arkansas school children (ages 5–16). Mental health conditions will initially include attention deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, anxiety, and depression.
Exploring the Association Between Medical Marijuana Status and Antiemetic Overuse	This study aims to assess the relationship between medical marijuana (MMJ) cardholder status and the overuse of antiemetics among cancer patients, hypothesizing that MMJ cardholders will show a significant decrease in antiemetic overuse. It will also explore geographic variations in antiemetic overuse by MMJ cardholder status across Arkansas.
Home Visiting in Arkansas: Exploring Impacts on Birth Outcomes, Maternal and Child Health, and Healthcare Utilization	This evaluation investigates the impact of the Parents as Teachers (PAT) program in Arkansas on mental health and care utilization for enrolled families during pregnancy, comparing them to a similar group of mothers who did not participate. It also examines whether children born to families enrolled in PAT during pregnancy, or before the child reaches 3 months of age, experience better birth outcomes than those who did not participate in the program.
The Arkansas Crisis Stabilization Study	This behavioral study examines behavioral health and criminal justice outcomes of patients who receive services through Arkansas Crisis Stabilization Units (CSUs). Approximately 200 patients will be recruited at baseline and scheduled intervals for one year. Over three years, detailed person-level assessments will examine individual outcomes of CSU availability and engagement. Cost impact to CSUs will also be examined.
Assessing Statewide Variation in Physician Prescribing Practices among Patients Receiving Treatment for Cancer in Arkansas	This pilot study will analyze physician prescribing practices for cancer treatment recipients in Arkansas to uncover disparities in healthcare. Findings will help the team understand the nuances of these practices and devise strategies to ensure equitable access to effective cancer care for all Arkansans. The study is conducted under PSGP 5118-Applied Research Methods Using Retrospective Data.

Appendix C

ACHI utilized birth records and insurance claims data to conduct an analysis of C-section rates across Arkansas for 2019-2021. This work involves categorizing C-section rates among all mothers, as well as a focused examination on first-time mothers with full-term, singleton pregnancies in a head-down position. ACHI identified variations in C-section rates by county, comparing these to national averages, and highlighted disparities in C-section rates.

1 in 3 live births in the U.S. were C-section deliveries in 2021 (32.1%).[1]

26.3% of first-birth* deliveries in the U.S. were C-section deliveries in 2021.[2]

NATIONAL HEALTHY PEOPLE 2030 TARGET FOR FIRST-BIRTH* DELIVERIES: [2] **23.6%**

OVERALL C-SECTION RATE BY COUNTY OF RESIDENCE, 2019-2021

Statewide Rate **33.5%**

26.2% — 45.6%

C-SECTION RATE FOR FIRST-BIRTH* DELIVERY BY COUNTY OF RESIDENCE, 2019-2021

Statewide Rate **27.6%**

15.2% — 45.3%

*For purposes of this analysis, "first-birth delivery" is a full-term pregnancy (at least 37 weeks), singleton (not twins or multiples), in a head-down position. Examining first births is important because most women undergoing their first childbirth typically have lower medical needs for cesarean sections. For references: achi.net/library/c-section

FIRST-BIRTH* DELIVERY C-SECTION RATES, ARKANSAS COUNTIES

LOWEST	HIGHEST
1. Woodruff, 15.2%	1. Desha, 45.3%
2. Searcy, 17.1%	2. Ashley, 42.5%
3. Johnson, 17.8%	3. Chicot, 41.2%
4. Marion, 18.4%	4. Drew, 37.6%
5. Boone, 18.7%	5. Stone, 35.7%

FIRST-BIRTH* DELIVERY C-SECTION RATES IN ARKANSAS BY RACE/ETHNICITY, 2019-2021

American Indian/Alaskan Native	36.6%
Black	32.5%
Pacific Islander/American Samoa	29.1%
Asian	27.6%
White	26.7%
Unknown	25.0%
Hispanic	22.9%

FIRST-BIRTH* DELIVERY C-SECTION RATES IN ARKANSAS BY MATERNAL AGE, 2019-2021

≤20	21-24	25-29	30-34	35-39	≥40
18.5%	24.9%	30.0%	34.1%	46.3%	54.5%

PROFILE OF THE PRIMARY CARE PHYSICIAN WORKFORCE IN ARKANSAS

ACHI conducted a detailed analysis to provide a more accurate and comprehensive profile of Arkansas's primary care physician workforce by leveraging multiple data sources, including the Arkansas State Medical Board licensure files, the APCD, and physician files maintained by NORC and CarePrecise. This analysis offers insights into active physicians, service locations, and provider demographics. Results can be viewed on a dynamic dashboard that aims to inform policymakers as the healthcare system responds to changes in demand.

UTILIZATION OF DENTAL CARE AMONG ARKANSAS CHILDREN AND ADULTS

ACHI conducted a study to guide policy decisions aimed at enhancing dental care access and utilization in Arkansas, establishing baseline metrics for coverage and service use. The report focuses on various aspects, including dental insurance coverage demographics, service utilization rates by type, COVID-19's impact on dental service trends, provider availability, emergency dental care, and specific treatment trends like fluoride varnish and sealant applications. Utilizing data from the APCD for a primary study population that includes ARKids, Medicaid, Medicare Advantage, and privately insured individuals, the study aims to support initiatives to increase preventive dental services and reduce untreated dental decay among Arkansans.

FIGURE 1: PERCENTAGES OF ARKANSAS RESIDENTS WITH EVIDENCE OF ANY DENTAL COVERAGE IN THE APCD, BY GENDER AND AGE GROUP, 2019
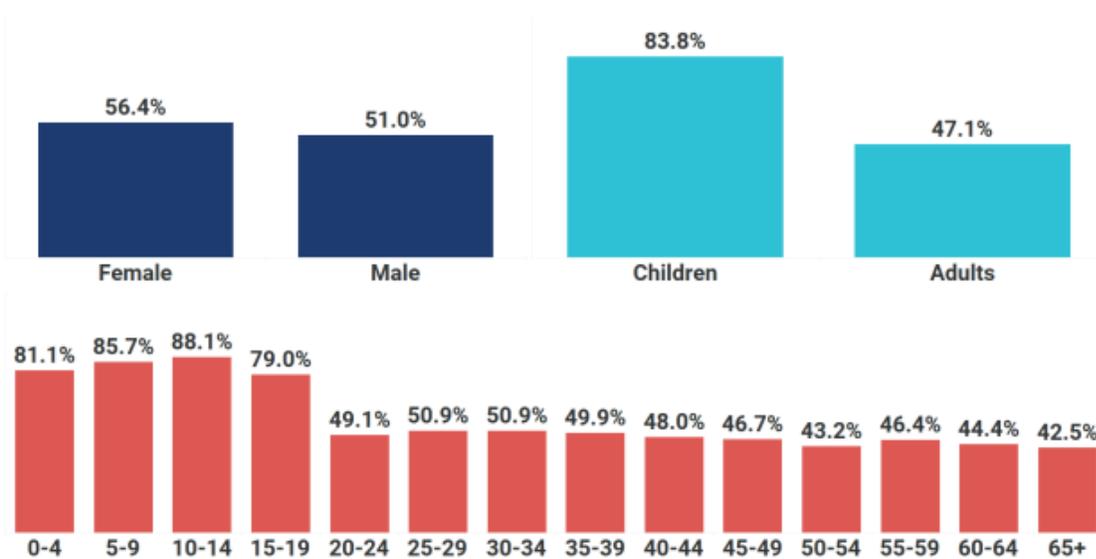

Figure 1 displays a subset of the information in Table 1 for illustrative purposes. The percentages of individuals with any coverage in the APCD by age group were calculated by determining the number of individuals in each age range with evidence of coverage in 2019. These counts were divided by age-group specific population estimates from the 2019 ACS.[10]
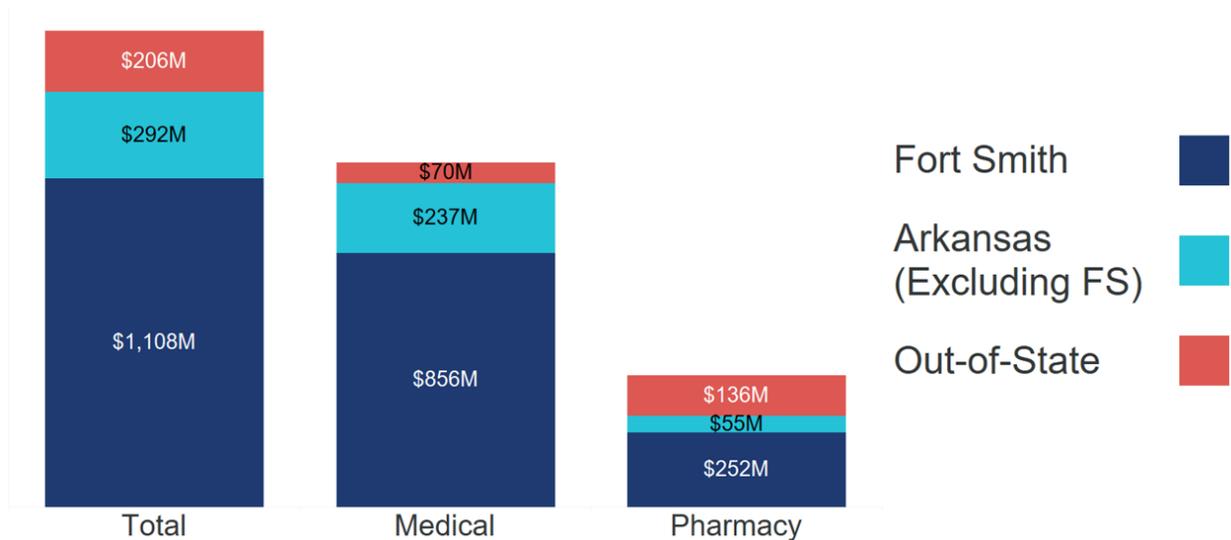
ACHI conducted a healthcare finance analysis specifically focusing on the Fort Smith region, utilizing data from the HTI data. This study included data for 2020 Medicare fee-for-service and 2021 Medicaid, Medicare Advantage, and commercial plans. The analysis encompassed a wide range of financial aspects, including total costs for beneficiaries in the region, highlighting disparities and areas for potential policy intervention to improve healthcare access and efficiency. By analyzing commercial plan costs, including both private fully insured and state-funded self-insured plans, ACHI provided a comprehensive financial overview of healthcare in the Fort Smith area.

TOTAL COSTS FOR FORT SMITH BENEFICIARIES

Appendix D

January 2022
- The Impact of Insurer Size Increase on Negotiated Prices: Evidence From the ACA In Arkansas — Jee-Hun Choi, Ph.D.
- Arkansas Medicare data use methodologies

April 2022
- Featured Speaker — Dr. Brad Martin, UAMS
  - Social network analysis of opioid prescribing
  - Trends in hereditary cancer testing
- Data Request Process Review
- Data Questions from Other APCDs

July 2022
- Featured speaker — Dr. Maria Steenland, Brown University
  - Effect of Medicaid Expansion on Postpartum Coverage and Outpatient Care in Arkansas
- Arkansas APCD — colorectal cancer in Arkansas
- Versioning refresh

October 2022
- Featured speaker — Dr. Dong Zhang
  - Family Map Inventory: Adverse Childhood Experiences & Healthcare Utilization/Outcomes
- Arkansas opioid and naloxone prescribing trends

January 2023
- Featured topic — AHRQ Innovations in Physician, Physician Practice, and Social Determinants of Health Data
- Arkansas breast cancer screening analyses: a focus on continuously enrolled vs. continuously covered lives

April 2023
- Featured Speaker — Akilah Jefferson, MD, MS, UAMS
  - Assessing Risk, Outcomes, and Disparities in Pediatric Asthma
- Identifying Providers in APCD data - Kelly Troillett, MS, ACHI
- Arkansas HTI data users survey results

July 2023
- Featured topic — Predicting Chemical Dependencies: Alcohol, Cannabis, and Opioids
- New Arkansas HTI data tools
- Medicare data user documentation

October 2023
- Featured Speaker — Sarah Crawford, MPI, ACHI Senior Data Analyst
  - Arkansas dental care utilization analysis
- APCD claims versioning recap
- Using member enrollment flags: ME018, ME019, ME020