

Minnesota Health Care Claims Reporting System
Minnesota Rules Chapter 4653

VARIANCE PROCEDURES

Minnesota Rules 4653 establishes the Minnesota Health Care Claims Reporting System and identifies the entities that must submit data, the data to be submitted, and the submission procedures. Minnesota Rule 4653.0500 provides for two types of variances for data submitters: (1) a rule variance for submission of specific data elements or submission specifications, and (2) a threshold variance for meeting a specified threshold.

1.) Rule Variance Petition

THE PETITION FOR A RULE VARIANCE REQUEST MUST INCLUDE THE FOLLOWING:

- a. The name, address, telephone number and email address of the person or entity for whom a variance is being requested;
- b. A description of and citation to the specific portion of the rule for which a variance is requested;
- c. The variance requested, including the scope and duration of the variance;
- d. The reasons that the petitioner believes justify a variance, including a signed statement attesting to the accuracy of the facts asserted in the petition
- e. ALL OF THE FOLLOWING CRITERIA MUST BE DEMONSTRATED;
 - *Failure to grant the variance would result in hardship or injustice to the data submitter (note: a showing that compliance with the rules requires expenditure of resources does not, by itself, constitute a demonstration of hardship or injustice)*
 - *The rule variance would be consistent with the public interest; (note: public interest is presumed to be served by obtaining data that is as complete as possible), and*
 - *The variance would not prejudice the substantial legal or economic rights of any person or entity. (note: the fact that a data submitter is close to the cut off for health plan companies and third-party administrators, or pharmacy benefit managers does not, by itself, constitute evidence satisfying any of the criteria.)*
- f. A history of the agency's action relative to the petitioner, as relates to the variance request.
- g. Mail to: Diane Rydrych, Director, Division of Health Policy | Minnesota Department of Health | P.O. Box 64882 | St. Paul, MN 55164-0882

2.) Threshold Variance Request

TO BE GRANTED A VARIANCE FOR A THRESHOLD REQUIREMENT, A DATA SUBMITTER MUST DEMONSTRATE THAT IT MEETS EACH OF THE FOLLOWING CRITERIA:

- a. A good faith reason that it is unable to meet the standard threshold;
- b. The proposed alternative threshold; and
- c. The basis for the proposed alternative threshold.
- d. Threshold variance requests should be submitted on the attached form to: Data Manager | Email: mn-support@onpointhealthdata.org | Fax: (207) 622-7086

THRESHOLD VARIANCE REQUEST

Date: _____

Submitter Number: _____

Company Name: _____

Contact Person: _____

Mailing Address: _____

E-mail Address: _____

Telephone Number: _____

USE THE TABLE BELOW TO LIST EACH DATA ELEMENT FOR WHICH A THRESHOLD VARIANCE IS REQUESTED IN THE CORRESPONDING COLUMNS.

1. Indicate the data element number and the data element name.
2. Enter the proposed threshold percentage.
3. List the data period for which the variance is requested. Do not enter the dates you intend to submit the data – instead enter the covered data periods (e.g. 4/1/15 – 5/31/15).
4. Describe why your company is unable to meet the standard threshold and how you determined the proposed threshold. Include in your description, details regarding plans on improving data submission for this element.

Data element # Data element name	Proposed threshold	Variance data Period requested	Reason unable to meet standard threshold and a plan on how to improve capturing the data element in the future.

Submission of this request is an attestation that all facts asserted on this form are accurate.