

Arkansas All Payer Claims Database (APCD) Data Submission Exception Request Form Pharmacy Rebate Data

Exception Request Date	
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Submitting entities must request an exception for required data element(s) in the Pharmacy Rebate 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 Pharmacy Rebate 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 (PR001)	
Submitting Entity Name	
Contact Name	
Contact Email	
Contact Phone Number	

Arkansas All-Payer Claims Database (APCD) Data Submission Exception Request Form
Pharmacy Rebate Data



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Exception Y/N	Data Element ID	Data Element Name	Required Threshold	Revised Threshold	Exception Justification
	PR005	Drug Code – NDC Product Code	100%		
	PR006	Drug Manufacturer	100%		
	PR007	Drug Name	100%		