

Annual Reporting of Utilization Review Activities

Missouri Department of Insurance, Financial Institutions & Professional Registration Insurance Market Regulation Division, Life and Health Section

(MUST be post marked by March 1st)



Company Name _____

NAIC# _____

This form contains the items that are required to be in the annual report of Utilization Review Activities. Annual Utilization Reports are for utilization review activities conducted in the previous calendar year. Missouri Statutes and Regulations referenced in this filing may be reviewed through our website: insurance.mo.gov

IF YOU ARE A HEALTH CARRIER PERFORMING UR FOR ANOTHER CARRIER, DO NOT FILE THIS REPORT FOR THAT HEALTH CARRIER.

Part A. (check all that apply)

- 20 CSR 400-10.020(1)(A)** This report is being filed by a health carrier who is acting as a utilization review agent on their own behalf.
- 20 CSR 400-10.020(1)(B)** This report is being filed by a health carrier that has contracted with an outside utilization review organization or otherwise has delegated its utilization review activities. List or attach a list of all companies, their addresses and UR agent license number for those acting as a utilization review agent for this health carrier.

Part B. (check all that apply)

Identify the types of utilization review activities your company has conducted during the year:

1. Ambulatory Review 2. Concurrent Review
3. Prospective Review 4. Retrospective Review
5. Other types of Review Identify the Other types of Review _____

The company may provide additional statistical data that better summarized its utilization review activities (i.e. case management, total number of reviews conducted, the number of each type of UR Activity conducted.)

Part C.

1. Are there any material changes to your external review (i.e. for consumers) grievance procedures since your last filing? Yes No

(If so, please forward an updated copy of those external grievance procedures through SERFF.)

2. Provide the DIFP file number(s) and date of the most recently approved policy and certificate(s).

Pursuant to 376.1375 RSMo, please disclose the following information. Please exclude all Medicare & Medicaid business.

3. Total number of grievance reviews conducted (3a) 1st Level # _____ (3b) 2nd Level # _____
4. Disclose the outcome of those grievances:
- Company's original decision upheld (4a) 1st Level # _____ (4b) 2nd Level # _____
- Company's original decision overturned (4c) 1st Level # _____ (4d) 2nd Level # _____
5. Total number of expedited grievance reviews conducted # _____

376.1369 RSMo: I attest that our company's utilization review program or our designee complies with all applicable state and federal laws establishing confidentiality and reporting requirements.

Signature and title of compliance officer

376.1378 RSMo: I attest that our company has established and maintains, for each of its health benefit plans, grievance procedures that fully comply with provisions of sections 376.1350 to 36.1390 RSMo.

Signature and title of compliance officer