



## IRO LONG-TERM CARE EXTERNAL REVIEW REPORT

All independent review organizations (IROs) who perform external reviews for long-term care insurers operating in Montana are required to report their activities to the Office of the Montana State Auditor, Commissioner of Securities and Insurance. Mont. Admin R. 6.6.3131. The annual reporting deadline is March 1<sup>st</sup>. Completed reports shall be sent by email to [marketconduct@mt.gov](mailto:marketconduct@mt.gov).

### **Contact Information**

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

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

\_\_\_\_\_

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

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

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

Report for Year: \_\_\_\_\_

## External Review Statistics

Complete this page separately for **each long-term care insurer** for which you performed external review for Montana residents.

**Long-Term Care Insurer:** \_\_\_\_\_

|   |  |
|---|--|
| Number of External Review (ER) Requests Received in Reporting Year                        |  |
| Number of Request Determined Eligible for ER?   |  |
| Total Number of Those ER Request Resolved   |  |
| Number of ER Request Withdrawn Prior to Review  |  |
| Number of ER Request Resolved Upholding Insurer's Determination                           |  |
| Number of ER Request Resolved Reversing Insurer's Determination                           |  |
| Number Still Pending at the End of the Reporting Year                                     |  |
| Average Number of Days to Complete Review   |  |
| Percentage of Reviews Completed within the Prescribed Timeframe Set Forth in ARM 6.6.3130 |  |

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

## External Review Statistics

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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