TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Life and Health Actuarial Office (106-1A)
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Mandated Benefits Data Call

LHL657 - Data Collection Form

Cover Sheet

Company Information

Company Name: _____ Address: _____

NAIC Number: _____ City: _____

Group Name: _____ State: _____

Group NAIC Number: _____ Zip: _____

Company Type: _____ Reporting Year: _____

Contact Information

Contact Name: _____ Address: _____

Title: _____ City: _____

Phone Number: _____ State: _____

Email Address: _____ Zip: _____

May TDI release this email address?: _____ Submission Date: _____

Premium and Claim Information

Coverage Category	Total Premiums Written	Total Claims Paid
Individual Health Benefit Plans		
Group Health Benefit Plans		

Data Call Applicability

Indicate "Yes" if you offer individual health benefit plans subject to mandated benefits and offers, AND the premiums for those plans, as reported above, exceed $2 million: _____

If "No", leave Parts A and C blank.

Indicate "Yes" if you offer group health benefit plans subject to mandated benefits and offers, AND the premiums for these plans, as reported above, exceed $10 million: _____

If "No", leave Parts B and D blank.

If you answered "No" to both questions above, skip to Part G: Data Certification.

Part A: Claim Information for Individual Benefits

Mandated Benefit	A Number of Claims Paid	B Total Mandated Benefit Claims Paid ($)	C Number of Individual Policies	D Annual Administrative Cost ($)
Acquired Brain Injury				
Children - Immunizations				
Children - Hearing Screening				
Children - Reconstructive Surgery for Craniofacial Abnormalities				
Colorectal Cancer Testing				
Diabetes Care, Supplies, and Services				
HIV or AIDS Related Illnesses				
Low Dose Mammography Cancer Screening				
Prescription Contraceptive Drugs and Devices and Related Services				
PSA Testing for Prostate Cancer				
Reconstructive Surgery Incident to a Mastectomy				
Telemedicine/Telehealth				
Total				

Clear Table

Part B: Claim Information for Group Benefits

Mandated Benefit	A Number of Claims Paid	B Total Mandated Benefit Claims Paid ($)	C Number of Group Certificates	D Annual Administrative Cost ($)
Acquired Brain Injury				
Chemical Dependency - Inpatient Only				
Chemical Dependency - Outpatient Only				
Children - Immunizations				
Children - Hearing Screening				
Children - Reconstructive Surgery for Craniofacial Abnormalities				
Colorectal Cancer Testing				
Diabetes Care, Supplies, and Services				
HIV or AIDS Related Illnesses				
In Vitro Fertilization				
Loss or Impairment of Speech or Hearing				
Low Dose Mammography Cancer Screening				
Osteoporosis - Detection and Prevention				
Nutritional Supplements for PKU Formulas				
Prescription Contraceptive Drugs and Devices and Related Services				
PSA Testing for Prostate Cancer				
Psychiatric Day Treatment				
Reconstructive Surgery Incident to a Mastectomy				
Serious Mental Illness - 45/60 (small employer plans)				
Serious Mental Illness - Full Parity (large employer plans)				
Telemedicine/Telehealth				
TMJ Treatment				
Total				

Clear Table

Part C: Premium Information for Individual Benefits

Table 1: Average Annual Premium per Policy Attributable to Each Mandate	Individual Policies	
	Single	Family
Acquired Brain Injury		
Children - Immunizations		
Children - Hearing Screening		
Children - Reconstructive Surgery for Craniofacial Abnormalities		
Colorectal Cancer Testing		
Diabetes Care, Supplies, and Services		
HIV or AIDS Related Illnesses		
Low Dose Mammography Cancer Screening		
Prescription Contraceptive Drugs and Devices and Related Services		
PSA Testing for Prostate Cancer		
Reconstructive Surgery Incident to a Mastectomy		
Telemedicine/Telehealth		
Total		

Clear Table

Table 2: Number of Policies	Individual Policies	
	Single	Family
Issued or Renewed		
In Force		

Table 3: Number of Lives Covered	Individual Policies	
	Single	Family
Issued or Renewed		
In Force		

Part D: Premium Information for Group Benefits

Table 1: Average Annual Premium per Certificate Attributable to Each Mandate	Group Certificates	
	Single	Family
Acquired Brain Injury		
Chemical Dependency - Inpatient Only		
Chemical Dependency - Outpatient Only		
Children - Immunizations		
Children - Hearing Screening		
Children - Reconstructive Surgery for Craniofacial Abnormalities		
Colorectal Cancer Testing		
Diabetes Care, Supplies, and Services		
HIV or AIDS Related Illnesses		
In Vitro Fertilization		
Loss or Impairment of Speech or Hearing		
Low Dose Mammography Cancer Screening		
Osteoporosis - Detection and Prevention		
Nutritional Supplements for PKU Formulas		
Prescription Contraceptive Drugs and Devices and Related Services		
PSA Testing for Prostate Cancer		
Psychiatric Day Treatment		
Reconstructive Surgery Incident to a Mastectomy		
Serious Mental Illness - 45/60 (small employer plans)		
Serious Mental Illness - Full Parity (large employer plans)		
Telemedicine/Telehealth		
TMJ Treatment		
Total		

Clear Table

Table 2: Number of Certificates	Group Certificates	
	Single	Family
Issued or Renewed		
In Force		

Table 3: Number of Lives Covered	Group Certificates	
	Single	Family
Issued or Renewed		
In Force		

Part E: Mandated Benefit Claims Identification

Mandated Benefit	ICD and/or CPT Codes
Acquired Brain Injury	
Chemical Dependency - Inpatient Only	
Chemical Dependency - Outpatient Only	
Children - Immunizations	
Children - Hearing Screening	
Children - Reconstructive Surgery for Craniofacial Abnormalities	
Colorectal Cancer Testing	
Diabetes Care, Supplies, and Services	
HIV or AIDS Related Illnesses	
In Vitro Fertilization	
Loss or Impairment of Speech or Hearing	
Low Dose Mammography Cancer Screening	
Osteoporosis - Detection and Prevention	
Nutritional Supplements for PKU Formulas	
Prescription Contraceptive Drugs and Devices and Related Services	
PSA Testing for Prostate Cancer	
Psychiatric Day Treatment	
Reconstructive Surgery Incident to a Mastectomy	
Serious Mental Illness - 45/60 (small employer plans)	
Serious Mental Illness - Full Parity (large employer plans)	
Telemedicine/Telehealth	
TMJ Treatment	

Clear Table

Part F: Additional Information

Part G: Data Certification

☐ By checking this box, I attest that all information contained in this form is a full and true statement in accordance with the instructions provided to the best of my information, knowledge, and belief.

Name _____ Phone Number _____

Title _____

Print Form | Submit By Email