Company Name: _____ Reporting Period: _____ UR Registration #: _____

Kentucky Department of Insurance
Division of Health and Life Insurance and Managed Care
Annual Utilization Review (UR) Report Form

Please check the appropriate entity: ☐ Insurer ☐ PRA for Insurer ☐ PRA-ERISA Self-Funded ☐ PRA-Self-Funded Non-ERISA
☐ Limited Health Service Organization (LHSO) or Self-Funded LHSO ☐ PRA-Medicaid

Utilization Review

	Total Number of UR Requests[1]	Number of UR Requests Approved[2]	Number of UR Requests Denied[2]	Number of Internal Appeals	Number of Decisions Reversed on Internal Appeal
1. Inpatient/Residential Services					
2. Outpatient Services					
3. Durable Medical Equipment					
4. Prescription Drugs – Non Specialty					
5. Prescription Drugs – Specialty					
6. All other services					
Totals:					

Coverage Denial Determinations (if applicable) [3]

Total Number of Coverage Denials	Total Number of Coverage Denials Reversed on Internal Appeal	Included in Utilization Review Grid	Included in Timeframe Compliance Grid

Timeframe Compliance [4]

Report Item		Number
1.	Total urgent preservice/prospective requests (including hospital admissions or outpatient surgery *NOT* processed in 24 hours or less	
2.	Total non-urgent preservice/prospective requests *NOT* processed in 5 calendar days or less	
3.	Total inpatient concurrent reviews *NOT* processed in 24 hours or less (includes emergency admissions where the covered person remains hospitalized when request is made).	
4.	Total retrospective reviews *NOT* processed in 5 calendar days or less.	
Total:		

[1] The UR Requests Approved and the UR Requests Denied should equal the Total UR Requests Received.

[2] If a request is partially approved and denied; only record the case in the Denied column, not both.

[3] The only coverage denials recorded in this grid should be true coverage denials as defined in KRS 304.17A-617(1)

[4] Any incidents of timeframe non-compliance must be explained in the memorandum required by number 10 of the instructions including why they occurred & the corrective action plan the UR agent will take to prevent non-compliance in the future.

Annual Utilization Review (UR) Report (HIPMC-UR-2) Instructions

The Department is providing the information below to help complete the Annual Utilization Review Report.

1. The report is due no later than March 31st of each year pursuant to 806 KAR 17:280 Section 9.
2. Complete the report utilizing the interactive PDF form available from the Department's website at http://insurance.ky.gov/ under Forms & Documents.
3. Complete the report in the registered name of the Utilization Review Agent (see name as printed on UR Certificate issued by the Department). If an entity provides UR services for multiple clients, report the accumulated totals into one report under the registered agent's registration number. Do not submit multiple reports for non-registered entities.
4. Enter the appropriate reporting period as 01/01## to 12/31/## or as 20##.
5. Enter the Utilization Review Registration Number, which is located on the UR Registration Certificate the Department issues to each entity upon their approval to perform UR services.
6. Click the appropriate checkbox for the type of entity the report is being submitted. The Department expects to see a separate report for each type of entity if the registered entity performs multiple types of entities. Example: Company performs UR services as a PRA for an Insurer and as a PRA for Self-Funded Non-ERISA plans, one report is to be submitted for the insurers reviews and a separate one for the Self-funded non-ERISA plans reviews.
7. In the Utilization Review table, enter all appropriate information. See the items below to clarify the data the Department is requesting in this table.
   a. Do not record UR requests in multiple fields. (i.e. DME being recorded in both DME and Outpatient Services). Only record each UR request in one of the six (6) listed categories.
   b. The All Other Services category should capture all requests that do not fit within the other five (5) categories.
   c. Every request must be recorded, not just an "overall" number (i.e. Hospital stays with multiple requests for extension of days). In this case, each request for extension would be a new request due to timeframe compliance.
   d. The UR Requests Approved and the UR Requests Denied must equal the Total Number of UR Requests.
   e. If a request is partially approved or denied, only record that request it in the denied column, not both.
8. In the Coverage Denial Determination table only, record the actual coverage denials that meet the definition of "Coverage Denial" in KRS 304.17A-617(1). Also, check the appropriate column for whether the numbers reported in this section were included in the Utilization Review grid or the Timeframe Compliance grid.
9. In the Timeframe Compliance table, record only the cases that did not meet the specified timeframes. See the items below to clarify the data the Department is requesting in this table.
   a. Item # 1 includes all pre-service or prospective urgent requests including any hospital admissions or outpatient surgeries.
   b. Item # 2 includes all non-urgent pre-service or prospective requests.
   c. Item # 3 includes all concurrent reviews including reviews of emergency admissions where the person is still hospitalized. If multiple requests for the same inpatient stay are made, they should be recorded individually not as an "Overall" number, due to having to meet specified timeframes.
   d. Item # 4 includes all requests made retrospectively.
10. A memorandum explaining any requests that were non-compliant with the specified timeframes and provide a corrective action plan to ensure timeframe compliance in the future must accompany the report. The Department expects all requests to be completed within their respective timeframes. The Department expects all cases to meet the specified timeframes. The Department uses this information to determine whether a formal corrective action plan or a revocation of a UR Registration is warranted pursuant to 806 KAR 17:280 Section 5.
11. The Department requests the submission of the report and memorandum be via email at DOI.UtilizationReview@ky.gov. The Department is providing the information below to help complete the Annual Utilization Review Report.