

## Extensions or Waivers of Reporting Requirements Form

Reporters shall use this form to request waivers or deadline extensions to the Hawai'i Health Data Center (HHDC) All-Payer Claims Database (APCD) data submission and/or data quality requirements. This form may also be used to make an exception or waiver requests to HHDC APCD Data Submission Guide: data element, file layout, format, or threshold requirements prior to data submission.

Submit completed forms to: [apcd.data@uhtasi.org](mailto:apcd.data@uhtasi.org) with the subject line: "SubmitterID: Extensions or Waivers Request Form v1.0". Example: 12345E: Extensions or Waivers Request Form v1.0.

Submitter ID: \_\_\_\_\_ Date: \_\_\_\_\_

Full Company Name: \_\_\_\_\_

Approximate Number of Covered Lives in Hawai'i: \_\_\_\_\_

### Point of Contact Information

*Enter contact information for the technical point of contact related to this Extensions or Waivers of Reporting Requirements request.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Title \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*By signing, I certify that all information in the Extensions or Waivers of Reporting Requirements Form and all attachments are accurate and complete.*

*\*\* Signatory must be an authorized Corporate Officer of the Reporter.*

Signature \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

## Type of Request

Select the applicable Type of Request. If selecting multiple Type of Request, Reporters must submit details and justification in the Request Details and Justification section.

- Waiver of Reporting or Data Quality Requirements. Select this box if you are requesting a complete waiver of all requirements. A completed HHDC-EWF-1 for waivers must be submitted 15 days from notice by the SHPDA Administrator. If the SHPDA Administrator denies the waiver request, the Reporter will be responsible for submitting data as outlined in Appendices A-E by the dates outlined in the HHDC APCD Data Submission Guide and notice by the SHPDA Administrator.
- Deadline Extension Request. Select this box if you are requesting a deadline extension for a historical (2009-2017) or quarterly submission, data correction, or data quality requirement. A completed HHDC-EWF-1 for deadline extensions must be submitted 15 days from notice by the SHPDA Administrator.

*Note: Extensions are meant for issues that cannot be easily resolved. It is not meant for minor issues. If an extension request is granted, the expectation is that the Reporter continues to work with the State of Hawai'i APCD to eventually meet the reporting and/or data quality requirements.*

- Exception or Waivers to Data Element, File Layout, Format, or Threshold Requirements. Select this box if you are requesting an exception or waiver to the HHDC APCD Data Submission Guide: data element, file layout, format, or threshold requirements. Exception or waiver requests of data element, file layout, format, or threshold requirements shall be made **prior** to data submission. Exception or waiver requests to data element or threshold requirements shall be documented in *Attachment A*. A completed HHDC-EWF-1 for data exception must be submitted 15 days from notice by the SHPDA Administrator.

## HHDC APCD Data Submission Guide Data File(s) Relevant to the Request:

- Header or Trailer Record Requirements
- Member Eligibility File Requirements
- Medical Claims File Requirements
- Pharmacy Claims File Requirements
- Dental Claims File Requirements
- Provider File Requirements



3. Detail Plans for Becoming Fully Compliant. Provide details of how your organization plans to become fully compliant with the HHDC APCD Data Submission Guide. If you need more space, attach no more than one page, single spaced, 12-point font, to this form.

4. Anticipated Date for Becoming Fully Compliant. Provide the date of when your organization plans to become fully compliant with the HHDC APCD Data Submission Guide. If you need more space, feel free to attach additional pages, no more than one page, single spaced, 12-point font, to this form.

Date: \_\_\_\_\_