**INDEPENDENT REVIEW ORGANIZATION EXTERNAL REVIEW ANNUAL REPORT FORM**

**Oklahoma Insurance Department**

**Independent Review Organization External Review Annual Report Form**

<table>
<thead>
<tr>
<th>External Review Annual Summary for 20____</th>
<th>Due by January 31 for the previous calendar year.</th>
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</table>

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

1. IRO name:  
2. IRO license/certification no:  
3. IRO address:  
   - City, State, Zip:  
4. IRO Website:  
5. Name of person completing this form:  
   - Email:  
   - Phone:  
   - Fax:  
6. Person responsible for regulatory compliance and quality of external reviews:  
   - Name:  
   - Title:  
7. Total number of requests for external review received from the Oklahoma Insurance Department during the reporting period, include OID file numbers and patient names:  
8. Number of standard external reviews:  
9. Average number of days IRO required to reach a final decision in standard reviews:  
10. Number of expedited reviews completed to a final decision:  
11. Average number of days IRO required to reach a final decision in expedited reviews:  
12. Number of medical necessity reviews decided in favor of the health carrier:  
   - Briefly list procedures denied:
13. Number of medical necessity reviews decided in favor of the covered person:

**Briefly list procedures approved:**

<table>
<thead>
<tr>
<th>Procedure Approved</th>
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</table>

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

**Briefly list procedures denied:**

<table>
<thead>
<tr>
<th>Procedure Denied</th>
</tr>
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</table>

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

**Briefly list procedures approved:**

<table>
<thead>
<tr>
<th>Procedure Approved</th>
</tr>
</thead>
</table>

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

17. Number of reviews terminated by the covered person:

18. Number of reviews declined due to possible conflict with

- health carrier:
- covered person:
- health care provider:

**Describe possible conflicts of interest:**

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

**Briefly list these reasons:**

Please submit to:
Oklahoma Insurance Department
400 NE 50th Street
Oklahoma City, OK 73105