

Prior Authorization Annual Report Form Instructions

In accordance with Title 19, Part 3, Chapter 19: Minimum Standards for Utilization Review Agents Regulations, Rule 19.21, Reports to the Department, these are the form instructions:

(1) By June 1, 2025, and each June 1 after that date, a health insurance issuer shall report to the Department, on a form issued by 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.

(2) All reports required by this section shall be considered public records under the Mississippi Public Records Act of 1983 and the Department shall make all reports freely available to requestors and post all reports to its public website without redactions.

(3) The Department requests the submission of Prior Authorization Annual Report Form to be emailed to PriorAuthorization@mid.ms.gov later than June 1 of each year.

(4) The completed form requires an electronic signature by the appropriate officer of the health insurance issuer.

(5) The Prior Authorization Annual Report Form is attached.