



Department of Consumer & Business Services

Insurance Division — 2

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External Review Annual Summary

External Review Annual Summary for 20 08 .

Due on March 31 for previous calendar year.

Each independent review organization (IRO) shall submit an annual statistical report with information in the aggregate on its Oregon Insurance Division (OID) external reviews only. OARs 836-053-1350(1), 836-053-1360(2)

1. IRO name: Lumetra Filing date: March 20, 2009

2. IRO address: One Sansome Street

City, state, ZIP: San Francisco, CA 94104-4448

3. IRO Web site: www.lumetra.com

4. Name, e-mail address, phone and fax number for person completing this form: Sue Jackson

sjackson@lumetra.com

Direct: (415) 677-2120 Fax: (415) 677-2185

5. Name and title of person responsible for regulatory compliance and quality of external reviews:

Cynthia Hom MD;

Medical Director;

Name: Sue Jackson RN, BS Title: Director, Medical Review

6. Total number of requests for external review received from the Oregon Insurance Division during the reporting period: 15

7. Number of standard OID reviews completed to a final decision: 11

8. Average number of days IRO required to reach a final decision in standard reviews: 25

9. Number of expedited OID reviews completed to a final decision: 3

10. Average number of days IRO required to reach a final decision in expedited reviews: 2

11. Number of medical-necessity reviews decided in favor of the insurer: 4

Briefly list procedures denied: Residential Treatment, Botox A, Hysteroscopic Resection Asherman Syndrome, Growth Hormone Therapy

12. Number of medical-necessity reviews decided in favor of the enrollee: 6

Briefly list procedures approved: Lyrica, Med.Equipment, Rehab IP Admit, Growth Hormone Therapy

13. Number of experimental/investigational reviews decided in favor of the insurer: 3



Briefly list procedures denied: Cyberknife Prostate CA, Motor Cortex Implant, Onco Type DX

14. Number of experimental/investigational reviews decided in favor of the enrollee: 1

Briefly list procedures approved: Onco Type Dx Testing,

15. Number of continuity-of-care reviews decided in favor of the insurer: 0 Enrollee: 0

16. Number of OID review requests for which the IRO deemed it did not have jurisdiction under ORS 743.857: 0

17. Number of OID reviews terminated as the result of reconsideration by the insurer: 0

18. Number of OID reviews terminated by the enrollee: 0

19. Number of reviews declined due to possible conflict of interest with insurer: 0 Enrollee: 0

Describe possible conflict(s) of interest: n/a

20. Number of enrollees who complained to the IRO at least once about their external review: 0