



Guidelines for Exemption from HEDIS® Reporting

Authority

Statute: Health and Safety Code §108.009 (o)

Rule: Title 25 Texas Administrative Code §421.23

Guiding Principle

HMOs soliciting enrollment, marketing and/or whose continuous enrollment is expected to approximate or exceed 5,000 or enrollees per product per service area at the close of the measurement year are expected to report required Health Plan Employer Data Information Set® (HEDIS®) measures.

Policies

- 1) Exemptions from reporting required (HEDIS®) measures are considered administratively and will be decided on a case-by-case basis.
- 2) Exemption requests will be considered for a HMO's entire lines of business, OR on a product line/service area basis.
- 3) Conditions which make HMOs eligible for exemption consideration are determined with the advice and assistance of the Texas HEDIS® Selection Workgroup, with the approval of the Texas Department of State Health Services (department) leadership, and are reviewed annually. HMOs that would like the department to consider additional conditions for exemption in the future should request an appearance with the Director supervising the program responsible for implementing Health and Safety Code, Chapter 108.
- 4) Request for exemption from reporting for any given measurement year must be received by December 1st of that year, signed by the chief executive officer (CEO) of the HMO and addressed to the Director supervising the program responsible for implementing Health and Safety Code, Chapter 108.
- 5) Outcome decisions will be reported by the Director supervising the program responsible for implementing Health and Safety Code, Chapter 108. Denied

exemptions are eligible for administrative reconsideration once additional information is submitted.

6) The HMO may appeal exemption requests denied twice administratively to the Board of Department of State Health Services.

7) If granted, exemptions are approved on a single reporting year basis.

Conditions for Exemption Consideration	Supporting Documentation
1. Predicted enrollment of less than 5,000 members per product per service area at the end of the measurement year	Quarterly enrollment figures to date for the measurement year as reported to or by the Texas Department of Insurance (TDI).
2. Withdrawal of license and/or authority to issue/renew lines of business	Withdrawal plan and supporting documentation filed with TDI and resultant Commissioner of Insurance Order.
3. Sale, acquisition, or change in control of an HMO during the measurement year	Acquired party presents THCIC with a copy of the Commissioner of Insurance's Order. Acquiring party assumes reporting responsibility for departing HMO or presents arguments (via an exemption request) for why this is not appropriate or possible.
4. Impairments or insolvency of HMO	Appropriate documentation submitted by TDI.

Procedures

1) Letters requesting exemption for any given reporting year may be submitted at any time during the measurement year up until December 1st.

2) Letters requesting exemption and supporting documentation should be mailed to:

Texas Health Care Information Collection
 Center for Health Statistics
 Department of State Health Services
 P.O. BOX 149347
 Austin, TX 78714-9347

Fax or Email submittal may expedite processing. Fax to (512) 776-7740.

Email: thcichelp@dshs.texas.gov

3) THCIC will process the request within 2 weeks of the date the letter and supporting documentation is received. Letters will be addressed to the CEO of the HMO; however, fax copies will be sent to the THCIC's HEDIS[®] Reporting Contact of that HMO.