

Annual Report

for
Independent Review Organizations

State of Louisiana

Reporting Period
January 1, 2015 to December 31, 2015



James J. Donelon
Commissioner of Insurance



2015 Annual Report for Independent Review Organizations

**** Directions ****

General Comments

- The 2015 report is due at the Louisiana Department of Insurance on **March 1, 2016**.
- **The 2015 reporting forms have been modified.** Reports received on older versions of the forms **will be returned**.
- The reporting period is **January 1, 2015 to December 31, 2015**. The report is based on a calendar year. External reviews that were completed before January 1, 2015 or received after December 31, 2015 should not appear on the report.
- The report forms may be found on the department's website at the following address: <http://www.lidi.la.gov/industry/regulatory-forms>.
- The report may be e-mailed to hbuckley@ldi.la.gov or mailed to the attention of Holly Buckley, 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. 22:2443. Fines and penalties are listed in La. R.S. 22:2453.

I. Contact Information Tab

Enter all contact information.

II. External Review Activities Tab

Enter requested external review information for each type of external review conducted. If there were no external reviews for a specific entry on the report, enter a zero (0).

III. External Review Tabs

Please complete each of the following per Health Insurance Issuer:

1. Plan Member Case Number – The number assigned to an external review.
2. Date Request Received – The date a request for external review was received in your office.
3. Date Request Completed – The first date a determination was given to the plan member, the plan member's authorized representative or the provider following receipt of the external review request.
4. Days to Resolve – The number of days from the date the external review request was received to the date of resolution.
5. Determination – Indicate whether external review request was upheld, overturned or partial.
6. 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.**

7. Reason for External Review – Use codes/reasons in External Review Reason Summary Chart
8. Explain Reason External Review Upheld or Overturned- Enter a *full explanation* of why the external review was upheld or overturned. A comment of “not medically necessary” is not sufficient.
9. Health Insurance Issuer Requesting Review- Insert the name of the Health Insurance Issuer requesting the external review. Complete one worksheet for each Health Insurance Issuer.

IV. External Review Reason Summary Worksheet Tab

Determine the total number of external reviews by reason code/description. Enter this number in the appropriate column.

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 hbuckley@ldi.la.gov .**
- 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 to the following address:**

**Louisiana Department of Insurance
Attn: Holly Buckley
P.O. Box 94214
Baton Rouge, LA 70804-9214**

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).