

Arkansas Healthcare Transparency Initiative Entity Registration Process



All-Payer Claims
Database

September 17, 2015

ADMINISTERED BY **ACHI**
ARKANSAS CENTER FOR HEALTH IMPROVEMENT

Registration Overview

- Applies to entities licensed with the Arkansas Insurance Department (AID) providing coverage for the following:
 - Medical services
 - Dental services
 - Pharmaceutical services
- Registration deadline is Friday, November 13, 2015

Registration Compliance

- Registration enables compliance with Act 1233 of 2015 and AID Rule 100 data submission requirements
- Provides AID and ACHI (administrator of the Initiative's database) better understanding of number of submitting entities and expected volume of data

Registration Compliance

- Registration captures critical contact information from submitting entities' technical staff involved in the data submission process
- Finally, the registration 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
 - Forms are located on the homepage under the “Entity Registration Forms” content box
 - Click red “Start Here!” button
- Two forms available:
 - Issuer registration form
 - Pharmacy benefit manager (PBM) and third party administrator (TPA) registration form

Registration Process: Step 1

https://www.arkansasapcd.net/Home/

Arkansas All-Payer Claims Database

Administered by
ACHI
Arkansas Center for Health Insurance Research
With support from the
Arkansas Insurance Department
Health Insurance Rate Review Division

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Search

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?

- Click here to review a [current status](#) on the Arkansas APCD

Reports and Maps

Click below to view initial reporting available from the Arkansas APCD.

[Start Here!](#)

Proposed Rule and Data Submission Guide

- Check out the new [Act 1233, AID Proposed Rule 100](#)
- Check out the new APCD [Data Submission Guide](#) (Updated 9-15-2015)

Entity Registration Forms

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

[Start Here!](#)

How to Use the APCD Website

Below is a summary of the tabs listed at the top of this page, each representing different content areas of the website:

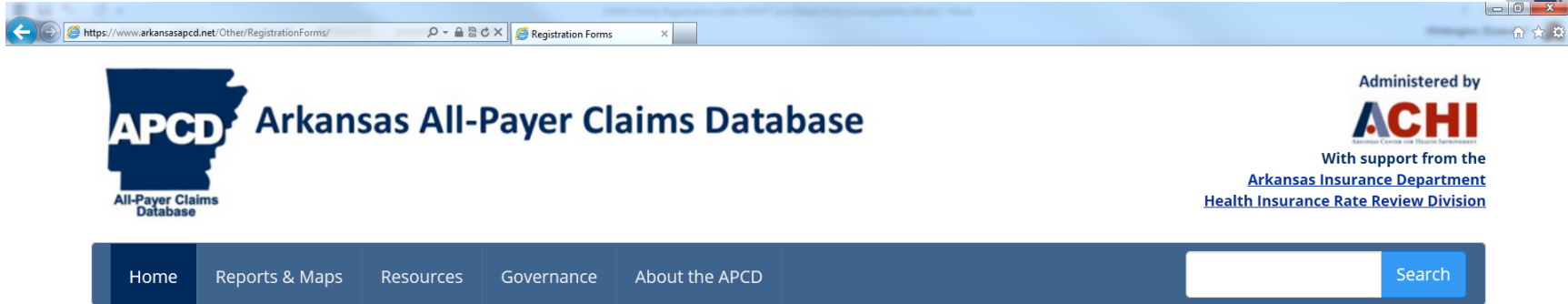
- Visit the [Reports and Maps](#) tab to view reports on the price and utilization

Healthcare Transparency Initiative Board

- Next meeting: Friday, November 6th, 1-2 PM (Victory Building-1401 W. Capitol Ave, Suite 445, Little Rock, AR)

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).

Please contact us at arapcd@uams.edu or 501-526-4306 with any questions, issues or concerns regarding the registration process. Thank you.

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



**Select
appropriate
form-type**

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Registration Process: Step 3

https://www.arkansasapcd.net/Docs/61/

Registration Forms arkansasapcd.net

Fill & Sign Comment

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

https://www.arkansasapcd.net/Docs/61/

Registration Forms

arkansasapcd.net

Fill & Sign

Comment

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 pg. 1 & 2 only

Registration Process: Step 5

https://www.arkansasapcd.net/Docs/61/ Registration Forms arkansasapcd.net

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

Fill & Sign Comment 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

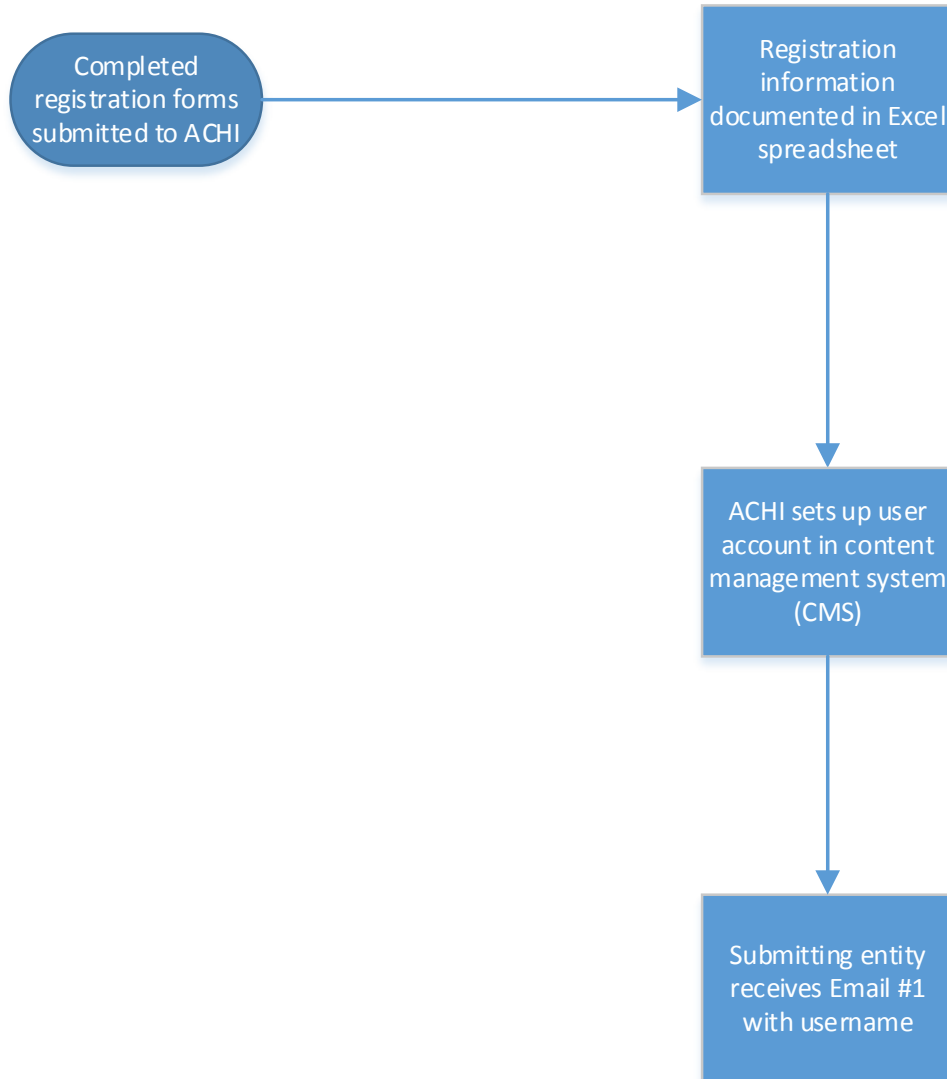
Registration Process: Step 6

- Return completed registration form to arapcd@uams.edu with **Registration** in the subject line
- Ensure that forms are fully completed with all requested information (as applicable)
 - Technical contact information captured on registration pages will be used to setup usernames and passwords for data submission

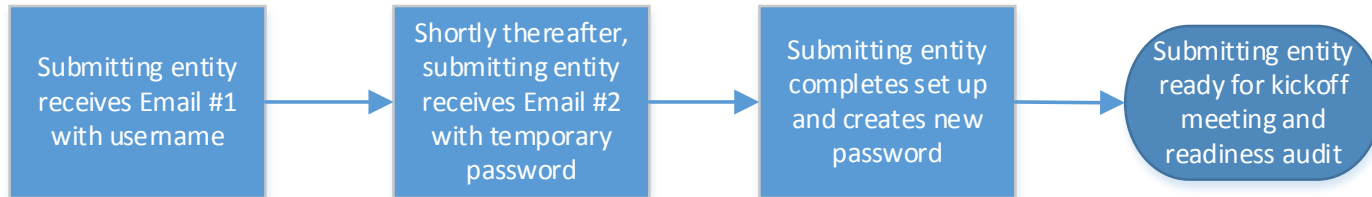
Registration Process Follow Up

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

Username/Password Set-Up



Username/Password Set-Up



APCD Technical Support Contact Information and Hours of Operation

Email:

arapcd@uams.edu

Phone:

501-526-4306

Website:

<http://www.arkansasapcd.net>

Days and Times:

Monday through Friday

9:00 AM – 4:00 PM, Central Standard Time

**excluding state and federal holidays and weekends*

