State of Maine
Utilization Review Entities
Compliance with 24-A MRSA §2847
Reporting Form

UREs that have completed the Bureau of Insurance Annual Report Card need not complete this form

Any insurer or 3rd-party administrator which issues or administers a program or contract in this State providing coverage for hospital care that contains a provision whereby *in non-emergency cases the insured is required to be prospectively evaluated through a pre-hospital admission certification, pre-inpatient service eligibility program or any similar pre-utilization review or screen eligibility program or any similar pre-utilization review or screening procedure prior to the delivery of contemplated hospitalization, inpatient or outpatient health care or medical services which are prescribed or ordered by a duly licensed physician* **shall file a report on the results of that evaluation for the proceeding year with the superintendent by April 1st of each year.** The report shall contain the following:

(This report is applicable to evaluations, appeals and complaints relating to residents of this **STATE ONLY**. Any information provided pursuant to this section shall not identify the patients.)

Name of Utilization Review Entity	
Year	
Contact Person	
Telephone Number	
Email address	

Enter all of the following information in the chart listed below.

1. Number & Type of Evaluation(s):
(pre-surgical inpatient days, setting of medical services—inpatient or outpatient, number of days of service)

2. Result of Evaluation(s):
(was the level of service contemplated by the patient's physician agreed to or were benefits reduced by the insurer)

3. Number & Result(s) of Appeal(s):
(by patients or their physicians resulting from initial review decisions to reduce benefits for services as determined through prospective evaluations)

Type of Evaluation	Pre-surgical inpatient days	Setting of medical services (inpatient or	Number of Days of Service	Result of Evaluation	Was Evaluation Appealed?	Result of Appeal

If more space is needed, insert more rows in the above table.

4. Number of Complaints Filed in Court of Competent Jurisdiction:
(which were served upon an insurer filing under this section and stating a cause of action against that insurer on the basis of damages to patients alleged to have been approximately caused by a delay, reduction or denial of medical benefits by the insurer, as determined through prospective evaluations, and the determination of liability or other disposition of the complaint)

Number of Complaints Filed in Court of Competent Jurisdiction

If you have any questions regarding this form, please contact Violet Hyatt at 207-624-8459 Please send completed forms by e-mail to Violet Hyatt at Violet.M.Hyatt@maine.gov