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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 January 31, 2018.**

The first submission should include de-identified data for the previous six months (July 1 – December 31, 2017). The second reporting period will be due by July 31, 2018 for the previous six months (January 1 – June 30, 2018), etc.

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.

Please note that DHIN may modify this reporting format in the future based on feedback from submitters.

Statistics should be sent to [info@dhin.org](mailto:info@dhin.org). This data will then be shared on DHIN's website, [dhin.org](http://dhin.org).

Please contact [servicedesk@DHIN.org](mailto:servicedesk@DHIN.org) with any questions, and a team member will connect you with the appropriate resource.

Thank you in advance for your cooperation.

Sincerely,

Jan Lee, MD

A handwritten signature in black ink that reads "Jan Lee". The signature is written in a cursive, flowing style.

Chief Executive Officer  
Delaware Health Information Network

107 Wolf Creek Blvd., Suite 2  
Dover, DE 19901  
Telephone 302.678.0220  
[www.dhin.org](http://www.dhin.org)