Annual Summary Report

for

Medical Necessity Review Organizations

State of Louisiana

Reporting Period

January 1, 2014 to December 31, 2014



*James J. Donelon*

*Commissioner of Insurance*



2014 Annual Summary Report

for

 Medical Necessity Review Organizations

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

General Comments

* The 2014 report is due at the Louisiana Department of Insurance on March 1, 2015.
* The 2014 reporting forms have been modified. Reports received on older versions of the forms will be returned.
* The reporting period is January 1, 2014 to December 31, 2014. The report is based on a calendar year. Appeals that were completed before January 1, 2014 or received after December 31, 2014 should not appear on the report.
* The report forms may be found on the department’s website at the following address: <http://www.ldi.state.la.us/Health/MNRO/index.htm>l.
* The report may be e-mailed to cgehling@ldi.la.gov or mailed to the attention of the Cindy Gehling, Office of Health Insurance, Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214.
* Requirements to submit the 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.
1. Contact Information Tab
	1. Enter all contact information. Highlight or red line any substantive changes.
	2. In addition to listing a brief description of any substantive change to the original MNRO application, attach all supporting documentation of such changes.

II. Review Activities Tab

1. 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 you are a health 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.

1. E-mail the file to cgehling@ldi.la.gov .
2. Complete the section on Contact Information sheet, providing the check number and the date the check was mailed.
3. 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 report will not be approved until the Louisiana Department of Insurance has received and deposited your check (if applicable).