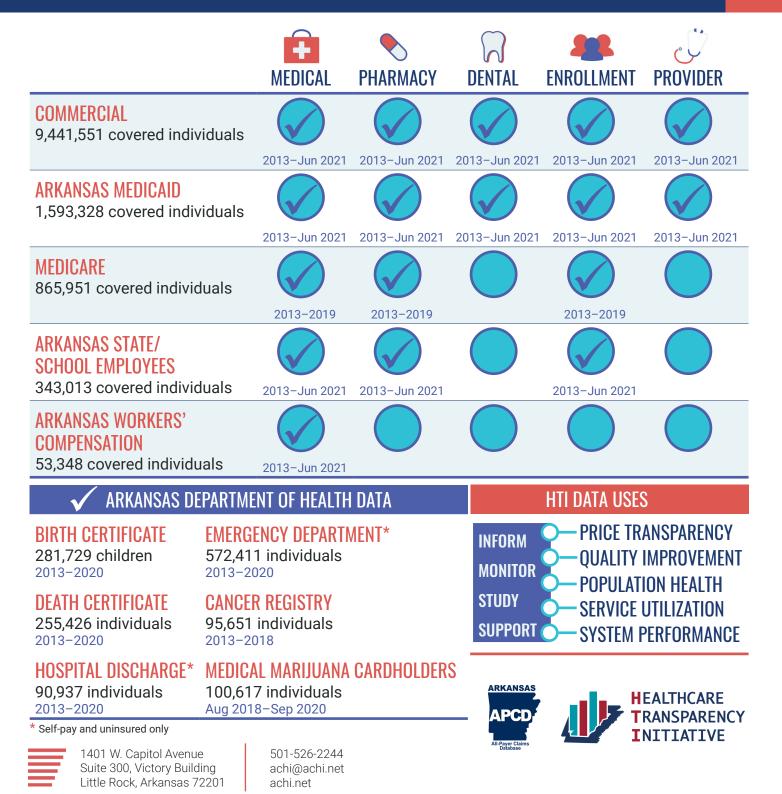# ACHI
INSPIRING HEALTHY ACTS

ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE

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.

	MEDICAL	PHARMACY	DENTAL	ENROLLMENT	PROVIDER
COMMERCIAL 9,441,551 covered individuals	✔ 2013–Jun 2021	✔ 2013–Jun 2021	✔ 2013–Jun 2021	✔ 2013–Jun 2021	✔ 2013–Jun 2021
ARKANSAS MEDICAID 1,593,328 covered individuals	✔ 2013–Jun 2021	✔ 2013–Jun 2021	✔ 2013–Jun 2021	✔ 2013–Jun 2021	✔ 2013–Jun 2021
MEDICARE 865,951 covered individuals	✔ 2013–2019	✔ 2013–2019	○	✔ 2013–2019	○
ARKANSAS STATE/ SCHOOL EMPLOYEES 343,013 covered individuals	✔ 2013–Jun 2021	✔ 2013–Jun 2021	○	✔ 2013–Jun 2021	○
ARKANSAS WORKERS' COMPENSATION 53,348 covered individuals	✔ 2013–Jun 2021	○	○	○	○

✔ ARKANSAS DEPARTMENT OF HEALTH DATA

BIRTH CERTIFICATE
281,729 children
2013–2020

EMERGENCY DEPARTMENT*
572,411 individuals
2013–2020

DEATH CERTIFICATE
255,426 individuals
2013–2020

CANCER REGISTRY
95,651 individuals
2013–2018

HOSPITAL DISCHARGE*
90,937 individuals
2013–2020

MEDICAL MARIJUANA CARDHOLDERS
100,617 individuals
Aug 2018–Sep 2020

* Self-pay and uninsured only

HTI DATA USES

INFORM
MONITOR
STUDY
SUPPORT

○ PRICE TRANSPARENCY
○ QUALITY IMPROVEMENT
○ POPULATION HEALTH
○ SERVICE UTILIZATION
○ SYSTEM PERFORMANCE

ARKANSAS **APCD** All-Payer Claims Database

HEALTHCARE **T**RANSPARENCY **I**NITIATIVE

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

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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

Legend:
|-- Minimum
25th–50th Percentile
50th–75th Percentile
--| Maximum

Categories (top to bottom): QCA Health Plan, Medicaid, WellCare Prescription Insurance, QualChoice Life and Health Insurance Co., UnitedHealthcare StudentResources C, HMO Partners, Employee Benefits Division, Blue Cross and Blue Shield of Arkansas, Celtic Insurance, UnitedHealthcare of the River Valley, Cigna Health & Life Insurance Co. - East, Cigna Health & Life Insurance Co. - West, UnitedHealthcare Insurance Co. A, UnitedHealthcare of Arkansas

Number of Days — 0, 40, 80, 120, 160, 200

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.