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The Arkansas Healthcare Transparency Initiative (HTI) was established by the Arkansas General Assembly in 2015. The HTI includes the state's all-payer claims database (APCD) – a large-scale database that contains medical, pharmacy, and dental claims and enrollment data and provider files – as well as vital record, disease registry, hospital discharge, emergency department, and medical marijuana data from the Arkansas Department of Health. This fact sheet provides information about the data elements available in the HTI and the date range covered for each. HTI data are available for approved analytic uses through the data-release process.

OCTOBER 2022

	 MEDICAL	 PHARMACY	 DENTAL	 ENROLLMENT	 PROVIDER
COMMERCIAL 9,908,824 covered individuals	 2013–Mar 2022	 2013–Mar 2022	 2013–Mar 2022	 2013–Mar 2022	 2013–Mar 2022
ARKANSAS MEDICAID 2,051,458 covered individuals	 2013–Mar 2022	 2013–Mar 2022	 2013–Mar 2022	 2013–Mar 2022	 2013–Mar 2022
MEDICARE 865,951 covered individuals	 2013–2019	 2013–2019		 2013–2019	
ARKANSAS STATE/ SCHOOL EMPLOYEES 345,722 covered individuals	 2013–Mar 2022	 2013–Mar 2022		 2013–Mar 2022	
ARKANSAS WORKERS' COMPENSATION 59,984 covered individuals	 2013–Mar 2022				

✓ ARKANSAS DEPARTMENT OF HEALTH DATA		HTI DATA USES
BIRTH CERTIFICATE 372,696 children 2013–2021	EMERGENCY DEPARTMENT* 572,411 individuals 2013–2020	 PRICE TRANSPARENCY  QUALITY IMPROVEMENT  POPULATION HEALTH  SERVICE UTILIZATION  SYSTEM PERFORMANCE
DEATH CERTIFICATE 296,531 individuals 2013–2021	CANCER REGISTRY 127,666 individuals 2013–2019	
HOSPITAL DISCHARGE* 90,937 individuals 2013–2020	MEDICAL MARIJUANA CARDHOLDERS 100,617 individuals Aug 2018–Sep 2020	

* Self-pay and uninsured only

ARKANSAS HTI DATA REQUEST PROCESS

The Arkansas HTI is now available for data requests through the Arkansas Center for Health Improvement (ACHI), the statutorily named administrator. 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 HTI. Reports, analytics, counts, and data output that require 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 ACHI to ask additional questions and determine feasibility of the request.
2	ACHI WORKS WITH DATA REQUESTER	ACHI 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 HTI 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, may recommend approval subject to conditions or modifications, or may deny 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 & Destruction or Retention of Data form must be completed at the end of the project term.

EXAMPLES OF APCD USES

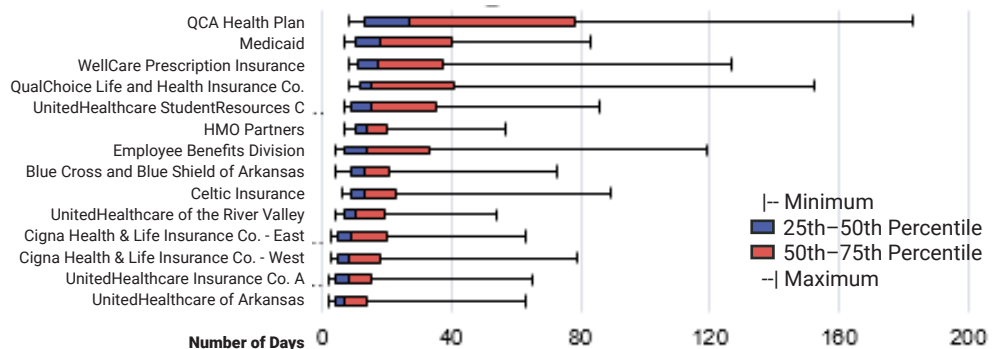
SMOKING-ATTRIBUTABLE SPENDING

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.