## 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 the following terms and conditions as detailed in the AID/ABI Agreement:

- 1. Access to HTI data is limited to the project described in this proposal and only for the project period listed herein.
- 2. HTI data including derivates thereof such as analytical files may not be removed from their secure location within the Arkansas HTI APCD database.
- 3. Access to HTI data including any derivatives thereof will cease at the end of the project period. Although individual researcher access will cease at the end of the project period, ABI may retain derivative files within the Arkansas HTI APCD database secure environment to support data availability statements to replicate study findings to the extent that the AID/ABI Agreement remains in effect. Data availability statements should indicate that HTI data and derivatives thereof are not publicly available but may be accessed using the data request process developed by the HTI.

Unauthorized use or disclosure of HTI data, including retaining HTI data and any derivatives thereof beyond the project period may result in termination of your and your project collaborators' access to HTI data. Unauthorized use or disclosure of HTI data also risks violation of the AID/ABI Agreement.

**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 acess 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 findings included in the manuscript or abstracts may be presented without prior approval, such as in seminars, invited speaker engagements, lectures, etc, so long as the findings have not materially changed.

**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 Jimie Jarry, ABI Program Manager at <u>imjarry@uams.edu</u> If you have questions please contact Dr. Robert E. McGehee, Executive Director, ABI, <u>rem@uams.edu</u> or 501-603-1998.

### Arkansas Biosciences Institute

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

Internal Use Only	
Project Number:	
Project Title	
Principal Investigator (print) _	
Principal Investigator Signatu	e
	o 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 linkag	je	
Arkansas Death Certificate data linka	ge	
Arkansas Inpatient/Hospital Discharg	ge data linkage (uninsured patients only)	
Arkansas Emergency Department data linkage (uninsured patients only)		
Arkansas Cancer Registry data linkaç	ge	
Arkansas Medicare data linkage		
🗆 Arkansas Medical Marijuana Cardhole	der data linkage	
Project Begin Date	Project End Date	
IRB Approval (provide documentation)		
<u>Project Approvals</u> Forward completed form to ABI for project a	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\_\_\_\_\_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 Creder	ntials 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)	
<b>Researcher Signat</b> (signature attests that as	ure Date s a collaborator on this project you agree to all guidelines monitoring use of the APCD database)	
Researcher Name	(print)	
Researcher Creder	ntials 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		
Researcher Name (print)		
Researcher Creder	ntials 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 Signat (signature attests that as	ure Date s a collaborator on this project you agree to all guidelines monitoring use of the APCD database)	