



State Corporation Commission
Bureau of Insurance – External Review
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Independent Review Organization External Review Annual Report Form

External Review Annual Summary for 20____.

Due on April 1 for previous calendar year.

Each independent review organization (IRO) shall submit an annual report with information in the aggregate on external reviews performed for Virginia only.

1. IRO name: _____
2. IRO license/certification no: _____
3. IRO address: _____
City, State, Zip: _____
4. Name and title, email address, phone and fax number of the person completing this form:

5. Name and title of the person responsible for regulatory compliance and quality of external reviews:
Name: _____ Title: _____
6. Total number of requests for external review received from Virginia: _____
7. Number of standard external reviews: _____
8. Average number of days IRO required to reach a final decision in standard reviews: _____
9. Number of expedited reviews completed to a final decision: _____
10. Average number of hours IRO required to reach a final decision in expedited reviews: _____

11. Number of medical necessity reviews decided in favor of the health carrier: _____

Briefly list procedures denied: _____

12. Number of medical necessity reviews decided in favor of the covered person: _____

Briefly list the procedures approved: _____

13. Number of experimental/investigational reviews decided in favor of the health carrier: _____

Briefly list procedures denied: _____

14. Number of experimental/investigational reviews decided in favor of the covered person: _____

Briefly list procedures approved: _____

15. Number of reviews terminated as the result of a reconsideration by the health carrier: _____

16. Number of reviews terminated by the covered person: _____

17. Number of reviews declined due to possible conflict with:

Health carrier _____ Covered person _____ Health care provider _____

Describe possible conflicts(s) of interest: _____

18. Number of reviews declined due to other reasons not reflected in #17 above: _____