



## ANNUAL UTILIZATION REVIEW REPORT

All Health Insurance Issuers (“Issuers”) shall file an annual summary report of their Utilization Review (“UR”) plan and activities/functions with the Office of the Montana State Auditor, Commissioner of Securities and Insurance (“CSI”). Mont. Code Ann. § 33-32-207(3)(a).

The annual reporting deadline will be March 1 (reflecting data for the prior calendar year). Issuers must submit their annual summary report via the System for Electronic Rate and Form Filing (SERFF) as an informational filing.

In completing this report, please supplement as necessary. For any capitalized word or phrase, please see Mont. Code Ann. § 33-32-102 (Definitions).

### I. Contact Information

Company Name: \_\_\_\_\_

NAIC #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ Report Filing Date: \_\_\_\_\_



## II. Description of Utilization Review Plan and Activities/Functions

1. Please describe Issuer's overall UR plan, including the types of medical management and UR activities/functions used or implemented by Issuer, e.g., Case Management, Ambulatory Review, prior authorization.

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2. As required by Mont. Code Ann. § 33-32-106(1), MCA, please confirm Issuer's current UR plan (including clinical review criteria, standards, procedures, requirements, and restrictions) prepared pursuant to § 33-32-103, MCA, is readily accessible on its website to Covered Persons, prospective Covered Persons, and Health Care Providers, and provide the link to its location on the website?

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3. How does Issuer inform Covered Persons, prospected Covered Persons, and Health Care Providers about a new or amended UR plan, including any new or amended clinical review criteria, standards, procedures, requirements, or restrictions?

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4. As required by Mont. Code Ann. § 33-32-106(2), please confirm that any new or amended UR program or plan is not implemented until Issuer has first given Health Care Providers no less than 60 days' notice of the new or amended UT program or plan and Issuer has updated its website to reflect the new or amended UR program or plan?

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5. Does Issuer delegate any UR activities/functions to Utilization Review Organizations or other entities? Please list all delegated entities:

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 406.444.2040  [csi@mt.gov](mailto:csi@mt.gov)  [csimt.gov](http://csimt.gov)  840 Helena Avenue  
Helena MT 59601 *Get social with us*    

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6. For each delegated entity identified in #5 above, please provide the following details for each: a description of the delegated UR activities/functions performed by the delegated entity, including whether the activities/functions are specific to certain Health Care Services?

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7. Does Issuer have written procedures for monitoring UR activities/functions delegated to Utilization Review Organizations or other entities? Please briefly describe the monitoring activities that are performed pursuant to these procedures?

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8. Please confirm Issuer retains final authority to provide oversight to any delegated entity?

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### III. Utilization Review Statistics

|   | Total Number of Preservice Requests | Total Number of Preservice Requests Approved | Total Number of non-Preservice UR Requests | Total Number of non-Preservice UR Requests Approved | Total Number of Internal Grievances of UR Adverse Determinations | Total Number of UR Adverse Determinations Reversed after Internal Grievances |
|---|-------------------------------------|--|--|---|--|--|
| 1. Inpatient Services not reported in categories 2-5 and Inpatient Admissions |                                     |  |  |   |  |  |
| 2. Outpatient Services  |                                     |  |  |   |  |  |
| 3. Durable Medical Equipment  |                                     |  |  |   |  |  |
| 4. Prescription Drugs – Non-Specialty   |                                     |  |  |   |  |  |
| 5. Prescription Drugs – Specialty   |                                     |  |  |   |  |  |
| 6. Any Services not reported in categories 1-5                                |                                     |  |  |   |  |  |
| Total:  |                                     |  |  |   |  |  |



#### IV. Utilization Review Timeframes

| UR and Benefit Determinations (Standard and Expedited)   | Number or Confirmation |
|--|------------------------|
| 1. Issuer's actual (mean average) timeframe for notifying Covered Persons of Prospective Review determinations, excluding any determinations that required an extension.   |                        |
| <ul style="list-style-type: none"> <li>a. Extensions. Total number of Prospective Reviews where an extension was taken by Issuer to extend time period for notifying Covered Person of Prospective Review determination.</li> </ul>    |                        |
| <ul style="list-style-type: none"> <li>b. Confirmation. Please confirm all extensions taken by Issuer complied with criteria in Mont. Code Ann. § 33-32-211(2)(c) or (d), as applicable.</li> </ul>                                    |                        |
| 2. Issuer's actual (mean average) timeframe for notifying Covered Persons of Urgent Care determinations.   |                        |
| <ul style="list-style-type: none"> <li>a. Insufficient Information. Total number of Urgent Care requests for which the Covered Person failed to provide sufficient information for Issuer to make determinations.</li> </ul>           |                        |
| <ul style="list-style-type: none"> <li>b. Notice to Covered Persons. Issuer's actual (mean average) timeframe for notifying Covered Persons of failure to provide sufficient information for Issuer to make determinations.</li> </ul> |                        |
| 3. Retrospective Review Determinations. Issuer's actual (mean average) timeframe for notifying Covered Persons of Retrospective Review determinations, excluding any determinations that required an extension.                        |                        |
| <ul style="list-style-type: none"> <li>a. Extensions. Total number of Retrospective Reviews where an extension was taken by Issuer to extend time period for notifying Covered Person of the determination.</li> </ul>                 |                        |
| <ul style="list-style-type: none"> <li>b. Confirmation. Please confirm all extensions taken by Issuer complied with criteria in Mont. Code Ann. § 33-32-211(6)(c) or (d), as applicable.</li> </ul>                                    |                        |
| 4. Concurrent Review Determinations. Issuer's actual (mean average) timeframe for notifying  |                        |



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| Covered Persons of Concurrent Review determinations.   |  |
| a. Total number of Concurrent Review requests for which the Covered Person failed to provide sufficient information for Issuer to make determinations.                               |  |
| b. Notice to Covered Persons. Issuer’s actual (mean average) timeframe for notifying Covered Persons of failure to provide sufficient information for Issuer to make determinations. |  |

| Grievances Involving Adverse Determinations (Standard and Expedited)  | Number or Confirmation |
|---|------------------------|
| 1. Issuer’s actual (mean average) timeframe for notifying Covered Persons of determinations regarding grievances (appeals) of adverse determinations involving Prospective Reviews.             |                        |
| 2. Issuer’s actual (mean average) timeframe for notifying Covered Persons of determinations regarding grievances (appeals) of Adverse Determinations involving Urgent Care (expedited) reviews. |                        |
| 3. Issuer’s actual (mean average) timeframe for notifying Covered Persons of determinations regarding grievances (appeals) of adverse determinations involving Retrospective Reviews.           |                        |
| 4. Issuer’s actual (mean average) timeframe for notifying Covered Persons of determinations regarding grievances (appeals) of Adverse Determinations involving Concurrent Reviews.              |                        |

V. Top Five

List the top five Health Care Services that were most commonly the subject of UR:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_





## Montana Reinsurance Program

1. For the reporting period, if the Issuer was a recipient of payment(s) from the Montana Reinsurance Program, please describe any UR initiatives and programs specific to the individual market that helped to manage the costs and utilization of Covered Persons whose claims were reimbursed by the Montana Reinsurance Program. Please describe any activities undertaken to evaluate the effectiveness of the initiative or program.

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2. Please identify any methodology used by Issuer to estimate savings to the Montana Reinsurance Program that are derived by the UR initiatives and programs.

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### Certification

*I certify that I am authorized to complete this certification on behalf of the Health Insurance Issuer listed above and that the information contained in this report is true, accurate and complete to the best of my knowledge.*

Printed Name of Authorized Officer or Representative:

Signature of Authorized Officer or Representative:

Date: \_\_\_\_\_