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The Arkansas All-Payer Claims Database (APCD) is a large-scale database that contains healthcare data from a variety of entities, as required by the Arkansas Healthcare Transparency Initiative Act of 2015. Data available in the APCD include medical, pharmacy, and dental claims, as well as Arkansas Department of Health data. This fact sheet provides the data elements available by submitting entity and the date range covered for each. APCD data will be available for approved analytic use through the data-release process.

	 MEDICAL	 PHARMACY	 DENTAL	 ENROLLMENT	 PROVIDER
COMMERCIAL 5,777,967 covered individuals	 2013 - 2018	 2013 - 2018	 2013 - 2018	 2013 - 2018	 2013 - 2018
ARKANSAS MEDICAID 1,419,283 covered individuals	 2013 - 2018	 2013 - 2018	 2013 - 2018	 2013 - 2018	 2013 - 2018
MEDICARE 611,466 covered individuals	 2013 - 2016	 2013 - 2016		 2013 - 2016	
ARKANSAS STATE/ SCHOOL EMPLOYEES 275,333 covered individuals	 2013 - 2018	 2013 - 2018		 2013 - 2018	
ARKANSAS WORKERS' COMPENSATION 34,065 covered individuals	 2013 - 2018				

✓ ARKANSAS DEPARTMENT OF HEALTH DATA		APCD DATA USES
BIRTH CERTIFICATE 180,071 children 2013 - 2017	EMERGENCY DEPARTMENT* 369,279 individuals 2013 - 2016	 PRICE TRANSPARENCY  QUALITY IMPROVEMENT  POPULATION HEALTH  SERVICE UTILIZATION  SYSTEM PERFORMANCE
DEATH CERTIFICATE 154,104 individuals 2013 - 2017	CANCER REGISTRY 46,674 individuals 2013 - 2015	
HOSPITAL DISCHARGE* 65,387 individuals 2013 - 2017	MEDICAL MARIJUANA CARDHOLDERS 10,853 individuals 2018 - 2019	

* Self-pay and uninsured only

ARKANSAS APCD DATA REQUEST PROCESS

The Arkansas APCD is now available for data requests. The steps below will guide the requester through the process to request and receive data output. Currently, only datasets can be requested from the Arkansas APCD. Reports, analytics, counts, and data output that requires custom data aggregation are not available at this time.

1	DATA REQUESTER SUBMITS DATA REQUEST	The data requester submits a data request form and data element list. This allows the Arkansas APCD team to ask additional questions and determine feasibility of the request.
2	ARKANSAS APCD TEAM WORKS WITH DATA REQUESTER	The Arkansas APCD team determines counts, identifies aggregation requirements (if applicable), and allows the data requester to make changes to the data request before initiating the approval process. A price estimate may be given at this time.
3	DATA REQUESTER COMPLETES DATA REQUEST	The completed data request includes a data management plan in addition to the data request form and data element list. Data requests are reviewed based on the Arkansas APCD Data Request Monthly Review Schedule . A final price for the data will be provided.
4	DATA OVERSIGHT COMMITTEE REVIEWS	The committee reviews completed data requests. The committee may refer the data request to the Scientific Advisory Committee for academic research. The committee offers a recommendation to the Healthcare Transparency Initiative Board.
5	HEALTHCARE TRANSPARENCY INITIATIVE BOARD REVIEWS	The board reviews data requests on a quarterly basis and makes final recommendations to the Arkansas insurance commissioner. The board may recommend approval to provide access, approval subject to conditions/modifications, or denial of the request.
6	ARKANSAS INSURANCE COMMISSIONER MAKES DECISION ON DATA REQUEST	The Arkansas insurance commissioner may approve or deny data requests in whole or in part.
7	HEALTHCARE TRANSPARENCY INITIATIVE BOARD REVIEWS	Data request fulfillment begins after a data use agreement is signed with the Arkansas Insurance Department and a project plan is finalized. A Certification of Project Completion and Data Destruction form must be completed at the end of the project term.

EXAMPLES OF APCD USES

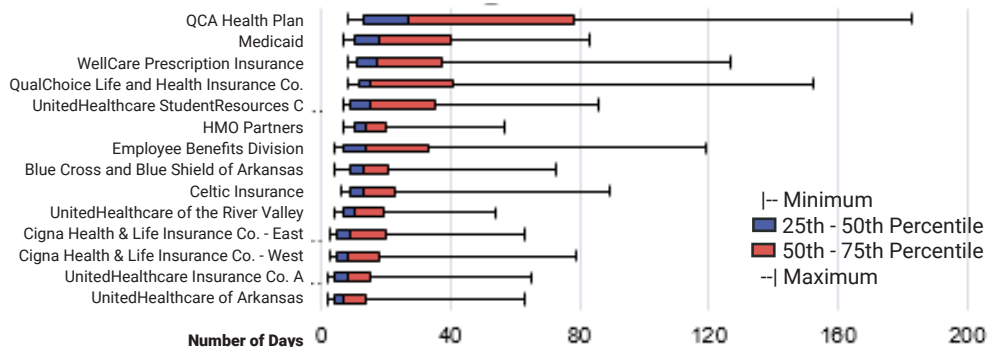
SMOKING-ATTRIBUTABLE SPENDING

Medicaid
\$795 Million

Private
\$542 Million

Using the APCD, ACHI estimated smoking-attributable costs to Medicaid and private insurance for individuals age 30–65.

Time to Paid Claim (Office): Oct. 2014 - Sept. 2015



APCD data were used to explore the payment aspect of revenue management – an assessment of the number of days until claims are paid in various healthcare settings. The graph above illustrates time to paid claim in an office setting.



1401 W. Capitol Avenue
Suite 300, Victory Building
Little Rock, Arkansas 72201

501-526-2244
achi@achi.net
achi.net