ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE DATA MANAGEMENT PLAN

CONTACT INFORMATION

Project Title: _____

Date: _____

Organization: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Person responsible for privacy and/or security: _____

Email: _____

Phone Number: _____

INSTRUCTIONS

Use the following sections to develop your Data Management Plan. You may include attachments where necessary. Cleary identify the attachment in the corresponding section. Your Data Management Plan will be posted on the Arkansas All-Payer Claims Database website with your Data Request Form. Proprietary information should be placed in an attachment and not on this document. Attachments will not be available to view on the website.

I. DATA MANAGEMENT POLICIES AND PROCEDURES

Attach copies of any data privacy and security policies and procedures for the requesting organization and collaborating organizations who will have access to Initiative data.

II. PHYSICAL POSSESSION AND STORAGE OF DATA FILES

- Who will have the main responsibility for organizing, storing, and archiving the data? Please provide name(s) and job title(s).

- Describe how your organization will maintain an inventory of Initiative data files and manage physical access to them for the duration of the project.

- Describe how your organization binds all members (i.e., organizations, individual staff) to specific privacy and security rules in using Initiative data files. This includes confidentiality agreements and non-disclosure agreements.

- Provide details about how your organization will notify the Arkansas Center for Health Improvement (ACHI) of any project staffing changes.

- Describe your organization's training programs that are used to educate staff on how to protect Initiative data files.

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- Explain the infrastructure (facilities, hardware, software, and other) that will access the Initiative data files.
- Describe the policies and procedures regarding access to Initiative data files.

- Explain your organization's system or process to track the status and roles of the project team.

- Describe your organization's physical and technical safeguards used to protect Initiative data files, including actions taken to physically secure data files and safeguards to limit access to Initiative data and analytical extracts among the project team.

III. DATA SHARING, ELECTRONIC TRANSMISSION, DISTRIBUTION

- Describe your organization's policies and procedures regarding the sharing, transmission, and distribution of Initiative data files.

- If your organization employs a data tracking system, please describe.

- Describe the policies and procedures your organization has developed for the physical removal, transport, and transmission of Initiative data files.

- Explain how your organization will tailor and restrict data access privileges based on an individual's role on the project team.

- Explain the use of technical safeguards for data access (which may include password protocols, log-on/log-off protocols, session time out protocols, and encryption for data in motion and data at rest).

- Are additional organizations involved in analyzing the data files provided by ACHI?

  If so, please indicate how these organizations' analysts will access the data files:
  __ VPN connection
  __ Travel to physical location of data files at requesting organization
  __ Request that a copy of the data files be housed at second location
  __ Other:

- If an additional copy of the data will be housed in a separate location, please describe how the data will be transferred to this location.

IV. DATA REPORTING AND PUBLICATION

- Who will have the main responsibility for notifying ACHI of any suspected incidents wherein the security and privacy of the Initiative Data may have been compromised?

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- Please describe and identify your organization's policies and procedures for responding to potential breaches in the security and privacy of the Initiative Data.

- Explain how your organization's data management plans are reviewed and approved.

- Explain whether and how your organization's data management plans are updated during the Data Use Agreement (DUA) period.

- Please attest to the ACHI cell suppression policy of not publishing or presenting tables with cell sizes with less than 11 observations to anyone who is not an authorized user of the Data.

_____ I agree. (Initial)

V.   COMPLETION OF RESEARCH TASKS AND DATA DESTRUCTION

- Your organization must ensure that it has policies and procedures in place to destroy Initiative Data upon completion of the project and that you have safeguards to ensure the data are protected when members terminate their participation in the project. Describe the policies and procedures in place to destroy the Data Files upon completion of the project.

VI.   ASSURANCES

Data Recipients must notify ACHI, as soon as practicable, of any unauthorized use or disclosure of Initiative data.

The undersigned agrees that the Requestor and any collaborating organizations will adhere to the Data Management Plan described herein and will notify ACHI of any material changes in data management pertaining to the approved project.

Signature of Duly Authorized Representative:	
Printed Name:	
Title:	
Original Data Management Plan Submission Date:	
Revision Data Management Plan Submission Date	