



## LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

### BULLETIN 2014-08

**TO: ALL HEALTH INSURANCE ISSUERS, HEALTH MAINTENANCE ORGANIZATIONS, UTILIZATION REVIEW ORGANIZATIONS, AND INDEPENDENT REVIEW ORGANIZATIONS**

**FROM: JAMES J. DONELON, COMMISSIONER OF INSURANCE**

**RE: EXTERNAL REVIEW PROCESS EFFECTIVE ON JANUARY 1, 2015**

**DATE: DECEMBER 24, 2014**

The purpose of Bulletin 2014-08 is to inform all health insurance issuers and health maintenance organizations (issuers), utilization review organizations (UROs) and independent review organizations (IROs), of the electronic process established by the Louisiana Department of Insurance (LDI) for external reviews pursuant to La. R.S. 22:2391 - 2453 enacted by Act 326 of the 2013 Legislative Session, which brings the state of Louisiana into compliance with section 2719 of the Public Health Service Act.

The electronic process established by the LDI shall be operational and required by law beginning on January 1, 2015.

#### A. The IRO Review Request Module

The LDI has created the IRO Review Request Module (Module) through which:

1. Issuers will submit all external review requests to the LDI and report all enrollee requests deemed by the issuer as ineligible for external review;
2. IROs will receive random assignments of external reviews from the LDI;
3. IROs will give notice to the LDI of the result of an external review; and
4. Issuers and IROs can monitor the status of external review requests.

The Module's functionality has been designed so that designated contacts at an issuer and the IRO will receive automatic email notifications when an external review has been assigned to an IRO and when an IRO has reported its result of the external review.

In addition, if the Commissioner of Insurance has determined that an issuer has incorrectly deemed an enrollee's external review request to be ineligible, the issuer will be notified by email and the random assignment to an IRO for external review will occur automatically, along with email notice to both the issuer and the IRO of the assignment.

The Module may be accessed by issuers, IROs, and UROs (acting on behalf of an issuer) through the Industry Access portal of the LDI website - [www.lidi.la.gov](http://www.lidi.la.gov).

For issuers, interaction with the Module begins any time an enrollee requests an external review, even if the request is ineligible for review. In addition, any time an issuer has an external review request for assignment, the issuer must request that assignment through the Module. Issuers should take note of the following important information:

1. Every time an issuer receives a request for an external review, the issuer shall give notice to the LDI by entering the request in the Module, which can be accessed through the Industry Access portal.
2. When an issuer gives notice of a request for an external review assignment to the LDI through the Module, the Module will assign a unique case number to the request. If an appeal request was ineligible for external review, the issuer shall give notice to the enrollee of the reasons for the ineligibility and shall inform the enrollee that the enrollee may appeal the determination of ineligibility to the Commissioner of Insurance.
3. In order to effectuate appeals of ineligibility determinations to the Commissioner, the issuer shall use the following language (or language substantially similar) when giving notice of and reasons for *ineligibility* to the enrollee:

"[Name of issuer] has determined that your request for an independent external review of your adverse determination does not meet the eligibility requirements for independent external reviews. However, [name of issuer]'s determination that you are ineligible for an external review may be appealed to the Commissioner of Insurance, who has the authority to reverse [name of issuer]'s decision and order an independent external review of your adverse determination. If you wish to appeal this decision, you should go to the following website:  
<https://ldi.la.gov/OnlineServices/IROConsumerAppeals>

Once you access the website, enter your last name (or surname) and case number where instructed. Following verification of your name and case number, you will be able to enter the reasons you believe your adverse determination should be eligible for an independent review. If you have questions or if you or your authorized representative is unable to access the website, you may contact the Louisiana Department of Insurance by email at [ConsumerAppeals@ldi.la.gov](mailto:ConsumerAppeals@ldi.la.gov) or by telephone at (225) 342-1355.

Your case number is \_\_\_\_."

4. Upon receipt of an appeal of an issuer's eligibility determination, the LDI may contact the issuer's designated contact in order to review the enrollee's appeal to the Commissioner and, if necessary, request further information.
5. When an issuer requests an external review through the Module, the request will be assigned immediately to an IRO. It is the responsibility of the issuer to contact the IRO following receipt of notice of the assignment.
6. Issuers should avoid uploading documents that constitute medical records or other specific protected health information. When reporting ineligible external review requests within the Module, issuers shall attach a copy of the letter sent to the enrollee declaring the request ineligible for external review.
7. If an issuer wishes to have a URO conduct this process on behalf of the issuer, the URO must be authorized to do so through Industry Access. If an issuer has difficulty authorizing a URO to operate on its behalf through Industry Access, please contact the Office of Licensing and Compliance at (225) 342-1251.

For IROs, interaction with the Module will begin when the IRO receives notice through email that it has received a random assignment of an external review. An IRO can locate information on each assigned external review by using the unique case number created by the Module. Upon making a determination for each external review,

the IRO must use the Module to give notice to the LDI of the decision, whether the adverse determination made by an issuer was upheld or reversed.

#### B. Instruction Manuals for the Module

Attached to Bulletin 2014-08 are instruction manuals for both issuers and IROs for the use of the Module, which is accessible through the Industry Access functionality of the LDI website. The instruction manuals will also be posted and available on the LDI website.

#### C. Abbreviated IRO Application Process

Due to the short time frame for the approval of IROs by the LDI, IROs that meet the minimum qualifications shall be approved by the Commissioner to receive random assignments of external reviews beginning on January 1, 2015. The abbreviated application process is attached to Bulletin 2014-08. IROs are strongly encouraged to utilize the abbreviated application process outlined in the attachment.

#### D. Model Notice Language

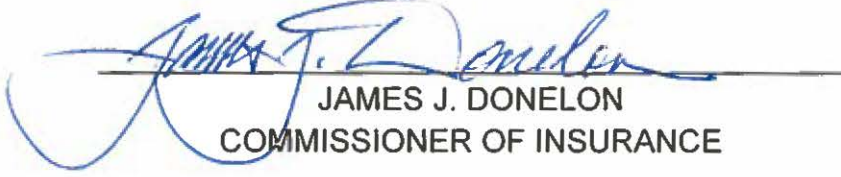
Apart from the notice language in Section A regarding consumer appeals to the Commissioner, the LDI is preparing to publish on its website model language for other required notices throughout the external review process. Issuers are not required to use the model notices.

#### E. URO Licensure

Under the statutory regime adopted in Act 326 and effective on January 1, 2015, UROs are required to submit applications for URO licenses. As of the date of Bulletin 2014-08, few UROs have applied for licensure. UROs are encouraged to submit applications as soon as practicable.

For questions or clarification with regard to Bulletin 2014-08 or for any questions regarding the external review process or the Module, please contact the Louisiana Department of Insurance, Office of Health Insurance, by telephone at (225) 342-1355 or by email at [kharvey@ldi.la.gov](mailto:kharvey@ldi.la.gov) or [lbryan@ldi.la.gov](mailto:lbryan@ldi.la.gov).

Baton Rouge, Louisiana, this 24th day of December 2014.



JAMES J. DONELON  
COMMISSIONER OF INSURANCE

Attachment:

Module Instructions for Issuers

2015

# IRO Review User Manual

LOUISIANA DEPARTMENT OF INSURANCE  
INDUSTRY ACCESS MODULE

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# IRO Review

## Access the IRO Review Request Module

The IRO Review Request module is accessed via the Industry Access Portal on the Louisiana Department of Insurance website: <http://www.lidi.la.gov/>



For instructions on how to sign up for the Industry Access Portal and request access to modules, please review the user manual and webinars posted on the Industry Access Log In screen:

<https://ia.lidi.state.la.us/industryaccess>

## Create New IRO Review Request

The IRO Review Request Form contains an Existing Requests grid. The first time you enter the IRO Review module, the grid will be empty. As you enter IRO Review requests, they will populate in the grid.

To begin adding a request, first click the “Create New IRO Review Request” button.

This is a Test Company

### IRO Review Request Form

#### Existing Requests

Filter by status:

[+ Create New IRO Review Request](#)

Case Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date Requested
No items to display					

Once you click the button, a blank external review request form will open. This form contains the following sections:

- Insured Contact Info
- Insured's Authorized Representative Contact Info
- Request Details
- Supporting Document(s)

IRO Review Request Form x

← → C <https://iadev.lidi.state.la.us/IROReview/InsurerRequest#> ☆ ☰

**LOUISIANA DEPARTMENT OF INSURANCE**  
IRO Review  
1-800-259-5300 f t Commissioner James J. Donelon

This is a Test Company

### IRO Review Request Form

Insured Contact Info		Insured's Authorized Representative Contact Info	
First Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>
ZIP:	<input type="text"/>	ZIP:	<input type="text"/>
Primary Phone:	<input type="text"/>	Primary Phone:	<input type="text"/>
Alternate Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Fax:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

## Contact Info

The fields in the Insured Contact Info section are required and must be filled out before you can submit the request. The fields in the Insured Authorized Representative Contact Info section are optional.

IRO Review Request Form x

https://iadev.lidi.state.la.us/IROReview/InsurerRequest#

**LOUISIANA DEPARTMENT OF INSURANCE**  
**IRO Review**  
 1-800-259-5300 Commissioner James J. Donelon

This is a Test Company

### IRO Review Request Form

**Insured Contact Info**

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

**Insured's Authorized Representative Contact Info**

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

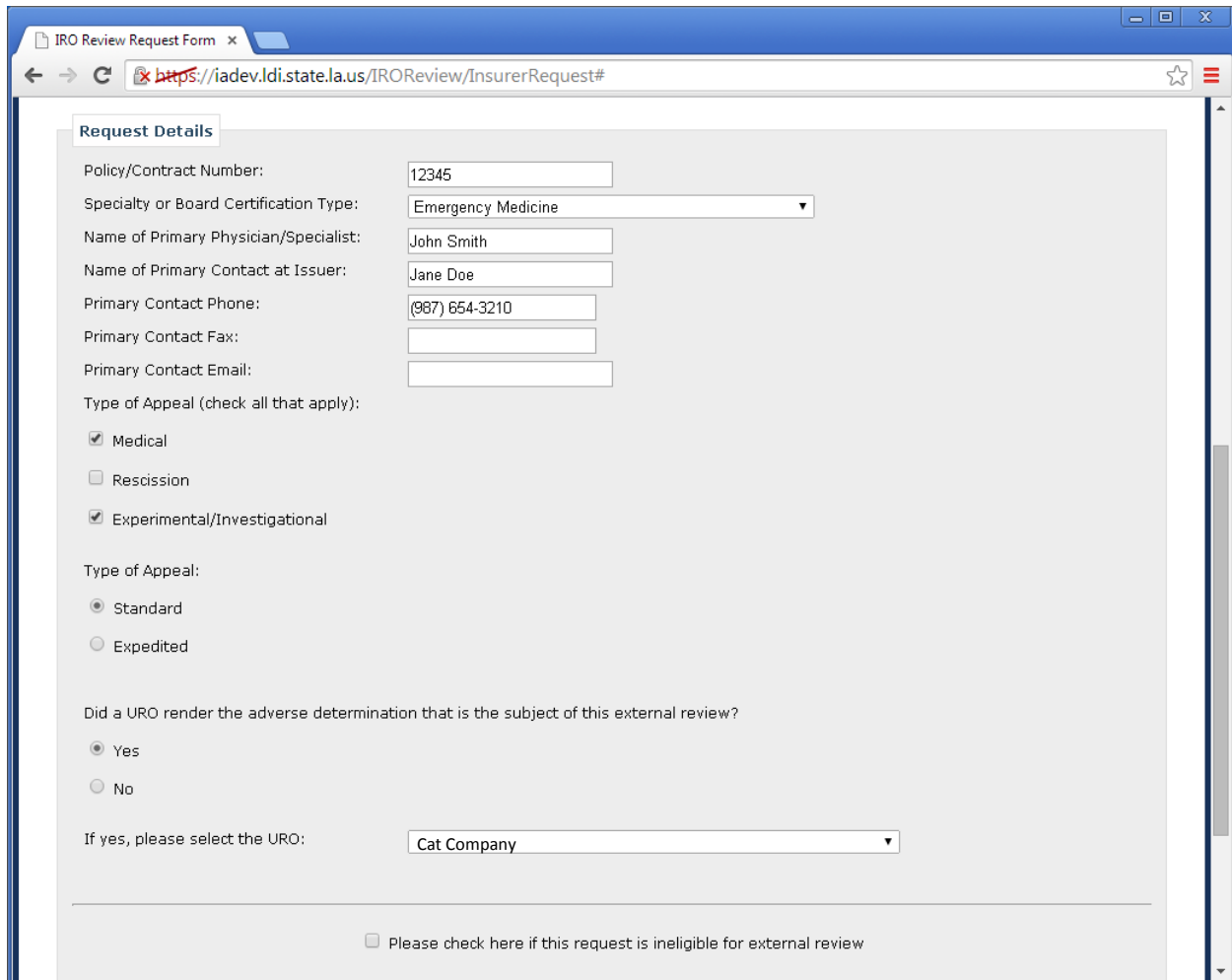
## Request Details

The fields in the Request Details section are also required. Please note that if you indicate “Yes” for the question “Did a URO render the adverse determination that is the subject of this external review?” you will be required to select the URO from the dropdown below.

If the request is extremely urgent and requires higher priority processing, select the “Expedited” option for “Type of Appeal.”

If the request is being entered for informational purposes only, check the box at the bottom of this section labeled “Please check here if this request is ineligible for external review.”

**Note:** If you indicate that the request is ineligible for external review, you will be notified if the consumer files an appeal. You will also be notified of the commissioner’s decision on any appeals filed by consumers.



The screenshot shows a web browser window with the URL <https://iadev.lidi.state.la.us/IROReview/InsurerRequest#>. The page title is "IRO Review Request Form". The main content area is titled "Request Details" and contains the following fields and options:

- Policy/Contract Number:
- Specialty or Board Certification Type:
- Name of Primary Physician/Specialist:
- Name of Primary Contact at Issuer:
- Primary Contact Phone:
- Primary Contact Fax:
- Primary Contact Email:
- Type of Appeal (check all that apply):
  - Medical
  - Rescission
  - Experimental/Investigational
- Type of Appeal:
  - Standard
  - Expedited
- Did a URO render the adverse determination that is the subject of this external review?
  - Yes
  - No
- If yes, please select the URO:
- Please check here if this request is ineligible for external review

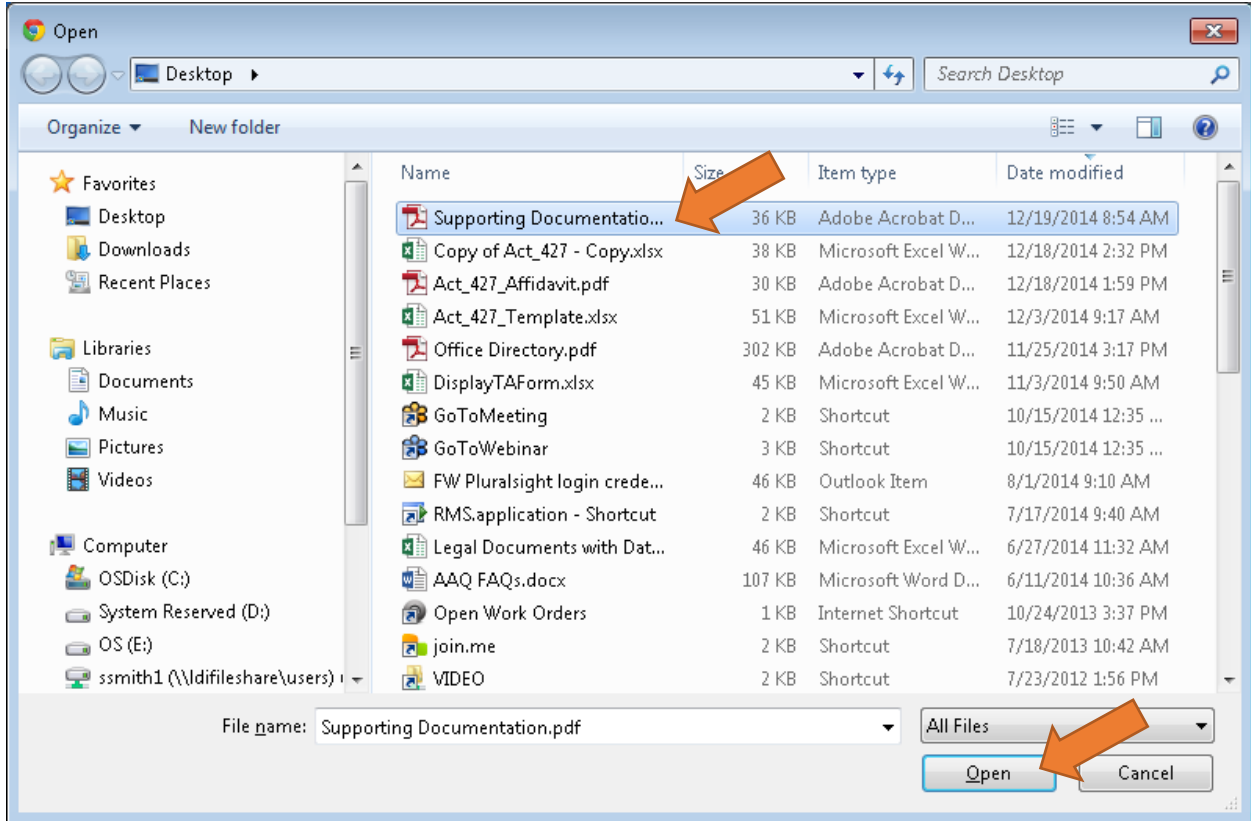
## Supporting Document(s)

Supporting documentation is not required, but can be attached to your request via the Supporting Document(s) tool. To begin attaching a document, click the “Select Files...” button. Please do not upload case files, medical records, or other documents that contain protected health information. Any such information that needs to be provided to the IRO should be provided directly to the IRO and not uploaded in the module.

The screenshot shows a web browser window with the URL <https://iadev.lidi.state.la.us/IROReview/InsurerRequest#>. The form contains the following elements:

- Primary Contact Fax:
- Primary Contact Email:
- Type of Appeal (check all that apply):
  - Medical
  - Rescission
  - Experimental/Investigational
- Type of Appeal:
  - Standard
  - Expedited
- Did a URO render the adverse determination that is the subject of this external review?
  - Yes
  - No
- If yes, please select the URO:
- Please check here if this request is ineligible for external review
- Supporting Document(s)** section:
  -
- Buttons:

The Windows File Explorer will open. Select the document you wish to attach to the request and click the Open button.



The document will now appear in the Supporting Documents section. If this document was attached in error or if you wish to remove it, click the “x” icon and then add the correct document. You can also attach multiple documents using this tool.

IRO Review Request Form x

← → ↻ ~~https://iadev.lidi.state.la.us/IROReview/InsurerRequest#~~ ☆ ☰

Type of Appeal (check all that apply):

- Medical
- Rescission
- Experimental/Investigational

Type of Appeal:

- Standard
- Expedited

Did a URO render the adverse determination that is the subject of this external review?

- Yes
- No

If yes, please select the URO:

Please check here if this request is ineligible for external review

**Supporting Document(s)**

Select files... Done ✓

Supporting Documentation.pdf 100% x

Submit Cancel



Once you have finished filling in the fields, click the “Submit” button to submit your request. If you missed any required fields, you will be prompted to fill them in before you can submit your request.

IRO Review Request Form

https://iadev.lidi.state.la.us/IROReview/InsurerRequest#

Type of Appeal (check all that apply):

- Medical
- Rescission
- Experimental/Investigational

Type of Appeal:

- Standard
- Expedited

Did a URO render the adverse determination that is the subject of this external review?

- Yes
- No

If yes, please select the URO:

Please check here if this request is ineligible for external review

**Supporting Document(s)**

Select files... Done ✓

Supporting Documentation.pdf 100% ×

Submit Cancel

Once the request is successfully submitted, a random IRO assignment will be generated based on the specialty you selected. The screen will display the Case Number for your request, as well as the contact information for the assigned IRO.

**Note:** If the IRO has multiple contacts, they will be displayed on this screen.

The screenshot shows a web browser window with the URL <https://iadev.lidi.state.la.us/IROReview/InsurerRequest#>. The page header features the Louisiana Department of Insurance logo and the text "LOUISIANA DEPARTMENT OF INSURANCE" and "IRO Review". Below the header, it says "1-800-259-5300" and "Commissioner James J. Donelon". The main content area displays "This is a Test Company" and the title "IRO Review Request Form". A message states: "Your request has been successfully submitted. If applicable, an email notification will be sent to the IRO notifying them of the assignment. Please contact the assigned company for all further correspondence. You will receive an email notification when the IRO submits their decision." Below this, the "Case Number: 201464" is shown. A section titled "Assigned IRO Contact Info" contains the following details:

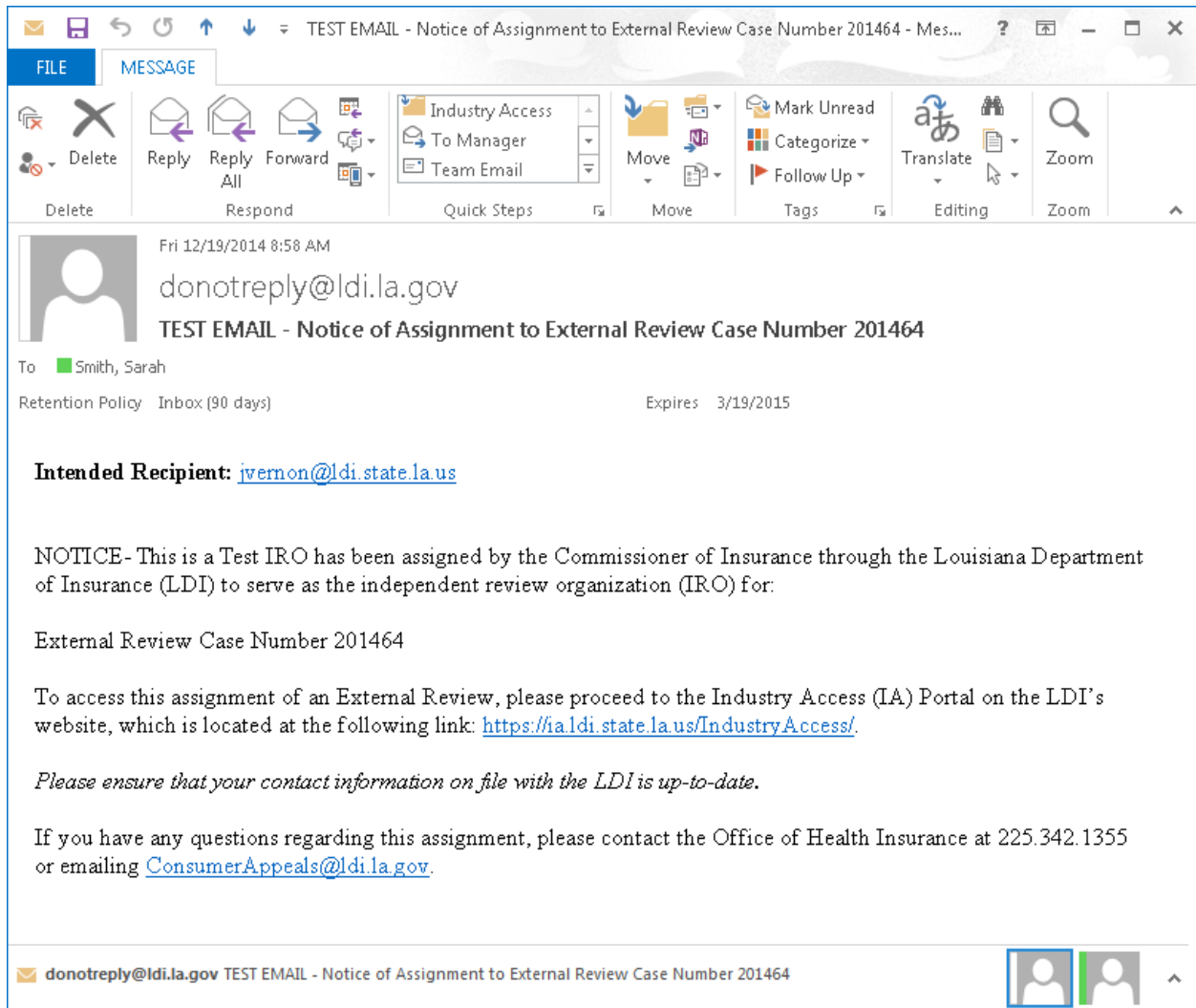
Company Name:	This is a Test IRO
First Name:	John
Last Name:	Contact
Address:	123 St.
City:	Test
State:	LA
ZIP:	34333
Phone:	(343) 434-3333x33333
Fax:	
Email:	johnqtest@testiro.com

At the bottom of the page, there is a button labeled "Return to Request List".

An email will be sent to notify the IRO of the assignment.

An email will also be sent to your company’s IRO Review contact with the Case Number.

**Note:** If your company has not entered an IRO Review contact in Industry Access, the email will be sent to your company’s Primary contact.



## View Requests

To enter a new request, or view the request you have entered, click the “Return to Request List” button.

The screenshot shows a web browser window with the URL <https://iadev.lidi.state.la.us/IROReview/InsurerRequest#>. The header features the Louisiana Department of Insurance logo and Commissioner James J. Donelon's name. Below the header, it states "This is a Test Company" and "IRO Review Request Form". A confirmation message reads: "Your request has been successfully submitted. If applicable, an email notification will be sent to the IRO notifying them of the assignment. Please contact the assigned company for all further correspondence. You will receive an email notification when the IRO submits their decision." The case number is listed as "Case Number: 201464". A table titled "Assigned IRO Contact Info" contains the following details:

Assigned IRO Contact Info	
Company Name:	This is a Test IRO
First Name:	John
Last Name:	Contact
Address:	123 St.
City:	Test
State:	LA
ZIP:	34333
Phone:	(343) 434-3333x33333
Fax:	
Email:	johnqtest@testiro.com

At the bottom right, there is a blue button labeled "Return to Request List" with an orange arrow pointing to it.

The request you submitted will now appear in the Existing Requests grid. The grid will display the Case Number, Insured First Name, Insured Last Name, Assigned IRO, Status, and Date Requested for the case.

If you have entered more than one request, you can sort them by clicking the headers in the grid, or filter them by selecting an option in the “Filter by status” dropdown box. Status options include:

- Pending: The request is awaiting the IRO’s decision.
- Upheld: The IRO’s decision upholds the issuer’s decision.
- Reversed: The IRO’s decision reverses the issuer’s decision.
- Ineligible per Issuer: The request was submitted for informational purposes only and is not deemed eligible for review.



To view the full details of a request, click the “View” button.

The screenshot displays the Louisiana Department of Insurance website interface for the IRO Review Request Form. The header includes the department name, 'IRO Review', contact information (1-800-259-5300), and Commissioner James J. Donelon's portrait. A notice states 'This is a Test Company'. The main heading is 'IRO Review Request Form Existing Requests'. A filter dropdown is set to 'Filter by status:'. A green button '+ Create New IRO Review Request' is visible. A table lists one request with columns for Request Number, Insured First Name, Insured Last Name, Assigned IRO, Status, and Date Requested. The 'View' button for the first request is highlighted with an orange arrow. The table shows the following data:

Request Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date Requested
201464	Sasha	Smith	This is a Test IRO	Pending	12/19/2014 8:58 AM

Navigation controls at the bottom show '10 items per page' and '1 - 1 of 1 items'.

The details of the request will load. Please note that these fields are view-only and that you will not be able to edit any of the fields on this form.

The screenshot shows a web browser window with the URL <https://iadev.lidi.state.la.us/IROReview/InsurerRequest#>. The page title is "This is a Test Company" and the main heading is "IRO Review Request Form". Below the heading is the sub-heading "Existing Requests".

There is a "Filter by status:" dropdown menu and a green button labeled "+ Create New IRO Review Request".

	Case Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date Requested
<a href="#">View</a>	201464	Sasha	Smith	This is a Test IRO	Pending	12/19/2014 8:58 AM

Below the table, there are navigation controls for "10 items per page" and a page indicator "1 - 1 of 1 items".

The main content area is titled "Case #: 201464". It contains three sections of contact information:

- Assigned IRO Contact Info:**
  - Company Name: This is a Test IRO
  - First Name: John
  - Last Name: Contact
  - Address: 123 St.
  - City: Test
  - State: LA
  - ZIP: 34333
  - Phone: (343) 434-3333x33333
  - Fax:
  - Email: johnqtest@testiro.com
- Insured Contact Info:**
  - First Name:
  - Last Name:
  - Address:
- Insured's Authorized Representative Contact Info:**
  - First Name:
  - Last Name:
  - Address:

Attachment:

Module Instructions for IROs



# IRO Review User Manual

LOUISIANA DEPARTMENT OF INSURANCE  
INDUSTRY ACCESS MODULE

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# IRO Review

## Access the IRO Review Request Module

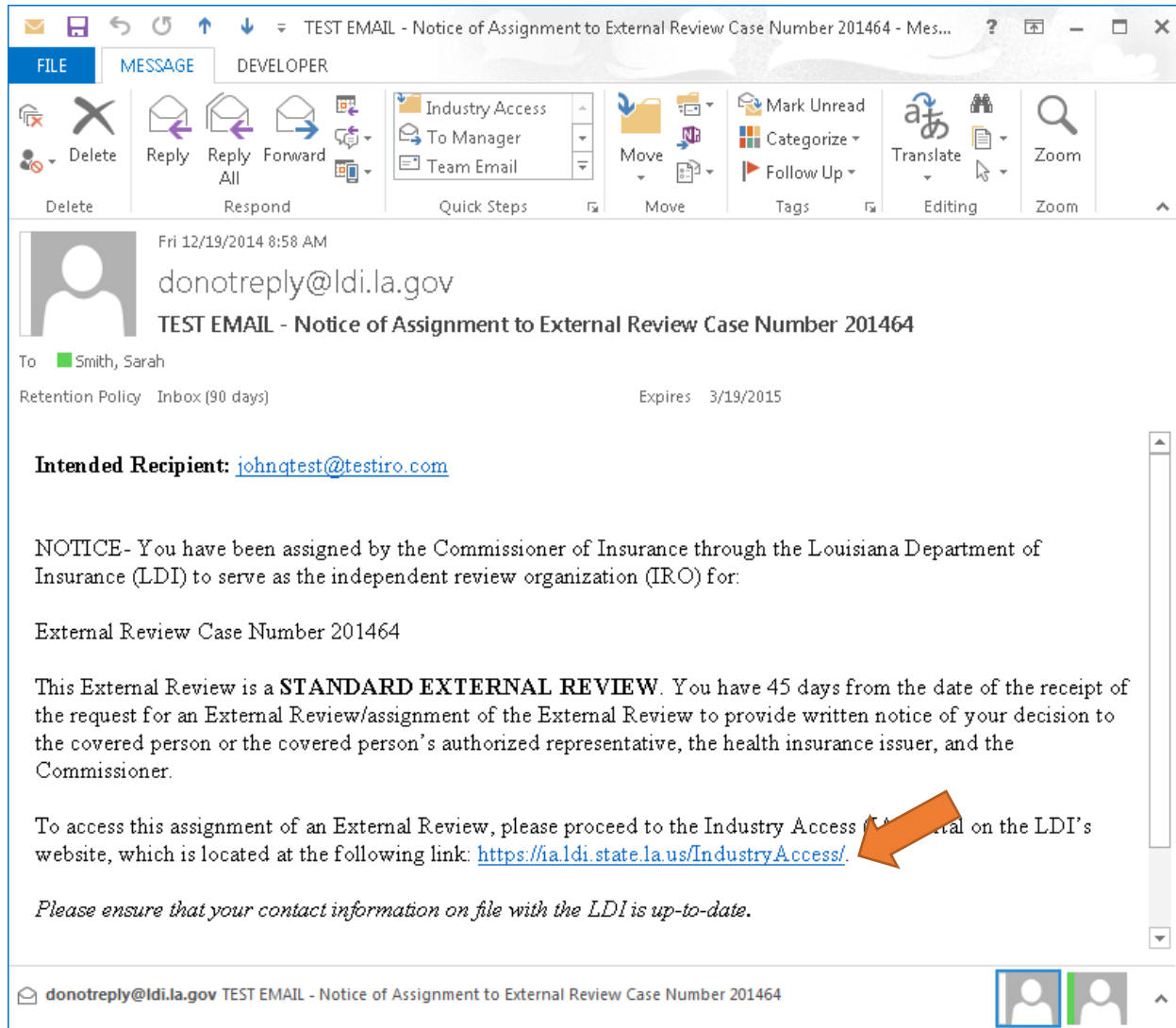
The IRO Review Request module is accessed via the Industry Access Portal on the Louisiana Department of Insurance website: <http://www.lidi.la.gov/>



For instructions on how to sign up for the Industry Access Portal and request access to modules, please review the user manual and webinars posted on the Industry Access Log In screen: <https://ia.lidi.state.la.us/industryaccess>

You will need to access the IRO Review Request module if you have received an email indicating that your company has been assigned a case for review.

You can access the Industry Access Portal by clicking the link in the email.



## Render Review Decision

The IRO Case Form contains an Assigned Cases grid. The case or cases assigned to you will appear in this grid. The grid will display the Case Number, Insured First Name, Insured Last Name, Assigned IRO, Status, and Date Requested for the case or cases.

If you have more than one assigned case, you can sort them by clicking the headers in the grid, or filter them by selecting an option in the “Filter by status” dropdown box. Status options include:

- Pending: The case is awaiting the IRO’s decision.
- Upheld: The IRO’s decision upholds the issuer’s decision.
- Reversed: The IRO’s decision reverses the issuer’s decision.



To view and/or act on a case, click the “View” button.

This is a Test IRO

### IRO Case Form

#### Assigned Cases

Filter by status:

View	Number	Insured First Name	Insured Last Name	Issuer	Status	Date Requested
	201464	Sasha	Smith	This is a Test Company	Pending	12/19/2014 8:58 AM

10 items per page 1 - 1 of 1 items

The details of the case will load. Please note that the fields that were filled out by the issuer are view-only and that you will not be able to edit them. You can, however, view any attachments.

The screenshot shows a web browser window titled "IRO Case Form" with the URL <https://iadev.lid.state.la.us/IROReview/Iro#>. The header features the Louisiana Department of Insurance logo and Commissioner James J. Donelon's portrait. Below the header, a message reads "This is a Test IRO".

The main section is titled "IRO Case Form" and contains a "Conflict" section. The text in this section states: "If a bona fide conflict of interest exists under La. R.S. 22:2441 as required by 45 CFR 147.136 for this External Review, that conflict of interest must be reported by clicking the button below. The grounds enumerated in the referenced law are the only grounds under which an IRO may decline an assignment as a conflict of interest. Use of the button below to indicate a conflict of interest exists will result in the automatic assignment of the External Review to another IRO." A red button labeled "Report as Conflict" is positioned below the text.

Below the conflict section, the case number is displayed as "Case #: 201464".

There are two contact information sections:

- Insured Contact Info:**
  - First Name: Sasha
  - Last Name: Smith
  - Address: 12345 Cat Street
  - City: Baton Rouge
  - State: LA
  - ZIP: 70809
  - Primary Phone: (123) 456-7890
  - Alternate Phone:
  - Fax:
  - Email: cats@email.com
- Insured's Authorized Representative Contact Info:**
  - First Name:
  - Last Name:
  - Address:
  - City:
  - State:
  - ZIP:
  - Primary Phone:
  - Alternate Phone:
  - Fax:
  - Email:

To submit your decision, select the decision from the “Review Decision” dropdown box. Review Decision options include:

- Upheld: Your decision upholds the issuer’s decision.
- Reversed: Your decision reverses the issuer’s decision.

The screenshot shows a web browser window titled "IRO Case Form" with the URL <https://iadev.lidi.state.la.us/IROReview/Iro#>. The form contains the following elements:

- A question: "Did a URO render the adverse determination that is the subject of this external review?" with radio buttons for "Yes" (selected) and "No".
- A label: "If yes, please select the URO:" followed by a dropdown menu showing "Cat Company".
- A checkbox: "Please check here if this request is ineligible for external review" (unchecked).
- A section titled "Supporting Document(s)" containing a table:
 

File Name	Date Uploaded	
Supporting Documentation.pdf	12/19/2014	View
- A section titled "Please provide your review decision below:" containing a sub-section "IRO Decision" with a "Review Decision:" label and a dropdown menu. The dropdown menu is open, showing three options: "Upheld", "Upheld", and "Reversed". An orange arrow points to the first "Upheld" option.
- Two buttons: "Submit Review Decision" and "Cancel".



Once you have made your selection, click the “Submit Review Decision” button.

The screenshot shows a web browser window titled "IRO Case Form" with the URL <https://iadev.lidi.state.la.us/IROReview/Iro#>. The form contains the following elements:

- A question: "Did a URO render the adverse determination that is the subject of this external review?" with radio buttons for "Yes" (selected) and "No".
- A label: "If yes, please select the URO:" followed by a dropdown menu showing "Cat Company".
- A checkbox: "Please check here if this request is ineligible for external review" (unchecked).
- A section titled "Supporting Document(s)" containing a table with the following data:

File Name	Date Uploaded	
Supporting Documentation.pdf	12/19/2014	View
- A section titled "Please provide your review decision below:" containing a sub-section "IRO Decision" with a "Review Decision:" label and a dropdown menu showing "Upheld".
- Two buttons: "Submit Review Decision" and "Cancel". An orange arrow points to the "Submit Review Decision" button.

A message will indicate that the decision has been successfully submitted. You can click the “Return to Request List” button to return to the Assigned Cases grid and view the cases assigned to your company.



## Report Conflict of Interest

If a conflict of interest exists (under La. R.S. 22:2441 as required by 45 CFR 147.136) that will prevent you from being able to render a decision on a case, click the “Report as Conflict” button.

**Note:** The grounds enumerated in the referenced law are the only grounds under which an IRO may decline an assignment as a conflict of interest.

**Conflict**

If a bona fide conflict of interest exists under La. R.S. 22:2441 as required by 45 CFR 147.136 for this External Review, that conflict of interest must be reported by clicking the button below. The grounds enumerated in the referenced law are the only grounds under which an IRO may decline an assignment as a conflict of interest. Use of the button below to indicate a conflict of interest exists will result in the automatic assignment of the External Review to another IRO.

**Report as Conflict**

**Case #: 201464**

**Insured Contact Info**

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

**Insured's Authorized Representative Contact Info**

First Name:

Last Name:

Address:

City:

State:

ZIP:

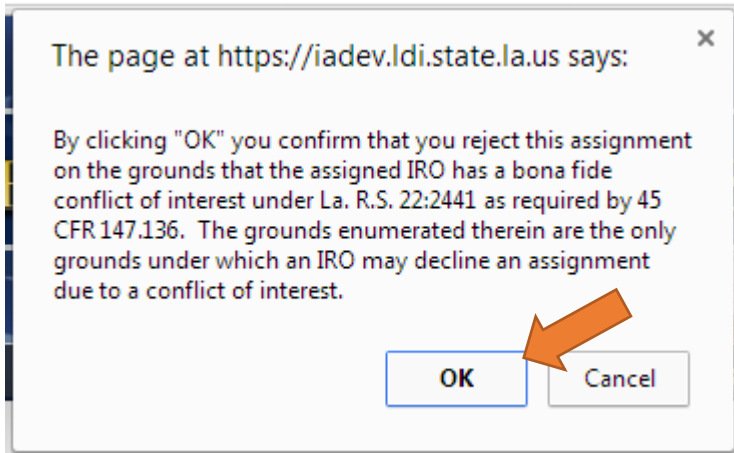
Primary Phone:

Alternate Phone:

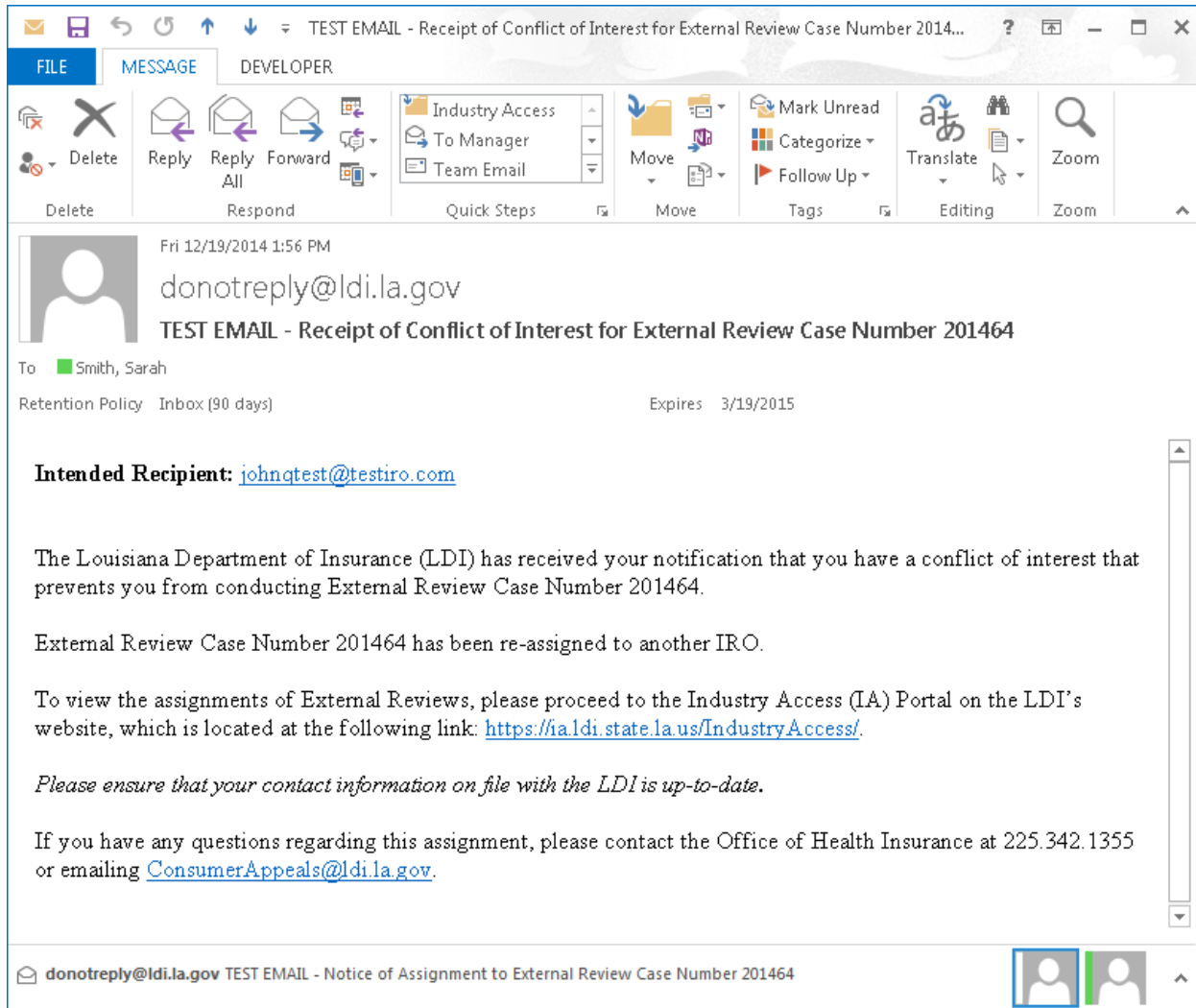
Fax:

Email:

The page will prompt you to verify that you mean to report a conflict. Click the “OK” button to proceed, or the “Cancel” button to undo the action. Clicking “OK” will result in the automatic assignment of the External Review to another IRO.



An email will be sent to the Louisiana Department of Insurance and your company’s IRO Review contact to inform them of the conflict of interest and reassignment of the case.



You can click the “Return to Request List” button to return to the Assigned Cases grid and view the cases assigned to your company.



Attachment:

Abbreviated IRO Application Process



## LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

### **Abbreviated IRO Application Process Overview**

As you may be aware, on January 1, 2015, Louisiana's ACA-compliant internal and external review statutes take effect (La. R.S. 22:2391 through 22:2453). The Louisiana Department of Insurance (LDI) has endeavored to establish an IT system through which health insurance issuers and independent review organizations (IROs) can receive random assignments of external reviews. The system will be accessible and active on January 1, 2015, the date upon which IROs shall begin receiving random assignments of external reviews from the LDI's IT system. IROs will log into the "Industry Access" functionality of the LDI website (<https://ia.lidi.state.la.us/IndustryAccess/>) to receive random assignments and to inform the LDI and issuers of the results of external reviews. **It is imperative that IROs maintain up-to-date and accurate contact information with the LDI in order to effectuate the external review process.**

Because the LDI must begin assigning external reviews on January 1, 2015, it is imperative that a reasonable number of IROs be approved by the LDI for inclusion in the random assignment of external reviews. **In order to ensure that the LDI and consumers have enough IROs approved by January 1, 2015, the LDI will grant preliminary approval to IROs that submit the following by December 31, 2015:**

- i) The IRO application fee of \$500.00 (five hundred dollars);
- ii) The IRO application with the following portions of the application complete:
  - (a) Page 5 of the application;
  - (b) Question 11 on page 6 of the application (include a copy of the document(s) evidencing URAC accreditation) located (within Section 2: Interrogatories);
  - (c) Section 4: Specialties, located on page 8 of the application;
  - (d) Section 6: General Information, located on page 10 of the application.

Any IRO that completes these abbreviated steps by December 31, 2014, shall be granted preliminary approval and shall be eligible to receive the random assignment of external reviews on January 1, 2015. Any incomplete portions of the application or incomplete attachments required by the application may be completed and supplied after January 1, 2015, but by March 1, 2015.

IROs are strongly encouraged to undertake these steps to ensure preliminary approval by December 31, 2014.



In addition, IROs are strongly encouraged to contact our office with any questions regarding the procedure by which IROs will execute the external review process. By December 19, 2014, the LDI will publish a video tutorial educating health insurance issuers and IROs on the use of Industry Access for the external review process. The LDI will also publish a simple instruction manual and will be available to answer questions that an IRO or health insurance issuer may have about the external review process. Please do not hesitate to contact us.

If you have any questions, comments, or concerns, please contact the Office of Health Insurance at (225) 342-1355 or by e-mail at [kharvey@ldi.la.gov](mailto:kharvey@ldi.la.gov) and [tbyrd@ldi.la.gov](mailto:tbyrd@ldi.la.gov). You may also contact the Office of Licensing and Compliance at (225) 342-0800.

The IRO application, which is attached, may be completed electronically and e-mailed to [companyapps@ldi.la.gov](mailto:companyapps@ldi.la.gov) or may be delivered to Company Licensing, P.O. Box 94214, Baton Rouge, LA 70804-9214.

Attachment: IRO Application



## LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

### INSTRUCTIONS FOR INDEPENDENT REVIEW ORGANIZATION APPLICATION

#### GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing this application in complying with the statutory and administrative requirements and to facilitate review of the application by the Louisiana Department of Insurance (LDI). Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance  
Company Licensing  
P.O. Box 94214  
Baton Rouge, LA 70804-9214  
OR  
1702 N. 3<sup>rd</sup> St.  
Baton Rouge, LA 70802  
Phone: (225) 219-0565  
Fax: (225) 219-9322  
E-Mail Address: [companyapps@ldi.la.gov](mailto:companyapps@ldi.la.gov)

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application via email. An application submitted in this manner must be submitted to [companyapps@ldi.la.gov](mailto:companyapps@ldi.la.gov) to assure receipt and prompt processing by the LDI. After submission of the application electronically, the payment of the fees must be submitted with a hard copy to address above. All payments must be made payable to the Louisiana Department of Insurance.
- 2) If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of Company Licensing to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

- 5) All original items submitted become the property of the LDI and will not be returned.
- 6) All certified documents required in the application must be dated within six (6) months of submittal of the application. If an application is submitted hard copy rather than electronically, all certifications must be original.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with this individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.
- 9) The applicant must notify the LDI of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and changes to the financial statements submitted in support of this application. Failure to notify the LDI of such changes may result in disapproval of the application.

## **REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE**

Submitting this application to the Louisiana Department of Insurance does not dismiss a corporation from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the corporation to contact the Office of the Secretary of state to make necessary arrangements. The address and telephone number are given below.

Louisiana Secretary of State  
Corporations Division  
P.O. Box 94215  
Baton Rouge, LA 70804-9215  
(225) 925-4704

## **SPECIAL INSTRUCTIONS REGARDING THIRD PARTY VERIFICATION REPORTS**

In association with this application, the LDI requires that all LOUISIANA DOMICILED APPLICANTS make arrangements for third party verification reports for all persons for whom biographical affidavits are required. This must include all officers, all directors, all individuals who own ten percent or more of the applicant and all other persons responsible for the conduct of affairs of the applicant.

The reports must be prepared by one of the firms approved by the National Association of Insurance Commissioners. A list of those approved firms is available at [http://naic.org/documents/industry\\_ucaa\\_third\\_party.pdf](http://naic.org/documents/industry_ucaa_third_party.pdf). The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment.

## WAIVER OF THIRD PARTY VERIFICATION REPORTS

In certain cases the investigative report may be waived for specific individuals. The requirements for this waiver are as follows:

- 1) A report for the individual has been supplied to the LDI within one year prior to the date of submittal of the complete application packet. OR
- 2) The individual in question has been the officer or director of an insurer licensed to do business in Louisiana for a period of not less than 10 years. This exception will not apply when the company has undergone a change of control at any time in the 10 year period.

## SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

The signatures which appear on the final page of the application are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

IF THE APPLICANT IS A(N)...	THE APPLICATION SHOULD BE SIGNED BY...
Individual	the applicant
Corporation	the president and secretary
Association	the president and secretary
Partnership	two partners
Trust	two trustees
Any other	Contact the Department for instructions

Each signature must be witnessed by two individuals and notarized. The same two individuals may witness both signatures but a signatory of the document may not also act as a witness. The Attestation Page may also be signed in codicil by reproducing the form.

## COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

**Q:** Where can I find the laws and regulations governing independent review organizations in Louisiana?

**A:** The laws governing Independent review organizations can be found in Chapter 18 of Title 22 of the Louisiana Revised Statutes (La. R.S. 22:2391 et seq.). The statutes and rules are available on the Department of Insurance's web page at [www.ldi.la.gov](http://www.ldi.la.gov).

**Q:** What is the time frame for the review of an application?

**A:** This Department reviews all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

**Q: Can we meet with the Department for a preliminary review of our application prior to submission?**

**A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.**



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

**APPLICATION TO ACT AS A  
INDEPENDENT REVIEW ORGANIZATION  
IN THE STATE OF LOUISIANA**

GENERAL INFORMATION (Type or Print)	
APPLICANT NAME: _____	
TRADE NAME: _____	
FEI OR SOCIAL SECURITY NO.: _____	DOMICILE: _____
HOME OFFICE ADDRESS: _____	
_____	
_____	
CONTACT† _____	CONTACT TITLE: _____
CONTACT ADDRESS: _____	
_____	
_____	
PHONE: _____	FACSIMILE: _____
E-MAIL: _____	
† This Office will only communicate with the named contact person.	
FEES	
Application	\$ 500.00

APPLICATION TYPE	
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal

## SECTION 2 - INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS

1) Has the applicant ever had an application denied by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever been subject to any regulatory action including cease and desist orders, revocation of license or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Within the last five years, has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Within the last five years, has the applicant undergone a change in ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Is the applicant presently negotiating or inviting negotiations or acting as party to a counterletter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Is the applicant a plaintiff or defendant or subject in any legal action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Does the applicant own or control a health insurance issuer, health benefit plan, a national, state or local trade association of health benefit plans, or a national, state, or local trade association of health care providers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Is the applicant a party to any agreement or understanding with any insurer in which the effect of the agreement is to make the amount of the applicant's commission, fees, or charges contingent upon savings realized in the adjustment, settlement, and payment of losses covered by the insurer's obligations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the applicant accredited by URAC? If Yes, provide a copy of the certificate or other document verifying this accreditation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Has any person who is presently an officer, director or owner of ten percent or more of the applicant ever been convicted of or pleaded guilty or nolo contendere in any jurisdiction to a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Has any person who will be performing peer review for the applicant ever been the subject of or currently have pending any disciplinary actions including loss of staff privileges or participation restriction by any hospital, governmental agency or unit which would raise a substantial question as to the individual's physical, mental or professional competence or moral character?	<input type="checkbox"/> YES	<input type="checkbox"/> NO





## SECTION 4 - SPECIALTIES

Indicate all of the specialties for which the applicant has available peer review personnel.

Aerospace Medicine

Allergy and Immunology

Anesthesiology

Clinical Biochemical Genetics

Clinical Cytogenetics

Clinical Genetics (MD)

Colon and Rectal Surgery

Dermatology

Diagnostic Radiology

Emergency Medicine

Family Medicine

Internal Medicine

Interventional Radiology and  
Diagnostic

Medical Genetics and  
Genomics

Medical Physics

Neurological Surgery

Neurology

Neurology / Child Neurology

Nuclear Medicine

Obstetrics and Gynecology

Occupational Medicine

Ophthalmology

Orthopaedic Surgery

Otolaryngology

Otolaryngology

Pathology

Pathology - Anatomic

Pathology - Clinical

Pediatrics

Physical Medicine and  
Rehabilitation

Plastic Surgery

Preventative Medicine

Psychiatry

Psychiatry and Neurology

Public Health and General  
Preventative Medicine

Radiation Oncology

Radiology

Surgery

Thoracic and Cardiac Surgery

Urology

Vascular Surgery

## **SECTION 5 - EXHIBITS**

**EXHIBIT A - Copy of the Articles of Incorporation, Articles of Association, partnership agreement or other such organizational documents and all amendments thereto of the applicant certified by the proper domiciliary official. The certification must be dated within ninety (90) days of submission.**

**EXHIBIT B - Copy of the by-laws, operating agreement, rules, regulations or similar document of the applicant certified as true and correct by the secretary of the applicant. The certification must be dated within ninety (90) days of submission.**

**EXHIBIT C - Trade name certificate issued by the Secretary of State of Louisiana confirming registration of any trade name with that Office. This item must be supplied by any applicant utilizing a trade name in Louisiana.**

**EXHIBIT D - Biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This shall include all officers, directors, partners (in the case of a partnership), trustees, executive committee members, the medical director and any person who owns, directly or indirectly, ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. The National Association of Insurance Commissioners biographical affidavits should be used. The proper form is available at [http://www.naic.org/documents/industry\\_ucaa\\_form11.pdf](http://www.naic.org/documents/industry_ucaa_form11.pdf).**

**EXHIBIT E – Copy of the procedures manual of the applicant which meets the statutory requirements for making performing external independent reviews. Required only from applicants which are not accredited by URAC.**

**EXHIBIT F - A detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages for any persons owning ten percent or more of all affiliated entities up to and including the ultimate controlling party. You may view a sample chart at <http://www.lldi.state.la.us/Documents/Licensing/Company/SampleOwnershipChart.pdf>.**

**The following exhibits are required ONLY FOR LOUISIANA DOMICILED APPLICANTS.**

**EXHIBIT G - Fingerprint cards for all persons responsible for the conduct of affairs of the applicant. This will include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. The FBI/NCIC standard cards should be used and may be obtained from most local law enforcement offices.**

**EXHIBIT H - Third party verification reports for all persons for whom biographical affidavits were supplied. See the application instructions for more information regarding the procedure for obtaining these reports.**

## SECTION 6 - GENERAL INFORMATION

1) Below provide the exact location of the principal place of business where the applicant will be operating.

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2) Give the name, address, telephone number and e-mail address of the person to whom notice of assignment of external review requests should be sent.

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Phone \_\_\_\_\_ E-mail \_\_\_\_\_

3) Give the name, address, license number, state of issuance of the license and specialty of the medical director of the applicant.

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License Number: \_\_\_\_\_ State of Issuance \_\_\_\_\_

Specialty \_\_\_\_\_

4) Provide the toll-free telephone number designated to receive information related to external reviews on a twenty-four-hour-a-day, seven-day-a-week basis.

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## ATTESTATION

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_

and \_\_\_\_\_ who, after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct and that the independent review program of the applicant complies with applicable state and federal laws .

The undersigned do further attest and affirm all of the following;

- 1) The applicant does not own or control and is not a subsidiary of a health insurance issuer, health benefit plan, a national, state or local trade association of health benefit plans, or a national, state, or local trade association of health care providers.
  
- 2) The applicant shall not accept assignment of any external review case in which it or any clinical peer assigned to conduct the external review has a material, professional, familial or financial conflict of interest with the health insurance issuer, covered person, any officer, director or management employee of the health insurance issuer, the health care provider (including the medical group or independent practice association of the provider) the facility at which the recommended health care service or treatment would be provided nor the developer or manufacturer of the principal drug, device, procedure or other therapy being recommended for the covered person.
  
- 3) The applicant agrees to maintain and provide to the Commissioner of Insurance of Louisiana the information and reports required pursuant to La. R.S. 22:2443.

ATTESTATION

- 4) No person any person who will be performing peer review for the applicant has ever been the subject of or currently have pending any disciplinary actions including loss of staff privileges or participation restriction by any hospital, governmental agency or unit which would raise a substantial question as to the individual's physical, mental or professional competence or moral character.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Authorized Representative of Applicant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_