

Bulletin 156

Reports of pre-utilization review

All health insurers, nonprofit hospital or medical service organizations, health maintenance organizations, and administrators of preferred provider arrangements are reminded of the statutory requirement that they report on any pre-utilization review or screening procedures. Reports are due by April 1 of each year beginning in 1988. Any 1988 reports (i.e. reports on 1987 experience) not yet submitted should be submitted promptly.

Specifics of the requirement can be found in the following statutory provisions:

Insurers Title 24-A Section 2749

Nonprofit Service Organizations Title 24 Section 2302-A

Health Maintenance Organizations Title 24-A Section 4228

Title 24 Section 2341 and Title 24-A

Preferred Provided Arrangements Section 2679

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NOTE: This bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties or privileges nor is it intended to provide legal advice. Readers are encouraged to consult applicable statutes and regulations and to contact the Bureau of Insurance if additional information is needed.