Kentucky Department of Insurance Assignment of Independent Review Entity Form

Instructions

This form is to be used by an Insurer or its designee to report the assignment of an external review (ER) to an independent review entity (IRE). Please complete this form and email to the Division of the Health Insurance Policy and Managed Care, Utilization Review Registration and Appeals Branch at DOI.UtilizationReview@ky.gov within one business day of assignment. If you have any questions, please contact ER staff at 502-564-6088.

Name of Insurer		Insurer's ER Coordinator	
☐ Check if KENTUCKY EMPLOYEE HEALTH PLAN MEMBER		NameAddress	
		E-mail Address Phone # Fax #	
Date Insurer received request fo	or ER		
Specific Service denied (including the name of the Drug			
Category of ER (check one)	Prescription Drugs Laboratory	Outpatient ServicesDurable Medical Equipment	
Name/address of covered perso	n:		
ER relates to: (check one)	Adverse Determination	on Coverag	ge Denial/Medical Issue
	Step Therapy Exception	n	
Is this request for an expedited	ER? (check one)	Yes	No
Name of Assigned IRE			
Date IRE accepted assignment			