10.



State Corporation Commission Bureau of Insurance – External Review P.O. Box 1157 Richmond, VA 23218

Phone: 1-877-310-6560 Fax: (804) 371-9915 Email: externalreview@scc.virginia.gov

Independent Review Organization External Review Annual Report Form

External Review Annual Summary for 20_____.

Due on April 1 for previous calendar year.

Each independent review organization (IRO) shall submit an annual report with information in the aggregate on external reviews performed for Virginia only.
1. IRO name:
2. IRO license/certification no:
3. IRO address:
City, State, Zip:
4. Name and title, email address, phone and fax number of the person completing this form:
5. Name and title of the person responsible for regulatory compliance and quality of external reviews
Name:Title:
6. Total number of requests for external review received from Virginia:
7. Number of standard external reviews:
8. Average number of days IRO required to reach a final decision in standard reviews:
9. Number of expedited reviews completed to a final decision:

Average number of hours IRO required to reach a final decision in expedited reviews:

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