

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

## INTRODUCTION

Submitting entities must use this form to request an exemption and/or extension 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 (including an extension) for all or some parts of the Rule. The request form submission may include a request for a permanent or temporary exemption or a submission extension to extend data submission requirements in the Rule.

Be aware that the request 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 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 request form to  
*Johnny.Flippo@arkansas.gov* entering "Request Form" in the subject line or deliver to:

Jimmy Harris  
Arkansas Insurance Department  
Health Insurance Rate Review Division  
1 Commerce Way  
Little Rock, AR 72202

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

## SUBMITTING ENTITY INFORMATION

Request Date:

Exemption End Date:

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

## REQUEST

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*Select the exemption and/or extension type you are requesting and describe the related specific provision(s) in Rule 100 for which you seek an exemption and/or extension. More than one type can be selected.*

*Provide a "good cause" basis for your 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 request form.*

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*Permanent Exemption - select this option when unable to meet a specific provision of Rule 100. Describe issue and provide reason why it cannot be resolved.*

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*Submission Extension - select this option when the required submission deadline as specified by Rule 100 cannot be met. Describe issue and provide an estimated submission date.*

*Estimated Submission Date:*

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*Temporary Exemption - select this option if you are temporarily unable to meet a specific provision of Rule 100. Describe issue and provide an estimated issue resolution date. If resubmission is required, request submission exemption (above) also. Both exemption requests can be on one form.*

*Estimated Issue Resolution Date:*

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Approve  
Deny

\_\_\_\_\_  
**Jimmy Harris**  
**Arkansas Insurance Commissioner**

\_\_\_\_\_  
Date