ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE
DATA RELEASE REQUEST

CONTACT INFORMATION

Project Title: _____

Date: _____

Organization: _____

Organization Type: Phone Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Person: _____

Title: _____

Email: _____

Phone Number: _____

PROJECT INFORMATION

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

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: _____

Proposed Project End Date: _____

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

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DATA REQUEST

Claims-Based Data Files

☐ Commercial ☐ Medicaid ☐ Medicare* ☐ Arkansas state/school employees

* Additional restrictions may apply to the acquisition of Medicare data.

Parameters

	Date Range	Other Parameters
☐ Enrollment data		
☐ Medical claims		
☐ Pharmacy claims		
☐ Dental claims		
☐ Provider data		

Non-Claims-Based Data Files and Parameters

	Date Range	Other Parameters
☐ Arkansas workers' compensation		
☐ Birth certificate		
☐ Death certificate		
☐ Inpatient hospital discharge*		
☐ Emergency department*		
☐ Cancer registry		
☐ Medical marijuana cardholders		

**includes self-pay, self-insured, and/or uninsured data only*

Notes

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

If requested member data should include all active members as of a specific date, e.g. 1/1/2013, the requestedmember 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.

Preferred Data Format

☐ Pipe delimited, no text qualifier text file

☐ SQL server backup

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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?

PUBLICATION AND DISSEMINATION

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

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

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 data be housed 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?