

Annual Report

for
Utilization Review Organizations

State of Louisiana

Reporting Period
January 1, 2015 to December 31, 2015



James J. Donelon
Commissioner of Insurance



2015 Annual Report for Utilization Review Organizations

**** Directions ****

General Comments

- The 2015 report is due to the Louisiana Department of Insurance on **March 1, 2016**.
- **NOTE: The 2015 reporting forms have been modified.** Reports received on older versions of the forms **will not be accepted and will be returned.**
- The reporting period is **January 1, 2015 to December 31, 2015**. The report is based on a calendar year. Appeals 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.
- Refer to Louisiana Administrative Code Title 37, Part XIII, Chapter 62, Regulation 103, for requirements for the report.

I. Contact Information Tab

Enter all contact information.

II. Review Activities Tab

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

III. First Level and Second Level

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. Date appeal was completed – The first date a determination was given to the plan member, the plan member's authorized representative or the provider.
4. Days to resolve – The number of days from the date the appeal was received to the date of resolution.
5. Determination – Indicate whether appeal 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 Appeal – **Use codes/reasons in Appeal Reason Summary.**

8. Enter a *full explanation* of why the appeal was upheld or overturned. **A comment of “not medically necessary” is not sufficient.**
9. 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.
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. Health insurance issuers are not required to submit this payment. If you are not a health insurance issuer, mail the payment 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 payment (if applicable).