

## 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.

<b>Total direct premiums earned during the year (\$)</b>	<b>Total claims incurred during the year (\$)</b>	<b>Total member months for the year</b>

## 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 \_\_\_\_\_