

ARKANSAS HEALTHCARE TRANSPARENCY INITIATIVE DATA RELEASE REQUEST

CONTACT INFORMATION

Project Title: Sevier County Medical Center Community Health Needs Assessment
Date: July 26, 2021
Organization: HORNE
Organization Type: Other Phone Number: 601-326-1378
Mailing Address: 1023 Main Street, Suite 202
City: Conway State: AR ZIP Code: 72032
Contact Person: Laura Gillenwater, CPA
Title: Senior Manager
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PROJECT INFORMATION

Project Description (Use Additional Pages as Needed)

We are assisting Sevier County Medical Center in an assessment of the medical needs in their community so that this new hospital can meet those needs while also remaining financially viable. This will help them in determining what types of services to offer since this is a brand new hospital being built from the ground up.

Evaluation Criteria (Use Additional Pages as Needed)

Answer the following questions that will be asked during the data request review process. The APCD will work with you to answer any question if necessary.

1. Is the request consistent with the Transparency Initiative's goals and purpose?
2. Are there real or potential conflicts of interest or anti-competitive concerns?
3. If IRB approval is required, has the approval been granted?
4. Does the data request contain the minimum information required?
5. Does the request minimize the risk of re-identification of individuals?

Proposed Project Start Date: July 2021

Proposed Project End Date: September 2021

Is funding for the project dependent on approval of this request? Yes No



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DATA REQUEST

Claims-Based Data Files

Commercial
 Medicaid
 Medicare*
 Arkansas state/school employees

* Additional restrictions may apply to the acquisition of Medicare data.

Parameters

	Date Range	Other Parameters
<input type="checkbox"/> Enrollment data		
<input checked="" type="checkbox"/> Medical claims	January 2018 - Dec 2019	We only need claims from specific zip codes in the service area
<input type="checkbox"/> Pharmacy claims		
<input type="checkbox"/> Dental claims		
<input type="checkbox"/> Provider data		

Non-Claims-Based Data Files and Parameters

	Date Range	Other Parameters
<input type="checkbox"/> Arkansas workers' compensation		
<input type="checkbox"/> Birth certificate		
<input type="checkbox"/> Death certificate		
<input type="checkbox"/> Inpatient hospital discharge*		
<input type="checkbox"/> Emergency department*		
<input type="checkbox"/> Cancer registry		
<input type="checkbox"/> Medical marijuana cardholders		

*includes self-pay, self-insured, and/or uninsured data only

Notes

Date Range is the month and year. Historical data dates from 2013.

If requested member data should include all active members as of a specific date, e.g. 1/1/2013, the requested member date range should predate that date to ensure that all active members are selected. For example, if all active members are required for 2013, the data request should indicate that member data should include records with date of first enrollment < 2013-01-01 and the date of disenrollment > 2013-01-01.

Preferred Data Format

Pipe delimited, no text qualifier text file

SQL server backup



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DATA USAGE

Note: Ark. Code Ann. § 23-61-907 prohibits the use of data to reidentify or attempt to reidentify an individual without obtaining the individual's consent.

Do you plan to merge or combine the Initiative data with other data files? Note, this does not include comparing Initiative data with other data files (e.g., Census data).

Yes No

If yes, what is the purpose?

Which data elements will be used to merge or combine the Initiative data with other data files?

PUBLICATION AND DISSEMINATION

Describe your plans to publish or disseminate the derived or extracted information:

This information will only be shared with the executive team and board of the SCMC hospital in order to inform their decisions on what services their hospital should offer to meet the needs of their community.

Do you anticipate that the Initiative Data requested, or information published or disseminated based on Initiative Data, could be used for anticompetitive purposes, including but not limited to price-fixing, market or customer allocation, service or output restriction, price stabilization, or in any way that restricts or limits competition?

Yes No

QUALIFICATIONS AND EXPERIENCE

Attach a separate document that identifies all key personnel who would be assigned to the project and describe their qualifications.

For all key personnel, describe the experience, if any, with prior or current projects of comparable scope and complexity to this project.



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OTHER PROJECT PARTICIPANTS

Provide the name, role, and organization of all the receiving organization's employees, contractors, and clients that will have access to the Initiative Data. Use a separate page if needed.

Name	Role	Organization
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See Key Personnel

Will a third-party or other organization have access to the Initiative Data? Yes No

Provide the following third-party information for all individuals or organizations who will have access to Initiative Data or who will be named as being affiliated with this project. Use a separate page if needed.

Company Name: _____

Contact Person: _____

Title: _____

Email: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Will the data be housed at an off-site location? Yes No

If yes, submit their data management policies and procedures in your Data Management Plan. What is their role in the project?

