



MISSISSIPPI INSURANCE DEPARTMENT

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MISSISSIPPI DEPARTMENT OF INSURANCE BULLETIN 2025-2

PRIOR AUTHORIZATION ANNUAL REPORT FORM

April 1, 2025

I. Purpose and Scope.

The Mississippi Insurance Department ("MID") is issuing this Bulletin to provide health insurance issuers with the Prior Authorization Annual Report Form, as promulgated by the Commissioner of Insurance, and instructions for the filing of said form.

This Bulletin shall apply to every health insurance issuer, as is defined in *Miss. Code Ann.* § 83-9-6.3 (Rev. 2022), with the exception of employee or employer self-insured health benefit plans under the federal Employee Retirement Income Security Act of 1974 or health care provided pursuant to the Workers' Compensation Act.

II. Prior Authorization Reports.

Prior authorization is defined in *Miss. Code Ann.* § 83-5-907(o) (Supp. 2024) as the process by which a health insurance issuer determines the medical necessity and medical appropriateness of an otherwise covered health care service before the rendering of such health care service, including any health insurance issuer's requirement that an enrollee, health care professional or health care provider notify the health insurance issuer before, at the time of, or concurrent to providing a health care service.

Miss. Code Ann. § 83-5-935 (Supp. 2024) requires a health insurance issuer to submit an annual report to the Department of Insurance certain aggregated data and information regarding the issuer's prior authorization practices and experiences for the prior plan year. The Commissioner of Insurance is directed to promulgate and issue a form for the submission of said report. This Bulletin provides health insurance issuers the form and process for the filing of the Annual Report.

III. Prior Authorization Annual Report Form and Instructions

In accordance with *Miss. Code Ann.* § 83-5-935 (Supp. 2024), and 19 Miss. Code Admin., Pt. 3, R. 19.21: Minimum Standards for Utilization Review Agents Regulations, by June 1, 2025, and each June 1 after that date, a health insurance issuer shall report to the Department the following aggregated trend data, de-identified of protected health information, related to the insurer's practices and experience for the prior plan year for health care services submitted for payment:

- (a) The number of prior authorization requests;
- (b) The number of prior authorization requests denied;
- (c) The number of prior authorization appeals received;
- (d) The number of adverse determinations reversed on appeal;
- (e) Of the total number of prior authorization requests, the number of prior authorization requests that were not submitted electronically;
- (f) The ten (10) health care services that were most frequently denied through prior authorization;
- (g) The ten (10) reasons prior authorization requests were most frequently denied;
- (h) The number of claims for health care services that were examined through a post-service utilization review process;
- (i) The number and percentage of claims for health care services denied through post-service utilization review; and
- (j) The ten (10) health care services that were most frequently denied as a result of post-service utilization reviews.
- (k) Any prior authorization requirements that have been removed.

This information shall be provided on the form and shall be submitted electronically to the following address: Priorauthorization@mid.ms.gov . The Prior Authorization Annual Report Form is attached to this Bulletin, and a fillable copy can also be found on the Department's website, at the following link:

<https://www.mid.ms.gov/mississippi-insurance-department/companies/company-filing-and-registration/> .

The completed form requires an electronic signature from the appropriate officer of the health insurance issuer.

IV. Annual Reports Subject to the Public Records Act.

Pursuant to *Miss. Code Ann.* § 83-5-935 (Supp. 2024), all Annual Reports shall be considered public records under the Mississippi Public Records Act of 1983 and shall not be held confidential.


V. Violations and Penalties

Any health insurance issuer who fails to comply with the filing requirement specified in this Bulletin may result in the health insurance issuer being subject to the penalty provision as provided in *Miss. Code Ann.* § 83-5-933 (Supp. 2024).

VI. Effective Date.

The provisions contained within this Bulletin shall be in effect on and after April 1, 2025.

Any health insurance issuer that has questions or needs assistance with the filing of the Annual Report may call the Life and Health Actuarial Division at 601-359-3657.



MIKE CHANEY
COMMISSIONER OF INSURANCE

PRIOR AUTHORIZATION ANNUAL REPORT FORM ATTACHED

PRIOR AUTHORIZATION ANNUAL REPORT FORM

Company Name: _____ Date of Submission: _____

Registration Number: _____ Reporting Period: _____

Contact Person: _____ Email: _____ Phone: _____

Prior Authorization (PA)

Total Number of PA Requested	Total Number of PA Request Denied	Total Number of PA Appeals Received	Total Number of PA Adverse Determination reversed on appeals	Out of the Total Number of PA requests, the number of PA requests NOT Submitted Electronically	Total Number of PA Claims for Health Care Services that were examined through a POST Service Utilization Review Process	Total Number of PA Claims for Health Care Services that were denied through a POST Service Utilization Review Process	Total Percentage (%) of PA Claims for Health Care Services denied through POST service utilization review

Ten (10) Health Care Services that were most frequently denied through Prior Authorization:

1
2
3
4
5
6
7
8
9
10

Signed by: _____

Ten (10) Reasons for Prior Authorizations Requests were most frequently Denied:

1
2
3
4
5
6
7
8
9
10

Ten (10) Health Care Services that were MOST Frequently Denied as a POST Service Utilization Review:

1
2
3
4
5
6
7
8
9
10

Are there any Prior Authorizations Requirements that have been Removed?

Signed by: _____