

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

## INTRODUCTION

Submitting entities may file this form to request an exemption from requirements found within the "Arkansas Healthcare Transparency Initiative Standards," at 23 CAR Part 131, formerly known as Arkansas Insurance Department Rule 100. Pursuant to 23 CAR § 131-104(c)(3), submitting entities may request an exemption from all or some parts of the Rule. A submitting entity may request a permanent or temporary exemption or an exemption from a data submission deadline.

Do not submit requests for exemptions related to specific data fields through this form as those requests should be submitted as required by the Data Submission Guide. No request for an exemption will be considered if the entity has not completed the registration process. To complete the registration process, visit [www.arkansasapcd.net](http://www.arkansasapcd.net).

Return this completed request form to [johnny.flippo@arkansas.gov](mailto:johnny.flippo@arkansas.gov) and [arapcd@uams.edu](mailto:arapcd@uams.edu) by entering "APCD Exemption Request Form" in the subject line or deliver to:

Johnny Flippo  
Arkansas Insurance Department  
Compliance Division  
1 Commerce Way  
Little Rock, AR 72202

## SUBMITTING ENTITY INFORMATION

Request Date:  Exemption End Date:

<b>1. NAIC Group Code</b>		<b>2. Group Name</b>	
<input type="text"/>		<input type="text"/>	
<b>3. State of Domicile</b>			
<input type="text"/>			
<b>4. Mailing Address</b>			
<input type="text"/>			
<b>5. City</b>		<b>6. State</b>	<b>7. ZIP Code</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>8. Compliance/Government Relations Contact Person</b>			
<input type="text"/>			
<b>9. Contact Phone Number</b>		<b>10. Contact Email</b>	
<input type="text"/>		<input type="text"/>	



## REQUEST

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 the 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.**

**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.

Enrollment/Claims/Provider Data

Non-Claims Payment Data

Pharmacy Rebate Data

**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.

Enrollment/Claims/Provider Data

Non-Claims Payment Data

Pharmacy Rebate Data

Estimated Issue Resolution Date:

**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.

Enrollment/Claims/Provider Data

Non-Claims Payment Data

Pharmacy Rebate Data

Estimated Submission Date:

Approve

Deny

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

\_\_\_\_\_  
Date

