

ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE DATA RELEASE REQUEST

CONTACT INFORMATION

Project Title: _____
Date: _____
Organization: _____
Phone Number: _____
Mailing Address: _____
City: _____ State: _____ ZIP Code: _____
Contact Person: _____
Title: _____
Email: _____
Phone Number: _____

PROJECT INFORMATION

Project Objectives

Project Summary

Proposed Start Date: _____ Proposed End Date: _____

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

Do you require Institutional Review Board (IRB) approval for this project? Yes No



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DATA REQUEST

Data Files

Enrollment Data Medical Claims Pharmacy Claims Dental Claims Provider Data

Date Range

Include month and year. Historical data dates back from 2013.

Indicate how the date range should be defined for the project (e.g., date of service, date of claim submission, or date of claim payment).

Are there any other parameters you wish to include?

Data Stratification (e.g., age and/or gender)

Payer-Level Detail (e.g., public payer, private payer, point-of-service, preferred provider organization, etc.)

Preferred Data File Type

Text File SAS File MS Excel Spreadsheet SQL Server 2014 Table Other

Other: _____

Preferred Data Delimiter

Pipe Tab Comma Other

Other: _____

Preferred Text Qualifiers

Single Quote Double Quotes None Other

Other: _____



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DATA USAGE

Note: Ark. Code Ann. § 23-65-907 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.

Key personnel - Dawn Stehle , Medicaid Director, has overseen the implementation of the 1115 Demonstration Waiver that has implemented the Private Option and Arkansas Works.

Janet Mann, Chief Financial Officer (DHS), will oversee the financial impact of any changes to the program.

Chris Dickerson, Optimus, is the actuary in charge of budget neutrality calculations for the 1115 Demonstration



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OTHER PROJECT PARTICIPANTS

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 third party have access to the data 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?