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In an effort to improve transparency in the pre-authorization approval and decline rates by health plans, Delaware law (Title 18, Subchapter V of the Delaware Code) now requires the submission of pre-authorization data to Delaware Health Information Network (DHIN) at least twice a year.

**Health insurers, health benefit plans and health service corporations will be required to report de-identified statistics regarding pre-authorization approvals, denials and appeals in the enclosed specified format to DHIN no later than July 31, 2018.**

This second submission for Year 1 should include de-identified data for the previous six months (January 1 – June 30, 2018), due by July 31, 2018.

Denials should include the aggregated reasons for denials such as, but not limited to, medical necessity or incomplete pre-authorization submission.

Appeals should include practitioner specialty, medication, diagnostic test or diagnostic procedure, indication offered, reason for underlying denial and the number of denials overturned upon appeal.

As noted previously, DHIN reserves the right to modify the reporting format in the future based on feedback from submitters. Therefore, in addition to the reporting requirements on the submission spreadsheet, we also request that you submit a complete list of your approved procedures that require prior authorization. For the current period, you can send DHIN this listing in any format, but should include the code and the terminology for your approved procedures. During the next reporting period, we will ask you to submit this file electronically, in a standard format which will be provided to you.

Statistics and approved listing of your approved prior authorization procedures should be sent to [info@dhin.org](mailto:info@dhin.org). This data will then be shared on [dhin.org](http://dhin.org).

Please contact [servicedesk@DHIN.org](mailto:servicedesk@DHIN.org) with any questions.

Thank you in advance for your cooperation.

Sincerely,

Jan Lee, MD

Chief Executive Officer, DHIN

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