

**APPENDIX SS. INDEPENDENT REVIEW ORGANIZATION EXTERNAL REVIEW
ANNUAL REPORT FORM**

Oklahoma Insurance Department

Independent Review Organization External Review Annual Report Form

External Review Annual Summary for 20_____		Due by January 31 for the previous calendar year.	
Each independent review organization (IRO) shall submit an annual report with information for each health carrier in the aggregate on external reviews performed in Oklahoma only.			
1. IRO name:		Filing date:	
2. IRO license/certification no:			
3. IRO address:			
City, State, Zip:			
4. IRO Website:			
5. Name of person completing this form:			
Email:	Phone:	Fax:	
6. Person responsible for regulatory compliance and quality of external reviews:			
Name:		Title:	
7. Total number of requests for external review received from the Oklahoma Insurance Department during the reporting period:			
8. Number of standard external reviews:			
9. Average number of days IRO required to reach a final decision in standard reviews:			
10. Number of expedited reviews completed to a final decision:			
11. Average number of days IRO required to reach a final decision in expedited reviews:			
12. Number of medical necessity reviews decided in favor of the health carrier:			
Briefly list procedures denied:			

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

Please submit to:
Oklahoma Insurance Department
Five Corporate Plaza
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112-4511

[Added at 29 Ok Reg 1278; eff 7-14-12]

