

Annual Summary Report  
for  
Medical Necessity Review Organizations

State of Louisiana

Reporting Period  
January 1, 2009 to December 31, 2009



*James J. Donelon*  
*Commissioner of Insurance*



## 2009 Annual Summary Report for Medical Necessity Review Organizations

\*\*\*\* Directions \*\*\*\*

### General Comments

- The 2009 report is due at the Louisiana Department of Insurance on **March 1, 2010**.
- The 2009 reporting forms have been modified. Reports received on old versions of the forms **will be returned**.
- The reporting period is **January 1, 2009 to December 31, 2009**. The MNRO report is based on a calendar year. Appeals that were completed before January 1, 2009 or received after December 31, 2009 should not appear on the 2009 MNRO report.
- Reports may be found on the department's website at the following address:  
[http://www.lidi.state.la.us/Health/Quality\\_Assurance/index.htm](http://www.lidi.state.la.us/Health/Quality_Assurance/index.htm).
- Reports may be e-mailed to [cgordon@ldi.state.la.us](mailto:cgordon@ldi.state.la.us) or mailed to the attention of the Office of Health Insurance at Post Office Box 94214, Baton Rouge, LA 70804-9214.
- Requirements to submit the MNRO Annual Summary Report are listed in LA R.S. 22:1126 B and 22:1138 D (1). Fines and penalties are listed in LA R.S. 22:1143.

### I. Contact Information Tab

- A. Enter all contact information. **Highlight** or **red line** any changes.
- B. In addition to listing a brief description of any substantial change to the original MNRO application, attach all supporting documentation of those changes.

### II. Review Activities Tab

- A. Enter requested appeal information by level of appeal. If there were no appeals for a specific level, enter a zero (0).

### III. First Level, Second Level and External Appeal Tabs

**Please complete each of the following tabs:**

1. Plan member code – The internal number you assigned to an appeal.
2. Date appeal was received – The date a request for appeal was received in your office.
3. Days to resolve – The number of days from the date the appeal was received to the date of resolution.
4. Determination – Indicate whether appeal was upheld, overturned or partial.
5. Type of service denied - **Be specific. For example, if it is a surgery, indicate the type of surgery, and whether the service was inpatient or outpatient, etc.**
6. Reason for Appeal – **Use codes/reasons in Appeal Reason Summary.**

7. Enter a *full explanation* of why the appeal was upheld or overturned. **A comment of “not medically necessary” is not sufficient.**
8. Insert the name of the insurance company requesting the appeal review. **If an insurance issuer, do not complete this column.**

#### **IV. Appeal Reason Summary Worksheet Tab**

Determine the total number of appeals by reason code/description and by level of appeal. Enter this number in the appropriate column. For example, if you have 10 first-level *benefit exclusion* appeals, enter 10 under the column Number of First-Level Appeals in the row, which corresponds with benefit limitation/exclusion.

**Please do the following after completing the pages that are necessary for your report to be complete:**

1. **Save entire workbook to a file on your computer.**
2. **E-mail the file to [cgordon@ldi.state.la.us](mailto:cgordon@ldi.state.la.us) .**
3. **Complete the section on Contact Information sheet, providing the check number and the date the check was mailed.**
4. **Mail a check made payable to the Louisiana Department of Insurance for \$500.00, if you are not a health insurance issuer.**

**Please note that your company’s MNRO Annual Summary Report will not be approved until the Louisiana Department of Insurance has received and deposited your check.**