This document is provided for illustration purposes only. TDI will collect data in a json format.

Annual report on preauthorization exemptions

Reporting year	
Contact name	
Contact phone	
Contact email	
Number of particular services for which the issuer requires preauthorization	
Number of physicians and providers included in the issuer's network	
Number of in-network physicians and providers that have received at least one preauthorization exemption	
Percent of in-network physicians and providers that have received at least one preauthorization exemption	*calculated: number with an exemption / number in-network*

Company name	**(Issuer)**	**(Affiliate 1)**	**(Affiliate 2)**	**Add columns for each affiliate**
NAIC number				
License number (if no NAIC number)				
Lines of business	Indicate "Yes" for each line of business that is included in the issuer's preauthorization exemption evaluations; "No" if no plans are offered in the line of business; or "NA" if the plans offered do not have preauthorization requirements.			
Insurance products subject to Insurance Code Chapter 4201, Subchapter N				
Major medical				
Vision				
HMO products subject to Insurance Code Chapter 4201, Subchapter N				
Major medical				
Vision				
Dental				
Insurance and HMO products not subject to Insurance Code Chapter 4201, Subchapter N				
Major medical				
Vision				
Dental				
Medicaid managed care				
CHIP				
Medicare Advantage				
Administrative services only				
Major medical				
Vision				
Dental				

For each particular health care service that is subject to preauthorization	
Name or description of each particular health care service that is subject to preauthorization	
Associated billing code or codes	
Number of initial evaluations conducted during the previous calendar year	*should equal: granted + denied*
Number of exemptions newly granted	
Number of exemptions denied	
Percent of exemptions granted	*calculated: granted / initial evaluations*
Number of denials appealed	*should equal: upheld + overturned*
Number of denials upheld on appeal	
Number of denials overturned on appeal	
Percent of denials overturned on appeal	*calculated: denials overturned / denials appealed*
Number of active exemptions granted prior to the previous calendar year	
Number of rescission evaluations during previous calendar year	
Number of rescissions proposed	
Percent of exemptions proposed for rescission	*calculated: rescissions proposed / rescission evaluations*
Number of rescissions appealed	*should equal: upheld + overturned*
Number of rescissions upheld on appeal	
Number of rescissions overturned on appeal	
Percent of rescission appeals successful	*calculated: rescissions overturned / rescissions*
Total exemptions in place as of last day of the previous calendar year	*should equal: newly granted +* *denials overturned +* *previously granted -* *(rescissions proposed - rescissions overturned)*

Additional information about this data collection can be found at:
tdi.texas.gov/health/hb3459.html