

---

## 42 C.F.R. § 417.126

---

### Recordkeeping and reporting requirements.

---

(a) *General reporting and disclosure requirements.* Each HMO must have an effective procedure to develop, compile, evaluate, and report to CMS, to its enrollees, and to the general public, at the times and in the manner that CMS requires, and while safeguarding the confidentiality of the doctor-patient relationship, statistics and other information with respect to the following:

- (1) The cost of its operations.
- (2) The patterns of utilization of its services.
- (3) The availability, accessibility, and acceptability of its services.
- (4) To the extent practical, developments in the health status of its enrollees.
- (5) Information demonstrating that the HMO has a fiscally sound operation.
- (6) Other matters that CMS may require.

(b) *Significant business transactions.* Each HMO must report to CMS annually, within 120 days of the end of its fiscal year (unless for good cause shown, CMS authorizes an extension of time), the following:

- (1) A description of significant business transactions (as defined in paragraph (c) of this section) between the HMO and a party in interest.
- (2) With respect to those transactions—
  - (i) A showing that the costs of the transactions listed in paragraph (c) of this section do not exceed the costs that would be incurred if these transactions were with someone who is not a party in interest; or

This document is only available to subscribers. Please [log in](#) or [purchase access](#).

[Purchase Login](#)