

# Mandated Benefits Data Call

## Frequently Asked Questions

### Why do we have to report this data?

In 2001, the Texas Legislature passed legislation requiring TDI to collect and report data about mandated health benefits and mandated offers of coverage (Insurance Code Chapter 38, Subchapter F). In 2002, TDI adopted 28 TAC Sections 21.3401 – 21.3409, which created the mandated benefits data call; TDI amended the rule in 2003 to clarify the reporting periods and revise the reporting deadlines. In 2017, TDI adopted additional rule amendments to improve the integrity of the data collected and reported by the issuers. A summary of the amendments is available on the TDI website on the [Mandated benefits data call index page](#).

### How do you determine which issuers are subject to the data call?

This data call applies to health benefit plan issuers who report to NAIC a total of \$10 million or more in direct premiums earned in Texas for individual comprehensive health coverage, small group comprehensive health coverage, or large group comprehensive health coverage in calendar year 2019. Only issuers who meet these requirements must report. Issuers who do not meet the requirements are not required to submit exempt reports.

### When is the report due?

Under 28 TAC Section 21.3404, the report is due by the close of business on June 1st of each year. When the deadline falls on a weekend, the report is due by the close of business on the first Monday in June.

### Have there been any changes since last year's data call?

Yes. In 2017, the 85th Legislature passed House Bill 1036 requiring health benefit plans to include digital mammography and breast tomosynthesis as forms of low-dose mammography in their coverage. The code workbook and methodology document reflect this change to the mammography mandate. The code workbook was also updated to remove deleted codes and add new ones. The workbook now includes a revision log tab showing which mandates had code changes along with the deleted and added codes.

## Do we need to submit a separate PDF with the signature of the person certifying the data?

No. It is not necessary to send a PDF with a signature. In Part J of the reporting form, the marked checkbox and completed contact information serve as the certification.

## How do we submit the report?

Submit data to TDI by completing LAH345, which is an interactive PDF form. The form is available on the TDI website on the [Mandated benefits data call index page](#). To prevent errors, TDI recommends downloading the form before entering data. The form contains fillable fields that must be completed electronically using Adobe Reader 9.0 or higher to ensure proper form functionality. When completed, click the "Submit by Email" button located at the bottom of the form. The interactive button will convert the data to an XML attachment. TDI will not accept any reports submitted as a PDF or in a different format, including scanned PDF files.

## What if we receive an error when attempting to submit the data form?

The form has validation rules that must be cleared before it can be submitted. Follow the instructions to correct any errors listed. After the validation rules are cleared, click the "Submit by Email" button again.

## Do we have to list the codes in the claims identification section of the report (Part H)?

Yes. You must list the medical billing codes and filters used to identify applicable claims for each mandated benefit and mandated offer of coverage. The information will allow TDI to better understand the data and identify potential causes of data inconsistencies between responding issuers. Also, do not simply state, "See mandated benefits code list" or submit the codes as a separate email attachment. This information must be included in the report.

## We noticed that there are codes missing from the code workbook. Are we supposed to report data for claims with these missing codes?

Yes. You must report any data that falls within the scope of each mandate. TDI provides the code workbook to help issuers identify claims data about the various mandated

benefits and offers. It is a general reference tool and may not include all possible codes. The workbook does not include modifiers, but issuers will need to use them as necessary to report data accurately for professional and technical services. TDI staff with limited knowledge of medical coding performed the research and compiled the list. TDI asks that you report any discrepancies so staff can make the necessary revisions.

### What if we have other questions about the data call?

You can send any questions you have by email to [MBSurvey@tdi.texas.gov](mailto:MBSurvey@tdi.texas.gov).

For more information, contact: [MBSurvey@tdi.texas.gov](mailto:MBSurvey@tdi.texas.gov).