

**Arkansas Insurance Department (AID) / Arkansas Biosciences Institute (ABI) /  
Arkansas Healthcare Transparency Initiative (HTI)**

**HTI Data Request**

**Instructions and Guidelines**

**General:** This form needs to be completed for every project that requires access to the Arkansas Healthcare Transparency Initiative (HTI) including the All Payer Claims Database (APCD) under the Cooperative Agreement between the Arkansas Insurance Department (AID) and the Arkansas Biosciences Institute (ABI). It is important that all collaborators sign off as well. Only research projects are eligible through the AID/ABI Cooperative Agreement, and with this proposal you are agreeing to utilize the Arkansas HTI All-Payer Claims Database (APCD) solely for the described project.

**Collaborators:** It is important to include all collaborators in the application. There are two categories of collaborators. DIRECT collaborators will be those in addition to the PI that will need direct logon access and/or who will be directly manipulating the data downloaded from the database. INDIRECT collaborators are those who are critical to the project and likely to be co-authors on any publications or presentations but do not need access nor will they be directly involved in handling the data. Recognizing new individuals will come and go on projects, amendments may be submitted any time to the ABI office for inclusion or removal of collaborators.

**Publications / Presentations:** All publications (abstracts, manuscripts, reports, etc) and presentations (poster presentations, oral presentations, seminars, invited speaker engagements) that present results generated through use of the Arkansas HTI APCD database must be reviewed by AID prior to submission or presentation. Manuscripts, abstracts, Powerpoint presentations, etc, will need to be submitted to the ABI office for review routing to AID and the HTI Board. All co-authors listed on manuscripts, reports, abstracts, and talks, must have been included and approved on the original or amended Project Request Form. The above requirement for publications/presentations applies only to new results resulting from the Arkansas HTI APCD database. Once an approved manuscript or abstract has been approved and/or published, the data included in the manuscript or abstracts may be presented without prior approval, such as in seminars, invited speaker engagements, lectures, etc.

**Project Length:** For the initial request, the maximum length of time for a project should not exceed 18 months. Afterwards, annual one year renewals may be requested and extended without full review. This simply allows closure on projects that may go dormant.

**APCD Access:** Once a project has received AID/ABI approvals, names of the PI and Direct Collaborators will be sent to the ABI APCD Database management team for logon credentials.

**Acknowledgements:** All publications, presentations, etc., should include the acknowledgement: *“Access to the Arkansas All Payer Claims Database for this study was provided by support from the Arkansas Biosciences Institute/Arkansas Insurance Department/Arkansas Healthcare Transparency Initiative Collaboration.”*

**Submission:** This form signed by all investigators and description of project should be submitted directly to Leslie Humphries, ABI Program Manager at [HumphriesLeslieF@uams.edu](mailto:HumphriesLeslieF@uams.edu). If you have questions please contact Dr. Robert E. McGehee, Executive Director, ABI, [rem@uams.edu](mailto:rem@uams.edu) or 501-603-1998.

**Arkansas Biosciences Institute**

**Arkansas Healthcare Transparency Initiative  
Arkansas APCD Project Request Form**

<b>Internal Use Only</b> <b>Project Number:</b> _____
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**Project Title** \_\_\_\_\_

**Principal Investigator (print)** \_\_\_\_\_

**Principal Investigator Signature** \_\_\_\_\_  
*(signature attests that as PI you agree to all guidelines monitoring use of the APCD database)*

**Principal Investigator Credentials and Affiliations** \_\_\_\_\_

**Additional researchers should be identified on next page(s)**

**Project Description (include plans to merge, combine, or match data with other data sets, and to submit extramural funding support):**  
*[Attach additional page if necessary]*

To help track and report usage, please check the boxes below for the data linkages this project will need to access:

- Arkansas Birth Certificate data linkage
- Arkansas Death Certificate data linkage
- Arkansas Inpatient/Hospital Discharge data linkage (uninsured patients only)
- Arkansas Emergency Department data linkage (uninsured patients only)
- Arkansas Cancer Registry data linkage
- Arkansas Medicare data linkage
- Arkansas Medical Marijuana Cardholder data linkage

Project Begin Date \_\_\_\_\_ Project End Date \_\_\_\_\_

IRB Approval (provide documentation) \_\_\_\_\_

**Project Approvals**

Forward completed form to ABI for project approvals

ABI Approval \_\_\_\_\_ Date \_\_\_\_\_

AID Approval \_\_\_\_\_ Date \_\_\_\_\_

**Approvals for External Publication**

When the project output is ready for external publication, attach the manuscript draft to this approved data request packet and return to ABI for approvals.

HTI Board Recommendation for Approval \_\_\_\_\_ Date \_\_\_\_\_

AID Approval \_\_\_\_\_ Date \_\_\_\_\_

**Additional Researchers Affiliated With This Project**  
(duplicate this page if additional researchers are needed and include with application)

**Researcher Name (print)** \_\_\_\_\_

**Researcher Credentials and Affiliations** \_\_\_\_\_

**Direct** \_\_\_\_\_ (will need direct access to the ABI APCD database)

**Indirect** \_\_\_\_\_ (will be part of project but will not need direct access to the APCD database)

**Researcher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(signature attests that as a collaborator on this project you agree to all guidelines monitoring use of the APCD database)*

**Researcher Name (print)** \_\_\_\_\_

**Researcher Credentials and Affiliations** \_\_\_\_\_

**Direct** \_\_\_\_\_ (will need direct access to the APCD database)

**Indirect** \_\_\_\_\_ (will be part of project but will not need direct access to the APCD database)

**Researcher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(signature attests that as a collaborator on this project you agree to all guidelines monitoring use of the APCD database)*

**Researcher Name (print)** \_\_\_\_\_

**Researcher Credentials and Affiliations** \_\_\_\_\_

**Direct** \_\_\_\_\_ (will need direct access to the APCD database)

**Indirect** \_\_\_\_\_ (will be part of project but will not need direct access to the APCD database)

**Researcher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(signature attests that as a collaborator on this project you agree to all guidelines monitoring use of the APCD database)*