

Kentucky Department of Insurance
External Review Information Face Sheet

This form is for use by the insurer or private review agent assigning the external review. The completed form shall accompany the information identified on page 2 submitted to the Independent Review Entity (IRE).

Insurer/private review agent

Company Name: _____
Contact name: _____
Address: _____

Phone #: _____
Fax #: _____

Covered Person, Authorized Person, or Provider requesting External Review

Name: _____
Address: _____

Phone #: _____

Primary Treating Provider(s) that IRE may contact for additional information

Name and Specialty/subspecialty: _____
Address: _____

Phone #: _____

Type of External Review (check one):

- Adverse determination
- Coverage denial that requires resolution of a medical issue

Category of External Review (check one):

- Inpatient/Residential Services
- Outpatient Services
- Durable Medical Equipment
- Prescription Drugs
- Other (explain) _____

The following is a list of information to be submitted by the insurer to the IRE. Please check the box to the left of each item, as applicable, to indicate submission to the IRE.

- A copy of the covered person's medical records.
- A copy of the standards, criteria and clinical rationale used by the insurer to deny the treatment, procedure, drug or device.
- A completed copy of the covered person's health benefit plan, health insurance policy or certificate of coverage.
- Other information used by the insurer in making its decision, if applicable.
- A copy of the insurer's initial notice of adverse determination or notice of coverage denial.
- A copy of the request for internal appeal and any accompanying documentation.
- A copy of the insurer's internal appeal determination letter upholding the original denial.
- A copy of the covered person's written consent to release medical records.
- For coverage denials that require resolution of a medical issue, a copy of the letter issued by the Kentucky Department of Insurance that directed the insurer to cover the service or afford the covered person the opportunity for external review.
- A copy of the request for external review and any accompanying documentation.

Confirmation Date that IRE Received Full Case Information:

Date: _____