TDI | Texas Department of Insurance

Mandated Benefits and Mandated Offers Data Reporting Worksheet

This worksheet does not replace the reporting form. It is to assist respondents in gathering data prior to submission. Data must be reported to TDI using the online reporting form available at https://www.tdi.texas.gov/health/mbindex.html. Do not submit this worksheet to TDI.

Issuer name: _____

Address: _____

City: _____ State: _____ ZIP: _____

NAIC number: _____ Issuer type: _____Reporting year: _____

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

Contact name: _____

Title: _____

Email address: _____ Phone number: _____

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: _____

Individual data

Some 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/offer	Claims incurred during the year ($)	Number of claims incurred during the year	Total member months for the year
Acquired brain injury			
Low-dose mammography cancer screening			
Reconstructive surgery following mastectomy			
Diabetes equipment, supplies, and self-management training			
Prostate cancer screening			
Colorectal cancer screening			
Childhood immunizations			
Hearing screening for children			
Prescription contraceptive drugs, devices, and related services			
HPV and cervical cancer screening			
Ovarian cancer screening			
Cardiovascular disease - early detection			
Amino acid-based elemental formulas			
Developmental delays in children (offer)			

Small group data

Some 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/offer	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			
Formulas for PKU or other heritable diseases			
Osteoporosis detection and prevention			
Colorectal cancer screening			
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 (offer)			
In vitro fertilization (offer)			

Large group data

Some 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/offer	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			
Loss or impairment of speech or hearing (offer)			
In vitro fertilization (offer)			
Developmental delays in children (offer)			

Claims identification

Mandated benefit/offer	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 (offer)	
In vitro fertilization (offer)	
Developmental delays in children (offer)	