



Department of Consumer and Business Services

Insurance Division — 2

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**External Review
Annual Summary**

External Review Annual Summary for 20 _____ .

Due on March 31 for previous calendar year.

Each independent review organization (IRO) shall submit an annual statistical report with information in the aggregate on its Oregon Insurance Division (OID) external reviews only. OARs 836-053-1350(1), 836-053-1360(2)

1. IRO name: _____ Filing date: _____
2. IRO address: _____
City, state, ZIP: _____
3. IRO Web site: _____
4. Name, e-mail address, phone and fax number for person completing this form: _____

5. Name and title of person responsible for regulatory compliance and quality of external reviews:
Name: _____ Title: _____
6. Total number of requests for external review received from the Oregon Insurance Division during the reporting period: _____
7. Number of standard OID reviews completed to a final decision: _____
8. Average number of days IRO required to reach a final decision in standard reviews: _____
9. Number of expedited OID reviews completed to a final decision: _____
10. Average number of days IRO required to reach a final decision in expedited reviews: _____
11. Number of medical-necessity reviews decided in favor of the insurer: _____
Briefly list procedures denied: _____
12. Number of medical-necessity reviews decided in favor of the enrollee: _____
Briefly list procedures approved: _____
13. Number of experimental/investigational reviews decided in favor of the insurer: _____

Briefly list procedures denied: _____

14. Number of experimental/investigational reviews decided in favor of the enrollee: _____

Briefly list procedures approved: _____

15. Number of continuity-of-care reviews decided in favor of the insurer: _____ Enrollee: _____

16. Number of OID review requests for which the IRO deemed it did not have jurisdiction under ORS 743.857: _____

17. Number of OID reviews terminated as the result of reconsideration by the insurer: _____

18. Number of OID reviews terminated by the enrollee: _____

19. Number of reviews declined due to possible conflict of interest with insurer: _____ Enrollee: _____

Describe possible conflicts of interest: _____

20. Number of enrollees who complained to the IRO at least once about their external review: _____