

Independent Review Organization External Review Annual Report Form

External Review Annual Summary for 20_____			
Due on [insert date] for previous calendar year.			
Each independent review organization (IRO) shall submit an annual report with information for each health carrier in the aggregate on external reviews performed in Arkansas only.			
1. IRO name:		Filing date:	
2. IRO license/certification no:			
3. IRO address:			
City, State, ZIP:			
4. IRO Web site:			
5. Name, email address, phone and fax number of the person completing this form:			
6. Name and title of the person responsible for regulatory compliance and quality of external reviews:			
Name:		Title	
7. Total number of requests for external review received from [insert state insurance department name] during the reporting period:			
8. Number of standard external reviews:			
9. Average number of days IRO required to reach a final decision in standard reviews:			
10. Number of expedited reviews completed to a final decision:			
11. Average number of days IRO required to reach a final decision in expedited reviews:			

12. Number of medical necessity reviews decided in favor of the health carrier:		
Briefly list procedures denied:		
13. Number of medical necessity reviews decided in favor of the covered person:		
Briefly list procedures approved:		
14. Number of experimental/investigational reviews decided in favor of the health carrier:		
Briefly list procedures denied:		

15. Number of experimental/investigational reviews decided in favor of the covered person:					
Briefly list procedures approved:					
16. Number of reviews terminated as the result of a reconsideration by the health carrier:					
17. Number of reviews terminated by the covered person:					
18. Number of reviews declined due to possible conflict with:					
Health carrier		Covered person		Health care provider	
Describe possible conflicts(s) of interest:					
19. Number of reviews declined due to other reasons not reflected in #18 above:					