

Mandated Benefits and Mandated Offers Reporting Form LAH345 - Data Collection Form

Additional information regarding this report is located on the [Mandated Benefits Data Call Index Page](#) on the TDI website.

► Issuer information

Issuer name _____

Address _____

City _____ State _____ ZIP _____

NAIC number _____ Issuer type _____

Reporting year _____ Submission date _____

Are you a third-party administrator reporting on behalf of the named issuer? _____

► Contact information

Contact name _____

Title _____

Address _____

City _____ State _____ ZIP _____

Email Address _____ Phone Number _____

May TDI release this email address? _____

► **Data Call applicability**

If the answer to all three applicability questions is "No," skip to Part J - Data Certification.

Individual

Indicate "Yes" if you offer individual comprehensive health benefit plans subject to mandated benefits and offers, AND the direct premiums earned for those plans are \$10 million or more as reported to NAIC for the reporting year. _____

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

Small Group

Indicate "Yes" if you offer small group comprehensive health benefit plans subject to mandated benefits and offers, AND the direct premiums earned for those plans are \$10 million or more as reported to NAIC for the reporting year. _____

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

Large Group

Indicate "Yes" if you offer large group comprehensive health benefit plans subject to mandated benefits and offers, AND the direct premiums earned for those plans are \$10 million or more as reported to NAIC for the reporting year. _____

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

► **Mandated Benefits data**

Part A: Aggregate data

Report aggregate data for all plans and policies that are subject to mandated benefits and mandated offers for the reporting year.

| Total direct premiums earned during the year (\$) | Total claims incurred during the year (\$) | Total member months for the year |
|--|---|---|
| | | |

Part B: Individual data

Notes:
 All of the mandates listed may not be applicable to all plan types.
 If a mandate is not applicable, leave the fields blank.
 If a mandate is applicable but has no claims, enter 0 in the claims fields.

| Mandated benefit | Claims incurred during the year (\$) | Number of claims incurred during the year | Total member months for the year |
|---|--------------------------------------|---|----------------------------------|
| Acquired brain injury | | | |
| Serious mental illness - 45/60 | | | |
| Autism spectrum disorder | | | |
| Low-dose mammography cancer screening | | | |
| Reconstructive surgery following mastectomy | | | |
| Diabetes equipment, supplies, and self-management training | | | |
| Formulas for PKU or other heritable diseases | | | |
| Temporomandibular joint (TMJ) diagnosis and treatment | | | |
| Osteoporosis detection and prevention | | | |
| Prostate cancer screening | | | |
| Colorectal cancer screening | | | |
| Childhood immunizations | | | |
| Hearing screening for children | | | |
| Chemical dependency - inpatient only | | | |
| Chemical dependency - outpatient only | | | |
| Prescription contraceptive drugs, devices, and related services | | | |
| HPV and cervical cancer screening | | | |
| Ovarian cancer screening | | | |
| Cardiovascular disease - early detection | | | |
| Amino acid-based elemental formulas | | | |

Part C: Small group data

Notes:
 All of the mandates listed may not be applicable to all plan types.
 If a mandate is not applicable, leave the fields blank.
 If a mandate is applicable but has no claims, enter 0 in the claims fields.

| Mandated benefit | Claims incurred during the year (\$) | Number of claims incurred during the year | Total member months for the year |
|---|--------------------------------------|---|----------------------------------|
| Acquired brain injury | | | |
| Serious mental illness - 45/60 | | | |
| Autism spectrum disorder | | | |
| Low-dose mammography cancer screening | | | |
| Reconstructive surgery following mastectomy | | | |
| Diabetes equipment, supplies, and self-management training | | | |
| Formulas for PKU or other heritable diseases | | | |
| Temporomandibular joint (TMJ) diagnosis and treatment | | | |
| Osteoporosis detection and prevention | | | |
| Prostate cancer screening | | | |
| Colorectal cancer screening | | | |
| Childhood immunizations | | | |
| Hearing screening for children | | | |
| Chemical dependency - inpatient only | | | |
| Chemical dependency - outpatient only | | | |
| Prescription contraceptive drugs, devices, and related services | | | |
| HPV and cervical cancer screening | | | |
| Ovarian cancer screening | | | |
| Cardiovascular disease - early detection | | | |
| Amino acid-based elemental formulas | | | |

Part D: Large group data

Notes:
 All of the mandates listed may not be applicable to all plan types.
 If a mandate is not applicable, leave the fields blank.
 If a mandate is applicable but has no claims, enter 0 in the claims fields.

| Mandated benefit | Claims incurred during the year (\$) | Number of claims incurred during the year | Total member months for the year |
|---|--------------------------------------|---|----------------------------------|
| Acquired brain injury | | | |
| Serious mental illness - 45/60 | | | |
| Autism spectrum disorder | | | |
| Low-dose mammography cancer screening | | | |
| Reconstructive surgery following mastectomy | | | |
| Diabetes equipment, supplies, and self-management training | | | |
| Formulas for PKU or other heritable diseases | | | |
| Temporomandibular joint (TMJ) diagnosis and treatment | | | |
| Osteoporosis detection and prevention | | | |
| Prostate cancer screening | | | |
| Colorectal cancer screening | | | |
| Childhood immunizations | | | |
| Hearing screening for children | | | |
| Chemical dependency - inpatient only | | | |
| Chemical dependency - outpatient only | | | |
| Prescription contraceptive drugs, devices, and related services | | | |
| HPV and cervical cancer screening | | | |
| Ovarian cancer screening | | | |
| Cardiovascular disease - early detection | | | |
| Amino acid-based elemental formulas | | | |

► **Mandated offers data**

Notes:
 All of the mandates listed may not be applicable to all plan types.
 If a mandate is not applicable, leave the fields blank.
 If a mandate is applicable but has no claims, enter 0 in the claims fields.

Part E: Individual data

| Mandated Offer | Claims incurred during the year (\$) | Number of claims incurred during the year | Total member months for the year |
|---|---|--|---|
| Loss or impairment of speech or hearing | | | |
| In vitro fertilization | | | |
| Developmental delays in children | | | |

Part F: Small group data

| Mandated Offer | Claims incurred during the year (\$) | Number of claims incurred during the year | Total member months for the year |
|---|---|--|---|
| Loss or impairment of speech or hearing | | | |
| In vitro fertilization | | | |
| Developmental delays in children | | | |

Part G: Large group data

| Mandated Offer | Claims incurred during the year (\$) | Number of claims incurred during the year | Total member months for the year |
|---|---|--|---|
| Loss or impairment of speech or hearing | | | |
| In vitro fertilization | | | |
| Developmental delays in children | | | |

Part H: Mandated Benefits and Offers Claims Identification

| Mandated benefits and offers | Medical billing codes |
|---|-----------------------|
| Acquired brain injury | |
| Serious mental illness - 45/60 | |
| Autism spectrum disorder | |
| Low-dose mammography cancer screening | |
| Reconstructive surgery following mastectomy | |
| Diabetes equipment, supplies, and self-management training | |
| Formulas for PKU or other heritable diseases | |
| Temporomandibular joint (TMJ) diagnosis and treatment | |
| Osteoporosis detection and prevention | |
| Prostate cancer screening | |
| Colorectal cancer screening | |
| Childhood immunizations | |
| Hearing screening for children | |
| Chemical dependency - inpatient only | |
| Chemical dependency - outpatient only | |
| Prescription contraceptive drugs, devices, and related services | |
| HPV and cervical cancer screening | |
| Ovarian cancer screening | |
| Cardiovascular disease - early detection | |
| Amino acid-based elemental formulas | |
| Loss or impairment of speech or hearing | |
| In vitro fertilization | |
| Developmental delays in children | |

Part I: Additional information

Part J: 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 _____