

Arkansas All Payer Claims Database (APCD) Data Submission Exception Request Form Non-Claims Payment Data

Exception Request Date	
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Submitting entities must request an exception for required data element(s) in the Non-Claims Payment data that cannot be fulfilled per the Arkansas Supplemental Data Submission Guide requirements under Rule 100.

This form is for data element management only. To request exemption from submitting the Non-Claims Payment data, use the Arkansas APCD Exemption request form at <https://www.arkansasapcd.net/Home/>.

How to Complete an Exception Request:

1. Complete the **Submitting Entity Information** Section below.
2. Complete the form by indicating which fields cannot be provided per requirement and the reason for the inability to submit the data. NOTE: Use the Exemption form if the entire file cannot be submitted.
3. Return the completed form via email to arapcd@uams.edu, specifying "Data Exception Request" in the subject line. The Arkansas APCD Technical Support Team will review each exception request and will respond within 3 business days of receipt.

Submitting Entity Information	
Submitting Entity Code (NC001)	
Submitting Entity Name	
Contact Name	
Contact Email	
Contact Phone Number	

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Non-Claims Payment Data



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Exception Y/N	Data Element ID	Data Element Name	Required Threshold	Revised Threshold	Exception Justification
	NC005	Contract Number	100%		
	NC008	Billing Provider NPI	100%		
	NC009	Billing Provider Tax ID	100%		
	NC007	Billing Provider ID	100%		
	NC011	Billing Provider First Name	100%		
	NC010	Billing Provider Last Name or Organization Name	100%		