



IRO HEALTH CARE EXTERNAL REVIEW REPORT

All independent review organizations (IROs) who perform external reviews for health insurers operating in Montana are required to report their activities to the Office of the Montana State Auditor, Commissioner of Securities and Insurance. Mont. Code Ann. § 33-32-421. The annual reporting deadline is March 1st. Completed reports shall be sent by email to marketconduct@mt.gov.

Contact Information

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact Name: _____ Title: _____

Telephone Number: _____ Email: _____

Report for Year: _____



406.444.2040



csi@mt.gov



csimt.gov



840 Helena Avenue
Helena MT 59601

Get social with us



External Review Statistics

Complete this page separately for **each health insurer** for which you performed external review for Montana residents.

Health Insurer: _____

Number of External Review (ER) Requests Received in Reporting Year	
Total Number of Those ER Requests Resolved	
Number of ER Requests Resolved Upholding Insurer's Determination	
Number of ER Requests Resolved Reversing Insurer's Determination	
Number Still Pending at the End of the Reporting Year	
Average Number of Days to Complete a Non-Expedited Review	
Average Number of Days to Complete an Expedited Review	
Number of Reviews Terminated Because Insurer Reversed its Decision (MCA § 33-32-410(17))	
Number of Reviews Terminated for Failure to Provide Information (MCA § 33-32-412(15))	

In cases where the decision was overturned in the plan member's favor, what was the most common reason? _____

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Number of ER Requests Resolved Reversing Insurer's Determination	
Number Still Pending at the End of the Year	
Average Number of Days to Complete a Non-Expedited Review	
Average Number of Days to Complete an Expedited Review	
Number of Reviews Terminated Because Insurer Reversed its Decision Pursuant to MCA § 33-32-410(17)	
Number of Reviews Terminated for Failure to Provide Information Pursuant to MCA § 33-32-412(15)	

In cases where the decision was overturned in the plan member's favor, what was the most common reason? _____

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In cases where the decision was overturned in the plan member's favor, what was the most common reason? _____

List the top five services/issues that were most commonly the subject of external review:

1. _____
2. _____
3. _____
4. _____
5. _____

Certification

I certify that the information contained in this report is true, accurate and complete to the best of my knowledge; and that I possess the authority to complete this certification on behalf of the IRO/Company listed above.

Signature

Name of Officer or Representative

Date