



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

January 13, 2017

RE: Health Insurance Issuers 2016 External Review Annual Report
2016 Annual Certification for UROs

Due Date: March 1, 2017

Dear Sir or Madam:

Pursuant to La. R.S. 22:2443, a health insurance issuer is required to file an annual report (report) of its external review activities with the Louisiana Department of Insurance (LDI). The report information must reflect activity from January 1, 2016 through December 31, 2016.

Additionally, La. R.S. 22:2451, requires all health insurance issuers to annually certify in writing that their utilization review program or the utilization review program of their designated URO complies with all state and federal laws regarding confidentiality and reporting.

The report and certification are due on March 1, 2017.

The report forms, certification, and directions can be found on the LDI's website at the following link: <http://www.lidi.la.gov/regulatoryforms>. The report forms and certification can be completed electronically and e-mailed to HealthForms@ldi.la.gov or a hard copy can be mailed to the Office of Health Insurance, Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214.

Please note that the Office of Health Insurance will only accept 2016 Annual Report submissions on the report forms provided. Failure to use these report forms will result in a disapproval of the report and a possible sanction as set forth in La. R.S. 22:2453.

Should you have questions, please contact Holly Buckley at the Office of Health Insurance at hbuckley@ldi.la.gov or by calling (225) 219-0773.

Sincerely,

Alecia Johnson

Alecia Johnson
Office of Health, Life and Annuity Insurance

**Health Insurance Issuers 2016 External Review Annual Report
and
2016 Annual Certification for Utilization Review Organizations**

State of Louisiana



*James J. Donelon
Commissioner of Insurance*



Health Insurance Issuers 2016 External Review Annual Report and 2016 Annual Certification for Utilization Review Organizations

****Directions ****

- The 2016 report and certification is due at the Louisiana Department of Insurance on **March 1, 2017**.
- **The 2016 reporting forms have been modified.** Reports received on older versions of the forms will be returned.
- The reporting period is **January 1, 2016 to December 31, 2016**. The report is based on a calendar year. External review requests that were completed before January 1, 2016 or received after December 31, 2016 should not appear on the report.
- The report forms may be found on the department's website at the following address: <http://www.lidi.la.gov/industry/regulatory-forms>.
- The report and certification may be e-mailed to HealthForms@ldi.la.gov or mailed to the Office of Health Insurance, Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214.

Enter all contact information.

Report information requested in the External Review Activities page for external review requests received for fully-insured, commercial plans. Please do not report on external review requests received for self-insured plans, Medicaid and Medicare. If there were no external review requests for a specific entry on the report, enter a zero (0).

Complete the certification. This form can be edited and/or reproduced for ease in completion of the certification.

Please do the following after completing the pages that are necessary for your report to be complete:

1. **Save report to a file on your computer.**
2. **E-mail the file to HealthForms@ldi.la.gov.**

CONTACT

Company

LDI #

Contact Information

First Name

Last Name

E-mail

Phone

Job Title

Address

Address (Line 2)

City

State

ZIP Code

Louisiana Department of Insurance

2016 Health Insurance Issuer Annual Report

External Review Activities

Number of determinations referred for external review

Number of external review requests resolved

Number of requests considered ineligible

Number of external review cases where IRO upheld the adverse or final adverse determination

Number of external review cases where IRO reversed the adverse or final adverse determination

CERTIFICATION

I, _____ (full name), in my capacity as

_____ (title) and as a duly authorized
representative of _____ (full name of
health insurance issuer), hereby certify that [the utilization review program of

_____ (full name of health insurance
issuer)] and [the utilization review program of our designated utilization review
organization(s) _____ (insert
name(s) of designated utilization review organization(s))] complies with all state and federal
laws regarding confidentiality and reporting.

Signed on this the ____ day of _____, 20__ , in the city of _____
and the
state of _____.

(Signature)

(Print Name)