

**Kentucky Department of Insurance
Division of Health, Life Insurance and Managed Care
Annual Independent Review Entity Report Form**

IRE Name: _____

Reporting period: _____

Assignments accepted	
Assignments rejected	
Adverse determinations: number of denials overturned	
Adverse determinations: number of denials upheld	
Coverage denials requiring resolution of medical issue: number of denials overturned	
Coverage denials requiring resolution of medical issue: number of denials upheld	
Number of extensions taken for expedited external reviews	
Number of extensions taken for non-expedited external reviews	
Number of external reviews not completed in a timely manner	
Number of external reviews for which filing fee was waived	
Number of external reviews for which filing fee was refunded	
Number of external reviews for which filing fee was collected	
Number of external reviews for which filing fee was billed but not collected	