

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

Name _____

Address _____

E-mail Address _____

Phone # _____

Fax # _____

Date Insurer received request for ER _____

Specific Service denied _____

Category of ER (check one) _____ Inpatient/Residential _____ Outpatient Services
 _____ Prescription Drugs _____ Durable Medical Equipment
 _____ Laboratory
 _____ Other (explain): _____

Name/address of covered person: _____

ER relates to: (check one) _____ Adverse Determination _____ Coverage Denial/Medical Issue

Is this request for an expedited ER? (check one) _____ Yes _____ No

Name of Assigned IRE _____

Date IRE accepted assignment _____