



Department of Consumer & Business Services

Insurance Division — 2

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Utilization Review  
Annual Summary

Utilization review annual summary for 2004.

Due on **June 30** for previous calendar year.

All health benefit insurers that provide utilization review or have utilization review provided on their behalf shall file an annual summary describing all utilization-review policies and utilization-review monitoring activities, including delegated functions. ORS 743.807, OAR 836-053-1130

1. Company name: Fortis Benefits Insurance Company Filing date: June 2005
2. Company address: 501 West Michigan Street  
City, state, ZIP: Milwaukee, WI 53203
3. Company Web site: http://www.assurant.com
4. Name, e-mail address, and phone number of the person completing this form:  
Megan M. O'Halloran megan.o'halloran@assurant.com 414.299.8963
5. Name, title, and department of manager responsible for oversight of utilization review:  
Dr. Kenneth Beckman, Chief Medical Officer, Medical Director

For the following information, enter the URL, or the name of the publication in which it appears:

6. Time frame for making utilization review decisions:  
Target: \* See Below Actual (average): N/A  
URL, or the publication title, date, and page: Pre-Service 2 Business, Post- Service 30 Calendar
7. Specify minimum qualifications for those who make first-level utilization-review decisions:  
Medical Doctor makes any denials  
URL, or the publication title, date, and page: Oregon Utilization Management Process 2-03; Internal Document
8. Specify minimum qualifications for those who make second-level utilization-review decisions:  
Medical Doctor makes any denials  
URL, or the publication title, date, and page: Oregon Appeal Process 5-03; Internal Document
9. Do providers participate in making utilization-review decisions?  
 No  Yes At which level(s)? All  
URL, or the publication title, date, and page: Oregon Utilization Management Process 2-03; Internal Document
10. Indicate the sources of clinical information the company researches for utilization-review decisions:  
Milliman Care Guidelines- commercially available industry guide.  
Internally developed medical policy supplement Milliman Care Guidelines.  
URL, or the publication title, date, and page: Milliman Care Guidelines, 9<sup>th</sup> Ed. Last update: 12-7-2004



11. List company's steps in developing utilization-review criteria:

**Medical directors create and update annually as published literature becomes available.**

URL, or the publication title, date, and page: **Medical Policy 8-04; Internal Document**

12. What action or event causes utilization-review criteria to be revised?

**Annual review or change in peer literature.**

URL, or the publication title, date, and page: **Medical Policy 8-04; Internal Document**

13. How does the company inform enrollees about changes in utilization-review criteria?

**Review criteria is available to the insured upon request.**

URL, or the publication title, date, and page: **Medical Review Criteria 2-05; Internal Document**

14. How does the company inform providers about changes in utilization-review criteria?

**Review criteria is available to the provider upon request.**

URL, or the publication title, date, and page: **Medical Review Criteria 2-05; Internal Document**

15. Is there a procedure for monitoring in-house utilization-review criteria?

No  Yes Specify: **Annual Review**

URL, or the publication title, date, and page: **Medical Review Criteria 2-05; Internal Document**

16. Does the company delegate any utilization-review activities to outside resources?

No  Yes Specify: \_\_\_\_\_

URL, or the publication title, date, and page: \_\_\_\_\_

17. Are there procedures for monitoring utilization-review activities delegated to outside resources?

No  Yes Specify: **N/A**

URL, or the publication title, date, and page: \_\_\_\_\_