



Ref: Section Ins 18.16, Wis. Adm. Code Section 632.835, Wis. Stat.

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)

Name and Address of IRO	Phone No. and E-mail Address of Person Completing Form
Name of Person Completing Form	Title of Person Completing Form

Directions

- ❖ Provide an explanation of any substantial changes made in the last year to your regulatory compliance program, the quality assurance plan, or your procedures for handling reviews from Wisconsin insureds.

- ❖ Provide information on any substantial changes made to the IRO’s organizational structure, including any major personnel changes.

- ❖ Provide information on complaints from consumers or insurers that were received as a result of doing independent reviews for Wisconsin insureds. The information should include the total number of complaints received regarding your review procedures and the total number of complaints received regarding a decision made by the IRO on a review request.

- ❖ Fill in Tables A – D to summarize independent review activity during 2013. Include all review requests received during calendar year even if the review was not completed until 2014.

Note: The tables may be submitted in a separate Word document or an Excel spreadsheet as attachments to the report.

- ❖ Return the completed form by March 1, 2014, to: ocihmo@wisconsin.gov; Subject: 2013 IRO annual report.

TABLE A - TOTAL NUMBER OF REVIEW REQUESTS LISTED BY INSURER

Name of Insurer	Number of Requests Received	Number of Requests Declined	Reason for Declining *	Number of Decisions Insurer Reversed ◊	Number of Decisions IRO Reversed °	Number of Decisions IRO Upheld	Average Time for Resolution†
Total for IRO							

* List the number of review requests that the IRO declined for each of the following reasons:

- A – Administrative issue
- B – Potential conflict of interest
- C – Peer reviewer not available
- D – Received directly from insured or authorized representative
- E – Other (explain)

◊ List the number of review requests terminated because the insurer voluntarily reversed its determination.

° Include decisions that reversed the insurer’s determination in whole or in part.

† The number of days from initial notice to date resolution letter sent.

TABLE B – NUMBER OF REQUESTS FOR EXPEDITED REVIEW LISTED BY INSURER

Name of Insurer	Number of Requests Received	Number of Requests Declined	Reason for Declining ▲	Number of Decisions IRO Reversed °	Number of Decisions IRO Upheld	Average Time for Resolution †
Total for IRO						

▲ List the number of requests for expedited review that IRO declined to handle on expedited basis for each of the following reasons:

- A – Administrative issue
- B – Not expedited situation-reviewed as standard review request
- C – Other (explain)

° Include decisions that reversed the insurer’s determination in whole or in part.

† The number of days from initial notice to date resolution letter sent.

TABLE C – COSTS

Indicate the number of cases for each fee according to the fee schedule submitted to OCI. If the IRO charged a fee other than listed in its fee schedule, attach a detailed explanation of the case.

	Adverse Determination Standard Review	Adverse Determination Expedited Review	Experimental Treatment Standard Review	Experimental Treatment Expedited review	Terminated; Insurer voluntarily reversed decision
High Complexity					
Moderate Complexity					
Low Complexity					

TABLE D – SUMMARY BY CASE

Provide a brief summary for each case.

ID ♦	Type ∞	Resolution *	Timeframe for resolution †	Synopsis §

- ♦ ID – This should be a unique identifier that will allow IRO to identify the case, but should not include the insured’s name, social security number, or anything that could identify the insured.
- ∞ Use the Type abbreviation code for adverse determination (AD), experimental treatment determination (ETD) or case involves both adverse and experimental treatment determination (Both).
- * Indicate whether insurer’s decision was Upheld, Reversed, or Reversed in part.
- † The number of days from initial notice to date resolution letter sent.
- § The synopsis should include the insured’s general diagnosis, coverage requested, documents reviewed, and the rationale for the reviewer’s decision.