

Arkansas Healthcare Transparency Initiative: Entity Registration Process

March 2019



ADMINISTERED BY  ACHI

Registration Overview & Compliance

- Applies to entities licensed with the Arkansas Insurance Department (AID) providing coverage for the following:
 - Medical services
 - Dental services
 - Pharmaceutical services
- Registration enables compliance with:
 - Act 1233 of 2015
 - AID Rule 100 data submission requirements

Registration Overview & Compliance

- Provides AID & ACHI (database administrator) better understanding of number of submitting entities, expected data volume
- Captures critical contact information from submitting entities' technical staff involved in the data submission process
- Process offers opportunity for entities that believe they are not subject to requirements to attest to such belief

Registration Forms

- Access forms at www.arkansasapcd.net
 - Located on homepage under Submitting Entity Registration Forms
 - Click Start Here! button
- Two forms available
 - Issuer registration form
 - Pharmacy benefit manager (PBM) and third party administrator (TPA) registration form

Registration Process: Step 1

Welcome to the Arkansas All-Payer Claims Database (APCD)

There is a growing demand and need for transparency of healthcare information in Arkansas to promote high-value care and advance research. Consumers, employers, and policymakers are advocating for greater reporting on the prices of healthcare services as a way to encourage consumers to choose low-cost, high-quality providers and to promote competition based on value. The Arkansas All-Payer Claims Database (APCD) is a dynamic tool that will enable the state to further its transparency objectives by collecting healthcare data from public and private sources and empowering Arkansans with information to better understand how and where healthcare is being delivered and how much is being spent. Please see the "How to Use the APCD Website" box below to learn how to navigate the Arkansas APCD website.

What's New?

Arkansas APCD Announcements

DSG Version 7.0.2109 Technical Change Final (NEW! 3/14/2019) **

The Arkansas APCD is releasing a technical change to the 7.0.2019 data submission guide (DSG). Periodically, typographic and/or wording errors are found that need to be cleaned up prior to the following year's DSG release. For DSG 7.0.2019, two issues were addressed in this technical change:

1. Field lengths were increased to 128 bytes for fields DC047, DC048, and DC049. They were correct in the Excel version of DSG 7.0.2019. This correction aligns the documents.
2. Removed the term "contractual" from allowed amount fields MC098, PC068, PB068, and DC046 to more accurately describe the data element meanings.

Be sure to review the Revision History for a detailed list of changes and additions. Submitting entities who have already submitted historical data files as of calendar years 2013-2018 do not have to resubmit historical data with new fields added in DSG 7.0.2019. The Arkansas APCD team will execute the necessary data transformation processes to add these fields to the historical data already received. Previous DSG versions - including 4.1.2015, 5.0.2017, 5.1.2017, and 6.0.2018 - are being retired. Any submissions received on or after June 30, 2019, must be made in the format outlined in Arkansas APCD DSG version 7.0.2019, until a new version is released and becomes the new standard. The Arkansas APCD will be able to receive the 7.0.2019 format in April, 2019. Submitters may begin submitting in the new format at that time.

Submitting Entity Resources

- [Exemption Request Form](#)
- [Data Submission Guide \(DSG\) Resources](#)
- [Data Validation Report Resources](#)
- [Onboarding Instruction](#) - **Updated 11/27/2018** Information on on web portal set-up, file encryption requirements, technical support processes, data file structure requirements, etc.
- [Frequently Asked Questions-Data Submission Guide \(DSG\) and Onboarding](#)
- [Training Documents](#)
- [Scheduled Webinars](#)
- [APCD Newsletters](#)

Submitting Entity Registration Forms

Click below to access registration forms for the Arkansas Healthcare Transparency Initiative.

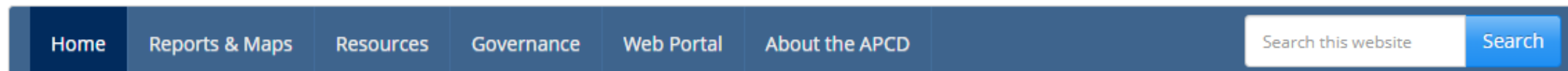
[Start Here!](#)



**Click here to
access forms**



Registration Process: Step 2



Registration Forms

Registration forms for the Arkansas Healthcare Transparency Initiative ("Initiative") are below. Please note that two forms are available, one for issuers and one for pharmacy benefits managers (PBMs) and third party administrators (TPAs).

Instructions on how to complete the registration process are linked below. Please contact us at support@achiapcd.atlassian.net or **501-526-2244** with any questions, issues or concerns regarding the registration process.

***Please note that the NAIC Group Code requested on page 1 (box 1) and the NAIC Company Code requested on page 3-forward (box 2) should be different numbers.**

- [Registration Instructions and Overview](#)
- [Issuer Registration Form](#)
- [PBM/TPA Registration Form](#)



**Select appropriate
form type**

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Email Arkansas APCD Support | 501-526-4306 (phone) | 501-526-2252 (fax)
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Registration Process: Step 3

This file includes fillable form fields.
You can print the completed form and save it to your device or Acrobat.com.

Highlight Existing Fields

ARKANSAS ALL-PAYER CLAIMS DATABASE (APCD) ANNUAL REGISTRATION FORM

INTRODUCTION

Act 1233 of 2015 of the Arkansas 90th General Assembly, also known as the "Arkansas Healthcare Transparency Initiative Act of 2015" (hereafter "Transparency Initiative"), requires a "submitting entity" to submit data to the Transparency Initiative no later than January 1, 2016. Arkansas Insurance Department Rule 100 further defines "submitting entity."

For purposes of determining whether an entity meets the 2,000 covered individual thresholds and is therefore subject to data submission requirements, an entity must aggregate covered individuals for medical, dental, and pharmaceutical plans for all companies affiliated with the entity's NAIC group code. The number of individuals covered as of December 31 of the previous year must be counted. Excluded from the aggregate are individuals covered by vision plans and accident-only, specified disease, hospital indemnity, long-term care, disability income, or other supplemental benefit coverage from which benefit payments are directly paid to the covered individual. For aggregation purposes, entities may count individuals covered by two or more plans only once.

Exemptions to the requirements in Act 1233 of 2015 and Rule 100 will be contingent on the completion of this registration form. If you have questions regarding this form, please call (501) 526-4306 or email arapcd@uams.edu.

Please email completed forms to arapcd@uams.edu entering "Registration" in the subject field or deliver to:

Arkansas Center for Health Improvement
1401 West Capitol Avenue
Suite 300, Victory Building
Little Rock, Arkansas 72201

ENTITY INFORMATION

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	
11. Number of Individuals Covered by the Group (see the explanation provided in the Introduction section to determine which individuals to include in this calculation)		

Provide information for all fields on pg. 1, even if attesting

Registration Process: Step 4

This file includes fillable form fields.
You can print the completed form and save it to your device or Acrobat.com.

Highlight Existing Fields

ATTESTATION

This section must be signed by an officer authorized to legally bind the entity named in Box 1 above if the entity determines it is NOT a "submitting entity" as defined by Act 1233 of 2015 and AID Rule 100. If this section is left incomplete, it will be assumed that the entity does qualify as a "submitting entity."

____ (Name), being a duly authorized representative, hereby attest that _____ (Group Name) is not a "submitting entity" as defined by Act 1233 of 2015 and Rule 100. I understand and acknowledge that the Arkansas Insurance Department may review the validity of this attestation.

12. Please provide a justification for attestation:

Signature

Typed or Printed Name

Date

If attesting, complete pages 1 & 2 only

Registration Process: Step 5

This file includes fillable form fields.
You can print the completed form and save it to your device or Acrobat.com.

Highlight Existing Fields

REGISTRATION

A Group that attests it is not a "submitting entity" is not required to complete this section.

Identify the company(ies) affiliated with the Group listed in Box 1 and provide the corresponding information. Do not include companies that exclusively provide a health insurance or benefit plan that is accident-only, specified disease, hospital indemnity, long-term care, disability income, or other supplemental benefit coverage from which benefit payments are directly to the covered individual.

NAIC Company Code (1)		Company Name	
Mailing Address			
City	State	ZIP Code	

Line of Business (select all that apply to this NAIC Company Code)

☐ Comprehensive Major Medical ☐ Fraternal

☐ Third Party Administrator ☐ Dental

☐ Pharmacy Benefits Manager ☐ Government

☐ Other

Number of Covered Individuals as of December 31, 2015:

Identify the **technical support staff** who will work with the Arkansas Center for Health Improvement regarding data submission. The primary contact listed below will be designated to receive a username and password required for data submission once the process is in place.

Primary Contact Person (Last Name, First Name)		Job Title	
Contact Phone Number		Contact Email	
Secondary Contact Person (Last Name, First Name)		Job Title	
Contact Phone Number		Contact Email	

If a vendor will be submitting data on the group's or company's behalf, provide the vendor information below.

Vendor Name (Last Name, First Name)		Contact Person	
Contact Phone Number		Contact Email	

ARKANSAS

If not attesting, complete registration pg. 3. If registering multiple companies, complete additional registration pages included in packet

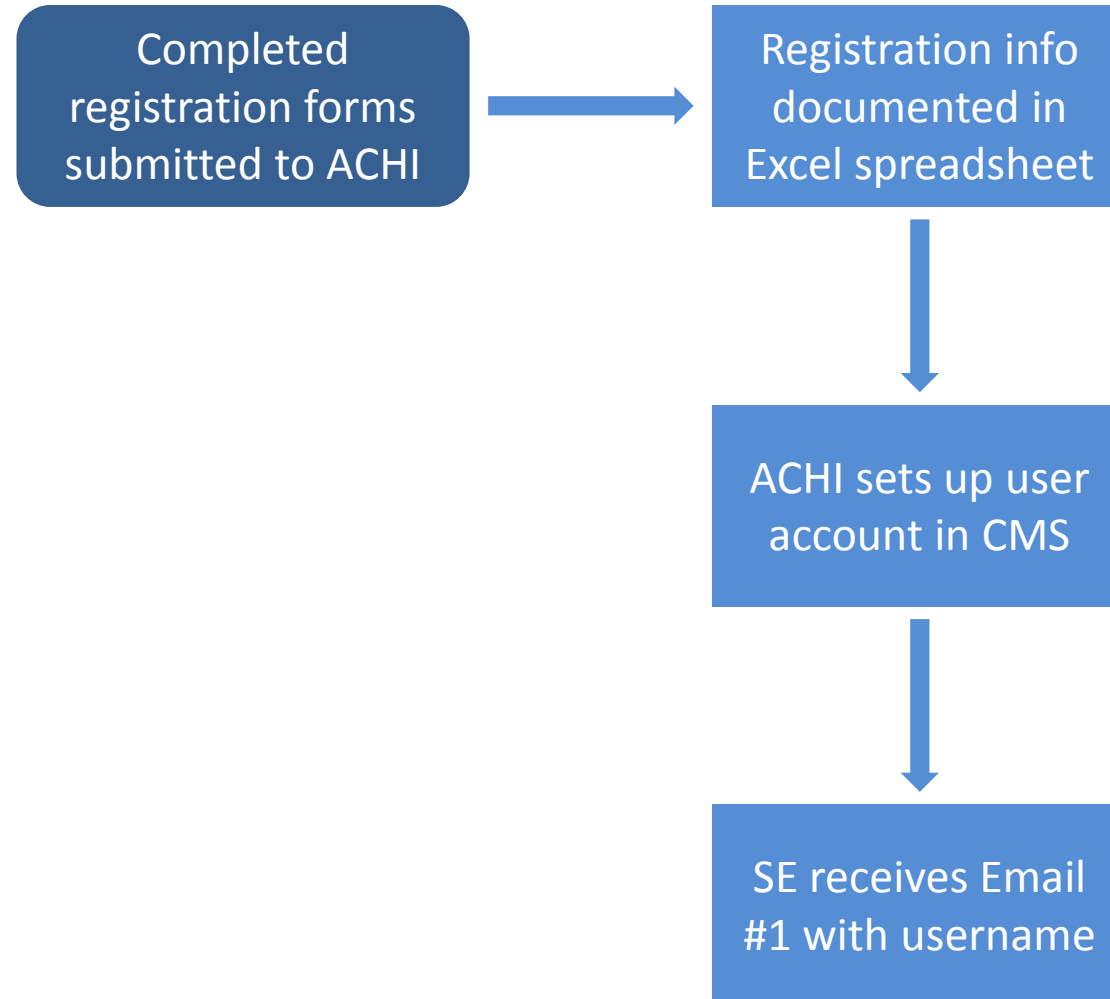
Registration Process: Step 6

- Email completed registration form to support@achiapcd.atlassian.net with “Registration” in the subject line
- Ensure that forms are completed fully with all requested information (as applicable)
 - Technical contact information captured on registration pages will be used to create usernames and passwords for data submission

Registration Process Follow Up

- ACHI will review all registration forms for completeness and accuracy within 5 business days
 - Entities attesting to a belief that they are not subject to data submission requirements will be reviewed by AID within 5 business days
- Submitting entities (SEs) will be contacted within 2 weeks with follow-up information on the data submission process

Username/Password Set-Up



Username/Password Set-Up

