

# ARKANSAS ALL-PAYER CLAIMS DATABASE (APCD) EXEMPTION REQUEST FORM

## INTRODUCTION

Submitting entities must use this form to request an exemption from requirements in Arkansas Insurance Department Rule 100 titled "Arkansas Healthcare Transparency Initiative Standards." Pursuant to Section 5.C of Rule 100, submitting entities subject to Rule 100 may request an exemption for all or some parts of the Rule. The exemption form submission may include a request for an extension, variance, or waiver of data submission requirements in the Rule.

Be aware that the exemption form is not the proper avenue to request *exceptions* for specific fields to be submitted as required by the Data Submission Guide. Refer to the Data Submission Guide for details about the exception process for specific data fields. Please also be aware that exemption requests **will not be considered** by the Commissioner unless an entity has completed the registration process. Visit [www.arkansasapcd.net](http://www.arkansasapcd.net) to complete this process if you have not already done so.

Return this completed exemption request form to Deputy Commissioner Zane Chrisman via email to [Lesia.Carter@arkansas.gov](mailto:Lesia.Carter@arkansas.gov) entering "Exemption Request Form" in the subject line or deliver to:

Zane Chrisman  
Arkansas Insurance Department  
Health Insurance Rate Review Division  
1200 West Third Street  
Little Rock, AR 72201-1904

The Arkansas Insurance Department Commissioner will provide a response to your exemption request within thirty (30) days of receipt.

## SUBMITTING ENTITY INFORMATION

<b>1. NAIC Group Code</b>		<b>2. Group Name</b>	
<b>3. State of Domicile</b>			
<b>4. Mailing Address</b>			
<b>5. City</b>		<b>6. State</b>	<b>7. ZIP Code</b>
<b>8. Compliance/Government Relations Contact Person</b>			
<b>9. Contact Phone Number</b>		<b>10. Contact Email</b>	

**EXEMPTION REQUEST**

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*Provide the specific provision(s) in Rule 100 for which you seek an exemption. In addition, provide an indication of whether you seek an extension, variance, or waiver related to each provision in Rule 100. If you need more space, feel free to attach additional pages to the exemption request form.*

*Provide a “good cause” basis for your exemption request and anticipated actions to be accomplished to remain in full compliance with Rule 100 requirements. If you need more space, feel free to attach additional pages to the exemption request form.*

Approve  
Deny

\_\_\_\_\_  
Allen Kerr  
Arkansas Insurance Commissioner

\_\_\_\_\_  
Date

