

# ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE DATA RELEASE REQUEST

## CONTACT INFORMATION

Project Title: Perinatal Regionalization and Access to Care for Patients with a Previous Cesarean  
Date: 9-29-2017  
Organization: National Accreta Foundation  
Phone Number: 501-297-1127  
Mailing Address: P.O. Box 611  
City: Centerton State: AR ZIP Code: 72719  
Contact Person: Jill Arnold  
Title: \_\_\_\_\_  
Email: jill@preventaccreta.org  
Phone Number: 501-297-1127

## PROJECT INFORMATION

### Project Objectives

Please see attached document

### Project Summary

Please see attached document

Proposed Start Date: Open Proposed End Date: Nov 30, 2017

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



# ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE DATA RELEASE REQUEST

## 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.

Jan 2013 to Dec 2016

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).

Date of service

Are there any other parameters you wish to include?

1. AHRQ IQI 33 and IQI 34 (specifications in attached document) 2. Total deliveries 3. Payer mix

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

n/a

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

Private vs. Medicaid percentage by facility

### 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:

Please see attached document

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

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: Jill Arnold

Title: \_\_\_\_\_

Email: jill@preventaccrета.org

Phone Number: 501-297-1127

Mailing Address: P.O. Box 611

City: Centerton State: AR ZIP Code: 72719

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?