

2024

IRO Review Request Module User Manual

LOUISIANA DEPARTMENT OF INSURANCE
INDUSTRY ACCESS MODULE

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IRO Review

Access the IRO Review Request Module

The IRO Review module is accessed via the Industry Access Portal on the Louisiana Department of Insurance website: <http://www.lidi.la.gov/>

The screenshot displays the Louisiana Department of Insurance (LDI) website. At the top right, the phone number 1-800-259-5300 is visible. The navigation menu includes Home, Online Services, News Releases, Connect, Subscribe, and Contact Us. A search bar is present with a magnifying glass icon. Below the navigation, there are two main menu items: Consumers > and Industry >. The Industry > button is highlighted with a blue background and a white arrow pointing to it. Below the navigation is a large blue banner with the text "BCBSLA Public Hearing" and "Reorganization Hearing Date: Feb. 14-15". Below the banner is a "How Do I:" section with a list of links: Find an insurance agent?, File a complaint?, Find a lost life insurance policy?, Sign up to receive LDI updates?, Report insurance fraud?, and File a public records request?. To the right of this list is a portrait of Commissioner Timothy J. Temple, with a welcome message: "Welcome to the Louisiana Department of Insurance website. Whether you are a consumer, an agent or an industry representative, I hope you will find our site informative and useful." At the bottom of the page, there are four columns of links: About LDI (Events Calendar, Public Hearings), Connect With Us (Office Directory, 1-800-259-5300), Quick Links (Louisiana Fortify Homes Program, Solicitation for Offers), and What's New (Advisory Letter 2018-01: Revised and Reissued, Bulletin 2013-03: Revised and Reissued).

For instructions on how to sign up for the Industry Access Portal and request access to modules, please review the user manual and webinars posted on the Industry Access Log In screen:

<https://ia.lidi.state.la.us/industryaccess>

Create New IRO Review Request

The IRO Review Request form contains an “Existing Requests” grid. The first time you enter the IRO Review module, the grid will be empty. As you enter IRO review requests, they will populate in the grid.

To begin adding a request, first click the “Create New IRO Review Request” button.

IRO Review Request Form jvernon@ldi.state.la.us
This is a Test Company [Close This Tab](#)

Existing Requests

Filter by status:

[+ Create New IRO Review Request](#)

Case Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date IRO Assigned	Date Requested
No items to display						

10 items per page

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Louisiana Department of Insurance

Once you click the button, a blank external review request form will open. This form contains the following sections:

- Insured Contact Info
- Insured’s Authorized Representative Contact Info
- Request Details
- Supporting Document(s)

IRO Review Request Form

jvernon@ldi.state.la.us
 This is a Test Company

Close This Tab

Insured Contact Info

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

Insured’s Authorized Representative Contact Info

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

Request Details

Policy/Contract Number:

Specialty or Board Certification Type:

Name of Primary Physician/Specialist:

Name of Primary Contact at Issuer:

Primary Contact Phone:

Primary Contact Fax:

Contact Info

The fields in the **Insured Contact Info** section are required and must be filled out before you can submit the request. The fields in the **Insured Authorized Representative Contact Info** section must be completed if the insured has an authorized representative.

Insured Contact Info		Insured's Authorized Representative Contact Info	
First Name:	<input type="text" value="Sam"/>	First Name:	<input type="text"/>
Last Name:	<input type="text" value="Smith"/>	Last Name:	<input type="text"/>
Address:	<input type="text" value="12345 Example Street"/>	Address:	<input type="text"/>
City:	<input type="text" value="Baton Rouge"/>	City:	<input type="text"/>
State:	<input type="text" value="LA"/>	State:	<input type="text"/>
ZIP:	<input type="text" value="70810"/>	ZIP:	<input type="text"/>
Primary Phone:	<input type="text" value="(123) 456-7890"/>	Primary Phone:	<input type="text"/>
Alternate Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Fax:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text" value="ssmith1@ldi.la.gov"/>	Email:	<input type="text"/>

Request Details

The fields in the **Request Details** section are also required.

Request Details

Policy/Contract Number:

Specialty or Board Certification Type:

Name of Primary Physician/Specialist:

Name of Primary Contact at Issuer:

Primary Contact Phone:

Primary Contact Fax:

Primary Contact Email:

This is a request for an external review of a matter involving an issue of (check all that apply):

- Medical Necessity
- Appropriateness
- Health Care Setting
- Level of Care
- Effectiveness
- Rescission

There are two options for each type of external review: standard and expedited. If the request for external review is for an expedited external review, select the expedited option for the correct type.

Type of External Review:

- Standard External Review
- Expedited External Review
- Standard Prescription Drug Exception
- Expedited Prescription Drug Exception
- External Review of Experimental or Investigational Treatment Adverse Determination
- Expedited External Review of Experimental or Investigational Treatment Adverse Determination

If you indicate “Yes” for the question “Did a URO render the adverse determination that is the subject of this external review?” you will be required to select the URO from the dropdown below.

Did a URO render the adverse determination that is the subject of this external review?

Yes

No

If yes, please select the URO:

Select whether the request is eligible or ineligible for external review.

Eligible

If you select that the request is eligible, two additional options will appear. Select whether the request is complete, or if it is incomplete due to missing information or materials.

If the request is incomplete, please enter the date the notice was sent to the consumer that additional information was required, attach copy of the notice sent to the consumer, and any other applicable documentation via the Attachment(s) tool below the date field.

Note: if you indicate that the request is incomplete, you can return to the portal later to change it to complete as needed.

Health Insurance Issuer's Preliminary Review:

Eligible: This request is eligible for external review.

Complete: This request for an external review is complete.

Incomplete: This request is incomplete due to missing information or materials, including authorization forms.

Date notice was sent to the covered person or authorized representative that information was missing:

Attachment(s)

If a form required by a health insurance issuer has not been completed, the health insurance issuer shall include in the notice a copy of the form, and copies of any materials submitted by the covered person or, if applicable, his authorized representative that could reasonably be interpreted as pertaining to the same subject matter or purpose of the form.

Drop files here to upload

Ineligible: This request is not eligible for external review.

Ineligible

If you select that the request is ineligible for external review, three additional options appear. Select the reason the request is ineligible for an external review.

If the reason that it is ineligible for external review is due to an adverse determination, please attach copies of the notice of the original adverse determination or final adverse determination and any other supporting documentation via the Supporting Document(s) tool. The notice must be a copy of the actual notice which bears the recipient's name.

If the reason that it is ineligible for external review is that the request was not made within four months after the date of receipt of a notice of an adverse determination, please enter the date the request for an external review was made, and the date of the receipt of notice of an adverse determination.

Note: If you indicate that the request is ineligible for external review, you will be notified if the consumer makes a request to the Commissioner for a review of your determination of ineligibility. You may be required to submit additional information related to a Commissioner Review of ineligibility. If the Commissioner reverses your decision and finds a request to be eligible for an external review, you will receive a notice from the department of the assignment to an IRO.

Health Insurance Issuer's Preliminary Review:


Eligible: This request is eligible for external review.

Ineligible: This request is not eligible for external review.


The request is ineligible due to the adverse determination or final adverse determination does not involve a matter of medical necessity, appropriateness, health care setting, level of care, effectiveness, or a rescission.

The request for an external review was not made within four months after the date of receipt of a notice of an adverse determination or final adverse determination. The request was complete but not timely.

Date request for an external review was made by covered person or authorized representative:



Date of receipt of notice of an adverse determination or final adverse determination by covered person or authorized representative:



The request is premature as the covered person has not exhausted the health insurance issuer's internal claims and appeal process and does not qualify for an exception under the law.

Supporting Document(s)

Supporting documentation is required for requests that are deemed to be ineligible and for requests that are deemed to be incomplete. Documentation can be attached to your request via the Supporting Document(s) tool. To begin attaching a document, click the “Select Files...” button.

Using the window that pops up, locate and select the document on your device.

The screenshot displays a web interface for uploading supporting documents. At the top, under the heading "Health Insurance Issuer's Preliminary Review:", there are four radio button options: "Eligible: This request is eligible for external review.", "Complete: This request for an external review is complete.", "Incomplete: This request is incomplete due to missing information or materials, including authorization forms.", and "Ineligible: This request is not eligible for external review." The "Complete" option is selected. Below this is a section titled "Issuer Supporting Document(s)" which contains a "Select files..." button. An orange arrow points to this button. To the right of the button is a large grey area with the text "Drop files here to upload". At the bottom of the form are "Submit" and "Cancel" buttons.

Once selected, the document will appear in the **Supporting Documents** section.

If this document was attached in error or if you wish to remove it, click the “x” icon and then add the correct document. You can also attach multiple documents using this tool.

Health Insurance Issuer's Preliminary Review:

- Eligible: This request is eligible for external review.
- Complete: This request for an external review is complete.
- Incomplete: This request is incomplete due to missing information or materials, including authorization forms.
- Ineligible: This request is not eligible for external review.

Issuer Supporting Document(s)

Select files... Cat Company ✓ Done

test.pdf
File(s) uploaded successfully. ✕

Submit Cancel

Once you have finished filling in the fields, click the “Submit” button to submit your request. If you missed any required fields, you will be prompted to fill them in before you can submit your request.

Health Insurance Issuer's Preliminary Review:

- Eligible: This request is eligible for external review.
- Complete: This request for an external review is complete.
- Incomplete: This request is incomplete due to missing information or materials, including authorization forms.
- Ineligible: This request is not eligible for external review.

Issuer Supporting Document(s)

Select files... ✓ Done

test.pdf
File(s) uploaded successfully. ✕

Once the request is successfully submitted, a random IRO assignment will be generated based on the specialty you selected. The screen will display the Case Number for your request, as well as the contact information for the assigned IRO.

Note: If you indicated that the request was eligible but incomplete, the request will instead be held in a queue. Once the request is complete, you can return to the portal and mark it as complete and ready for assignment. It will then be assigned to a random IRO.

If the IRO has multiple contacts, they will be displayed on this screen.

Case #2022234

Your request has been successfully submitted. If applicable, an email notification will be sent to the IRO notifying them of the assignment. Please contact the assigned company for all further correspondence. You will receive an email notification when the IRO submits their decision.

Assigned IRO Contact Info

Company Name:	Test Company
First Name:	Elizabeth
Last Name:	Test
Address:	12345 Test Street
City:	Baton Rouge
State:	LA
ZIP:	70809
Phone:	(123) 456-7890
Fax:	
Email:	test@testmail.com

5 Additional IRO Contacts

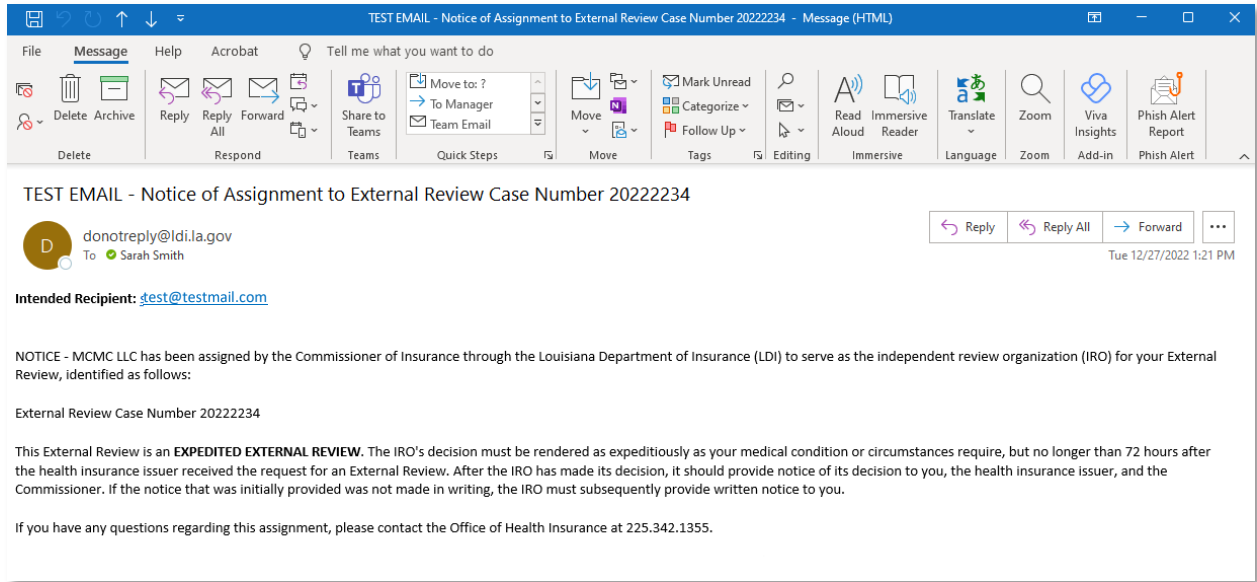
Select Contact:

Return to Request List

Notice will be emailed to the IRO of the external review case assignment.

Notice will be emailed to the IRO Review contact for the issuer with the Case Number.

Note: If your company has not entered an IRO Review contact in Industry Access, the email will be sent to your company's Primary contact.



View Requests

To enter a new request, or view the request you have entered, click the “Return to Request List” button.

Case #20222234

Your request has been successfully submitted. If applicable, an email notification will be sent to the IRO notifying them of the assignment. Please contact the assigned company for all further correspondence. You will receive an email notification when the IRO submits their decision.


Assigned IRO Contact Info

Company Name:	Test Company
First Name:	Elizabeth
Last Name:	Test
Address:	12345 Test Street
City:	Baton Rouge
State:	LA
ZIP:	70809
Phone:	(123) 456-7890
Fax:	
Email:	test@testmail.com

5 Additional IRO Contacts

Select Contact:

[Return to Request List](#)



The request you submitted will now appear in the Existing Requests grid. The grid will display the Case Number, Insured First Name, Insured Last Name, Assigned IRO, Status, and Date Requested for the case. If a Commissioner Review of ineligibility was requested, the Commissioner's decision will also be indicated in the grid.

If you have entered more than one request, you can sort them by clicking the headers in the grid or filter them by selecting an option in the “Filter by status” dropdown box. Status options include:

- Pending: The request is awaiting an IRO decision.
- Upheld: The IRO’s decision upheld the issuer’s decision.
- Reversed: The IRO’s decision reversed the issuer’s decision.
- Partial: The IRO's decision partially reversed the issuer's decision.
- Ineligible Per Issuer: The request was deemed ineligible for an IRO review by the issuer.
- Terminated: The request was terminated by the IRO after the issuer reversed its determination.
- Incomplete: The request was deemed eligible but incomplete by the issuer.

IRO Review Request Form jvernon@ldi.state.la.us
This is a Test Company [Close This Tab](#)

Existing Requests

[+ Create New IRO Review Request](#)

Filter by status: ▼

Case Number	Insured Name	Insured Last Name	Assigned IRO	Status	Date IRO Assigned	Date Requested
202		Smith	MCMC LLC	Pending	12/27/2022 1:20 PM	12/27/2022 1:20 PM

1 - 1 of 1 items

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Test Company

To view the full details of a request, click the “View” button.

The screenshot shows the 'IRO Review Request Form' interface. At the top right, there is a user email 'jvernon@ldi.state.la.us', the text 'This is a Test Company', and a 'Close This Tab' button. The main heading is 'Existing Requests'. Below this is a 'Filter by status:' dropdown menu and a green '+ Create New IRO Review Request' button. A table lists existing requests with columns: 'Request Number', 'Insured First Name', 'Insured Last Name', 'Assigned IRO', 'Status', 'Date IRO Assigned', and 'Date Requested'. The first row contains the number '20222234', 'Sam', 'Smith', 'MCMC LLC', 'Pending', and two dates: '12/27/2022 1:20 PM'. A blue 'View' button is located in the first column of this row, with an orange arrow pointing to it. Below the table is a pagination control showing '10 items per page' and '1 - 1 of 1 items'. At the bottom left, it says 'Copyright ©2022 Louisiana Department of Insurance'.

Request Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date IRO Assigned	Date Requested
20222234	Sam	Smith	MCMC LLC	Pending	12/27/2022 1:20 PM	12/27/2022 1:20 PM

Test Company

The details of the request will load. Please note that these fields are view-only and that you will not be able to edit any of the fields on this form. If a request is entered in error, please contact the IRO assigned to the case to request termination of the assignment.

IRO Review Request Form

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 This is a Test Company

Close This Tab

Existing Requests

Filter by status:

+ Create New IRO Review Request

	Case Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date IRO Assigned	Date Requested
View	20222234	Sam	Smith	MCMC LLC	Pending	12/27/2022 1:20 PM	12/27/2022 1:20 PM

items per page

1 - 1 of 1 items

Case #20222234

Assigned IRO Contact Info

Company Name: MCMC LLC
 First Name: Joelle
 Last Name: Georges
 Address: 1415 Rockville Pike, Ste 440
 City: Rockville
 State: Test Company
 ZIP: Elizabeth
 Phone: Test
 Fax: 12345 Test Street
 Email: Baton Rouge
 LA
 70809
 (123) 456-7890
 test@testmail.com

5 Additional IRO Contacts

Select Contact:


Change to Eligible: Complete

If the request was originally marked as eligible but incomplete, and it is now complete, change the status to complete by clicking the “Change to Eligible: Complete” button.

Health Insurance Issuer's Preliminary Review:

Eligible: This request is eligible for external review.
 Complete: This request for an external review is complete.
 Incomplete: This request is incomplete due to missing information or materials, including authorization forms.

Date notice was sent to the covered person or authorized representative that information was missing:


12/1/2022 

Attachment(s)


If a form required by a health insurance issuer has not been completed, the health insurance issuer shall include in the notice a copy of the form, and copies of any materials submitted by the covered person or, if applicable, his authorized representative that could reasonably be interpreted as pertaining to the same subject matter or purpose of the form.

File Name	Date Uploaded	
test.pdf	12/27/2022	View

Ineligible: This request is not eligible for external review.

[Change to Eligible: Complete](#) 

You will be prompted to confirm your action. Click “Continue” to finish marking the request as complete.



Are you sure?

Are you sure you want to change the eligibility of this review request to Eligible: Complete? This will assign an IRO to the external review.

[Continue](#) [Cancel](#)
