

Utilization Review Organization Reporting User Guide

**FOR THE MINNESOTA DEPARTMENT OF HEALTH, HEALTH
ECONOMICS PROGRAM (HEP) DATA PORTAL**

July 2025

Utilization Review Organization Reporting User Guide

Minnesota Department of Health
Health Economics Program
St. Paul, MN 55134-0975
612-201-4520
health.hep@state.mn.us
www.health.state.mn.us/health/economics

To obtain this information in a different format, call: 612-201-4520.

CONTENTS

Purpose	2
Technical requirements	2
Register	2
Background on Utilization Review Organization (URO) reporting	2
Required Reporters	2
Annual Utilization Review Organization (URO) reports.....	3
Create Annual Report	3
Certify and Submit Annual Report	10
Annual Utilization Review Organization (URO) Reports – Health Plan Organization.....	11
Create annual report.....	11
Certify and Submit Annual Report	18

Purpose

The purpose of this document is to guide reporting organizations on the process for submitting annual reports on the Minnesota Department of Health (MDH) website for the Health Economics Program (HEP).

Technical requirements

The [HEP Data Portal \(https://hepdataportalui.web.health.state.mn.us/signinregister\)](https://hepdataportalui.web.health.state.mn.us/signinregister) functions on the following browsers: Google Chrome, Microsoft Edge, and Mozilla Firefox.

Register

Prior to filing a data set, reporting organizations must register a primary contact on the MDH website using the [HEP Data Portal \(https://hepdataportalui.web.health.state.mn.us/signinregister\)](https://hepdataportalui.web.health.state.mn.us/signinregister). Reporting organizations must register a primary contact. Once a request to register has been submitted, MDH reviews and approves requests. Only the first user registration needs to be approved by MDH. Subsequent users can be added on demand with no approval required. Approved registrants will receive an email through which they can activate their account and set their passwords. Successful activation of an account completes the registration process for a primary contact.

Refer to the [Registration and Account Management Guide \(https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf\)](https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf) for more information.

Background on Utilization Review Organization (URO) reporting

On or before September 1 each year, each Utilization Review Organization (URO) must submit information on prior authorization requests for the previous calendar year. Within this User Guide, there are separate URO reporting instructions for organizations identifying as a third-party URO (page 3) and those identifying as a health plan organization (page 11).

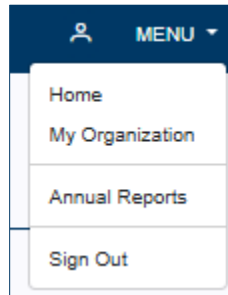
Required reporters

Organizations that meet the URO definition under [Minnesota Statutes, chapter 62M.02, subdivision 21 \(https://www.revisor.mn.gov/statutes/cite/62M.02\)](https://www.revisor.mn.gov/statutes/cite/62M.02), as well as any organizations licensed as a URO by the Minnesota Department of Commerce should report data. Visit the Minnesota Department of Commerce web page, [Insurance Licensing \(https://mn.gov/commerce/licensing/list/insurance/licensing.jsp#6\)](https://mn.gov/commerce/licensing/list/insurance/licensing.jsp#6), for more information.

Annual Utilization Review Organization (URO) reports - Organizations identifying as a Third-Party URO

Create Annual Report

1. From the home page dashboard, click on the drop-down “Menu” located in the upper-right of the window and click “Annual Reports.”



2. Under the “Outstanding” tab, locate a new report for Utilization Review Organization Prior Authorization Report (UROPAR) report type and click the “(+) Create” button.

Annual Reports		
Below is a list of annual reports that need to be completed.		
<div> <div>Outstanding</div> <div>Completed</div> </div>		
Actions	Report Type	Report Year
<div> <div>+</div> Create </div>	UROPAR	Calendar Year 2024

Note: Annual reports will be available for each affiliate that has been added under the organization for the designated report year. Refer to the [Registration and Account Management Guide](#) (<https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf>) for information on adding and managing affiliates.

- Select a role for report access, then click the “View Report” button. The **Administrator** role will allow the report contact to review and update data values, as well as certify final values. The **Courtesy Contact** role will allow the report contact to review report data; however, report contact will not be able to update information or certify the report. The **Preparer** role will allow the report contact to review and update values; however, the report contact will not be able to certify the report.

Report Access

Only report contacts may access this report. If you would like to add yourself as a report contact, please select a role and select "View Report"

Select One	Role	Description
<input type="radio"/>	Administrator	Administrators have the ability to review and update data values and should be authorized to certify final values as complete and accurate on behalf of the reporting organization.
<input type="radio"/>	Courtesy Contact	Courtesy Contacts have the ability to review report data values but may not update information or certify final values as complete and accurate on behalf of the reporting organization.
<input type="radio"/>	Preparer	Preparers have the ability to review and update report data values but may not certify final values as complete and accurate on behalf of the reporting organization.

View Report
No

Note: Roles can be updated after the original designation by returning to ‘Section 1 – Contacts’ and editing the role by clicking the ‘Edit Role’ pencil icon. Only Administrators and Preparers can make updates to report contact roles. Refer to the [Registration and Account Management Guide](https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf) (<https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf>) for information on report access.

- Update the number of months in the reporting year by clicking the “Edit Reporting Months” button and entering the number of months.

Utilization Review Annual Report

Please verify the information presented here, along with entering the number of months in the reporting year.

Organization
Test Affiliate for URO
View Organization

Report Year
Calendar Year 2024

Due Date
09/01/2025

of Months in Reporting Year
12
Edit Reporting Months

Report Information

Number of Months in Reporting Year

Save Changes
Cancel

Note: Data should be provided for the prior calendar year. The number of months should only be updated if the reporting organization operated for less than 12 months during the prior calendar year.

5. Section 1 – Contacts

- a. For the “Contacts” section, click the “View Section” button to start. Add additional report contacts if needed by clicking the “Add Contact” button.

1 Contacts
Provide contact information.

Report Contacts

[Add Contact](#)

- b. For the contact, select a role from the drop-down menu, then click the “Add Selected” button.

Add Report Contact
Select a role for each of the contacts to be associated with the report. If a new contact needs to be added to the organization, select **New Contact** to add the contact and once the contact has been added, select a role for the new contact.

Name	Title	Role
Jane Smith	manager	Select Role
John Jones	manager	Select Role
Steve Your	Chief	Select Role

[New Contact](#) [Add Selected](#) [Cancel](#)

- c. If the desired contact is not available, click the “New Contact” button, enter required information marked “(required)” in green font, then click the “Save Contact” button. Users by default will be ‘Active.’ To add a contact that will have portal access, click on the “Portal Access” status to switch to “Has Access.”

Add Organization Contact

Primary Organization (required)
NM URD

First Name (required) Last Name (required)

Address (required)

Address 2

City (required) State (required) Postal Code (required)
Select a State

County
Select County

Phone (required) Ext. Fax

Email (required)

Title (required)

Contact Status: ☒ Active ☐ No Access

[Save Contact](#) [Cancel](#)

- d. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

Note: Each section of the annual report data entry screen includes a “Definitions” button at the bottom of the page. Click the “Definitions” button to review information relevant to the current screen. Additionally, validation errors may be displayed as data is entered. Users

should review validations and correct data or include an explanation verifying data as entered.

6. Section 2 – Utilization review administration

- a. Click the ‘Add Organization’ button.
 - i. Enter the “Organization Name.” When beginning to type the “Organization Name” various organization names will appear; select the appropriate organization.
 - ii. Select “Segment Type” by selecting the type of utilization review performed: “Medical Only,” “Rx Only,” “Medical and Rx,” or “Other Services.” If the segment type is “Other Services”, enter “Other Segment Description” (e.g., behavioral health).
 - iii. Click the “Save” button.

The screenshot displays the 'Utilization Review Annual Report' interface. At the top, it prompts the user to verify information and enter the number of months in the reporting year. Below this, the 'Organization' section includes a 'New One' button and a 'View Organization' button. The 'Report Year' is set to 'Calendar Year 2024', and the 'Due Date' is '09/01/2025'. The '# of Months in Reporting Year' is '12', with an 'Edit Reporting Months' button.

The main section is titled '2 Utilization Review Administration' with the instruction 'Enter organizations for which utilization review is administered.' It features an 'Add Organization' button. Below this is a table with columns 'Action' and 'Organization'. A 'Comment / Explanation' text area is also present.

An 'Add Organization' modal is open, showing two required fields: 'Organization Name' (with a placeholder 'Enter organization name') and 'Segment Type' (a dropdown menu with the placeholder 'Select utilization review segment'). The modal includes 'Save', 'Save & New', and 'Close' buttons.

At the bottom of the interface, there are navigation buttons: 'Previous', 'Next', 'Save Section', and 'Back to Index'.

- b. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

7. Section 3 – Prior authorizations

- a. Enter required values: the number of “Authorizations Issued Upon Request”, the number of “Adverse Determinations,” and the “Adverse Determinations Reversed On Appeal.” The “Total Requests Received” will auto sum.

3

Prior Authorizations

Provide prior authorization details for the report.

Authorizations Issued Upon Request	555
Adverse Determinations	5,555
Adverse Determinations Reversed On Appeal	555
Total Requests Received	6,665

Comment / Explanation
new

Previous
Next
Save Section
Back to Index

- b. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

Note: Adverse determinations reversed on appeal should not be counted in authorizations issued upon request.

8. Section 4 - Top 25 codes with the most frequent prior authorization requests

- a. Enter required values: “Code,” “Procedure Name,” “Authorizations Issued Upon Request,” “Adverse Determinations,” and “Adverse Determinations Reversed on Appeal.” The “Total Requests Received” will auto sum; the “Percentage of Adverse Determinations Reversed” will auto calculate.

4

Top 25 Codes With The Most Frequent Prior Authorization Requests

Enter the 25 codes with the highest number of prior authorization requests, regardless of outcome.

Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed on Appeal	Total Requests Received	Percentage of Authorizations Issued Upon Request
					0	0.00%

- b. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

Note: Codes have a maximum of 14 characters (alpha-numeric). Codes entered and saved can be applied in sections 5-7. After entering the code in the “Code” column in section 4, all other information will be automatically populated in sections 5-7. Additionally, codes can be removed by clicking the “garbage” icon.

9. Section 5 - Top 25 codes with the highest percentage of authorizations issued upon request

- a. Enter required values: “Code,” “Procedure Name,” “Authorizations Issued Upon Request,” “Adverse Determinations,” and “Adverse Determinations Reversed on Appeal.” The “Total Requests Received” will auto sum; the “Percentage of Adverse Determinations Reversed” will auto calculate.

5
Top 25 Codes With The Highest Percentage Of Authorizations Issued Upon Request
Enter the 25 codes with the highest percentage of prior authorization requests for which authorization was issued upon request. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed on Appeal	Total Requests Received	Percentage of Authorizations Issued Upon Request
					0	0.00%

- b. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

10. Section 6 – Top 25 codes with the highest percentage of adverse determinations

- a. Enter required values: “Code,” “Procedure Name,” “Authorizations Issues Upon Request,” “Adverse Determinations,” and “Adverse Determinations Reversed on Appeal.” The “Total Requests Received” will auto sum; the “Percentage of Adverse Determinations Reversed” will auto calculate.

6
Top 25 Codes With The Highest Percentage Of Adverse Determinations
Enter the 25 codes with the highest percentage of prior authorization requests with an adverse determination. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed on Appeal	Total Requests Received	Percentage of Adverse Determinations
					0	0.00%

- b. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

11. Section 7 – Top 25 codes with the highest percentage of adverse determinations reversed on appeal

- a. Enter required values: “Code,” “Procedure Name,” “Authorizations Issued Upon Request,” “Adverse Determinations,” and “Adverse Determinations Reversed on Appeal.” The “Total Requests Received” will auto sum; the “Percentage of Adverse Determinations Reversed” will auto calculate.

7
Top 25 Codes With The Highest Percentage Of Adverse Determinations Reversed On Appeal
Enter the 25 codes with the highest percentage of prior authorization requests with an adverse determination that was reversed on appeal. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed on Appeal	Total Requests Received	Percentage of Adverse Determinations Reversed
					0	0.00%

- b. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

12. Section 8 – Adverse determination rationale

- a. Click the “Add Rationale” button. Select “Select Rationale”, options include:
 - i. Incomplete information submitted by provider
 - ii. Other reason
 - iii. Patient did not meet prior authorization criteria
 - iv. Patient no longer covered by health benefit plan
 - v. Treatment plan changed
- b. Enter the required “Percent Of Total Adverse Determinations,” then click the “Save” button. If “Other Reason” is selected, an additional field titled “Other Reason Description” will appear and enter an explanation. Multiple rationales can be added, but the total percentage for all must sum to 100.00%.

- c. To delete a rationale, click the “garbage” icon, then click “Confirm” to delete.
- d. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

13. Section 9 - Supporting documents

- a. Click the “Attach” button to optionally provide supporting documentation for the report. Next click the “Select” button to locate files from the file directory, then click the “Open” button. Click the “Attach Documents” button to attach documents. Multiple documents may be attached.

- b. To delete a document, click the “garbage” icon, then click “Confirm” to delete.

Certify and submit annual report

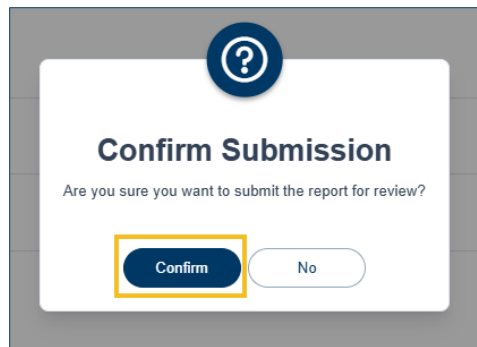
14. Annual Reports must be certified by an administrator user. If the user is a 'Preparer' or 'Courtesy Contact' the Annual Report cannot be submitted. If the user is an Administrator, return to the index page by clicking the "Back to Index" button. Next, scroll to the bottom of the page and click the certification checkbox.

Certification Statement

Before a report may be submitted, an administrator must certify that the values and explanations provided in the report are complete and accurate.

☐ As an administrator of the company, by checking this box I certify that the values reported in the Utilization Review Organization Prior Authorization Report (UROPAR) are complete and accurate.

15. Click the "Submit Report" button to submit to the Annual Report to MDH for review, then click the "Confirm" button to finalize.



16. Once the report is submitted, it will be available under the "Completed" tab of the Annual Reports page. Reports can be modified until MDH has completed their review when the status changes to "Review Complete."

Outstanding		Completed
View	Report Type	Report Year
View	UROPAR	Calendar Year 2024

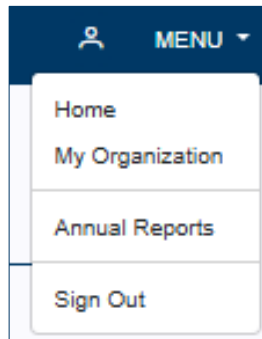
17. If MDH requires additional information, the report will appear under the "Outstanding" tab of the Annual Reports page. Reports requiring additional information will need to be updated and resubmitted for MDH review.

Outstanding		Completed			
Actions	Report Type	Report Year	ID	Organization	Report Status
View	UROPAR	Calendar Year 2024		NM URO	Information Required

Annual Utilization Review Organization (URO) reports – Organizations identifying as a Health Plan Organization

Create annual report

1. From the home page dashboard, click on the drop-down “Menu” located in the upper-right of the window and click “Annual Reports.”



2. Under the “Outstanding” tab, locate a new report for Utilization Review Organization Prior Authorization Report (UROPAR) report type and click the “(+) Create” button.

Annual Reports		
Below is a list of annual reports that need to be completed.		
<div> <div>Outstanding</div> <div>Completed</div> </div>		
Actions	Report Type	Report Year
<div> <div>+</div> Create </div>	UROPAR	Calendar Year 2024

Note: Annual reports will be available for each Affiliate that has been added under the organization for the designated report year. Refer to the [Registration and Account Management Guide](#)

(<https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf>) for information on adding and managing affiliates.

- Select a role for report access, then click the “View Report” button. The **Administrator** role will allow the report contact to review and update data values, as well as certify final values. The **Courtesy Contact** role will allow the report contact to review report data; however, report contact will not be able to update information or certify the report. The **Preparer** role will allow the report contact to review and update values; however, the report contact will not be able to certify the report.

Report Access

Only report contacts may access this report. If you would like to add yourself as a report contact, please select a role and select "View Report"

Select One	Role	Description
<input type="radio"/>	Administrator	Administrators have the ability to review and update data values and should be authorized to certify final values as complete and accurate on behalf of the reporting organization.
<input type="radio"/>	Courtesy Contact	Courtesy Contacts have the ability to review report data values but may not update information or certify final values as complete and accurate on behalf of the reporting organization.
<input type="radio"/>	Preparer	Preparers have the ability to review and update report data values but may not certify final values as complete and accurate on behalf of the reporting organization.

View Report
No

Note: Roles can be updated after the original designation by returning to ‘Section 1 – Contacts’ and editing the role by clicking the ‘Edit Role’ pencil icon. Only Administrators and Preparers can make updates to report contact roles. Refer to the [Registration and Account Management Guide](https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf) (<https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf>) for information on report access.

- Update the number of months in the reporting year by clicking the “Edit Reporting Months” button and entering the number of months.

Utilization Review Annual Report

Please verify the information presented here, along with entering the number of months in the reporting year.

Organization
Test Affiliate for URO
View Organization

Report Year
Calendar Year 2024

Due Date
09/01/2025

of Months in Reporting Year
12
Edit Reporting Months

Report Information

Number of Months in Reporting Year
12

Save Changes
Cancel

Note: Data should be provided for the prior calendar year. The number of months should only be updated if the reporting organization operated for less than 12 months during the prior calendar year.

5. Section 1 – Contacts

- a. For the “Contacts” section, click the “View Section” button to start. Add additional report contacts if needed by clicking the “Add Contact” button.

- b. For the contact, select a role from the drop-down menu, then click the “Add Selected” button.

- c. If the desired contact is not available, click the “New Contact” button, enter required information marked “(required)” in green font, then click the “Save Contact” button. Users by default will be ‘Active.’ To add a contact that will have portal access, click on the “Portal Access” status to switch to “Has Access.”

- d. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

Note: Each section of the annual report data entry screen includes a “Definitions” button at the bottom of the page. Click the “Definitions” button to review information relevant to the current screen. Additionally, validation errors may be displayed as data is entered. Users should review validations and correct data or include an explanation verifying data as entered.

6. **Section 2 – Utilization review administration**

- a. Select “Yes” or “No” for the following question: Do you contract with a third-party Utilization Review Organization (URO) to administer prior authorization requests?

- i. If “**Yes**,” user will receive prompt to add at least one organization.

2 Utilization Review Administration
Where applicable, enter organizations that administer utilization review on the health plan's behalf.

Do you contract with a third-party Utilization Review Organization (URO) to administer prior authorization requests? ☒ Yes ☐ No

ⓘ If you contract with a third-party URO, you must add at least one organization.

[Add Organization](#)

- b. Click the ‘Add Organization’ button.

- i. Enter the “Organization Name.” When beginning to type the “Organization Name” various organization names will appear; select the appropriate organization.
 - ii. Select “Segment Type” by selecting the type of utilization review performed: “Medical Only,” “Rx Only,” “Medical and Rx,” or “Other Services.” If the segment type is “Other Services”, enter “Other Segment Description” (e.g., behavioral health).

Utilization Review Annual Report
Please verify the information presented here, along with entering the number of months in the reporting year.

Organization: [New One](#) [View Organization](#)

Report Year: Calendar Year 2024 Due Date: 09/01/2025

of Months in Reporting Year: 12 [Edit Reporting Months](#)

2 Utilization Review Administration
Enter organizations for which utilization review is administered.

[Add Organization](#)

Action	Organization

Comment / Explanation

[Previous](#) [Next](#) [Save Section](#) [Back to Index](#)

Add Organization

Organization Name *(required)*
Enter organization name

Segment Type *(required)*
Select utilization review segment

[Save](#) [Save & New](#) [Close](#)

- i. If “**No**,” organizations will not be requested.
 - c. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

7. Section 3 – Prior authorizations

- Enter required values: the number of “Authorizations Issued Upon Request”, the number of “Adverse Determinations,” and the “Adverse Determinations Reversed On Appeal.” The “Total Requests Received” will auto sum.

3

Prior Authorizations

Provide prior authorization details for the report. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

Authorizations Issued Upon Request	<input type="text"/>	Value is required.
Adverse Determinations	<input type="text"/>	Value is required.
Adverse Determinations Reversed On Appeal	<input type="text"/>	Value is required.
Total Requests Received	<input type="text" value="0"/>	

- Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

Note: Adverse determinations reversed on appeal should not be counted in authorizations issued upon request.

8. Section 4 - Top 25 codes with the most frequent prior authorization requests

- Enter required values: “Code,” “Procedure Name,” “Authorizations Issued Upon Request,” “Adverse Determinations,” and “Adverse Determinations Reversed on Appeal.” The “Total Requests Received” will auto sum; the “Percentage of Authorizations Issued Upon Request” will auto calculate. Enter the 25 codes with the highest number of prior authorization requests, regardless of outcome. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

4

Top 25 Codes With The Most Frequent Prior Authorization Requests

Enter the 25 codes with the highest number of prior authorization requests, regardless of outcome. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed on Appeal	Total Requests Received	Percentage of Authorizations Issued Upon Request
					0	0.00%

- Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

Note: Codes have a maximum of 14 characters (alpha-numeric). Codes entered and saved can be applied in sections 5-7. After entering the code in the “Code” column in section 4, all other information will be automatically populated in sections 5-7. Additionally, codes can be removed by clicking the “garbage” icon.

1. Section 5 - Top 25 codes with the highest percentage of authorizations issued upon request

- Enter required values: "Code," "Procedure Name," "Authorizations Issued Upon Request," "Adverse Determinations," and "Adverse Determinations Reversed on Appeal." The "Total Requests Received" will auto sum; the "Percentage of Authorizations Issued Upon Request" will auto calculate. Enter the 25 codes with the highest percentage of prior authorization requests for which authorization was issued upon request. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

5 Top 25 Codes With The Highest Percentage Of Authorizations Issued Upon Request
Enter the 25 codes with the highest percentage of prior authorization requests for which authorization was issued upon request. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed on Appeal	Total Requests Received	Percentage of Authorizations Issued Upon Request
					0	0.00%

- Enter optional Comments/Explanation, then click the "Next" button to proceed to the next section.

2. Section 6 – Top 25 codes with the highest percentage of adverse determinations

- Enter required values: "Code," "Procedure Name," "Authorizations Issued Upon Request," "Adverse Determinations," and "Adverse Determinations Reversed on Appeal." The "Total Requests Received" will auto sum; the "Percentage of Adverse Determinations" will auto calculate. Enter the 25 codes with the highest percentage of prior authorization requests with an adverse determination. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

6 Top 25 Codes With The Highest Percentage Of Adverse Determinations
Enter the 25 codes with the highest percentage of prior authorization requests with an adverse determination. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.

Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed on Appeal	Total Requests Received	Percentage of Adverse Determinations
					0	0.00%

- Enter optional Comments/Explanation, then click the "Next" button to proceed to the next section.

3. Section 7 – Top 25 codes with the highest percentage of adverse determinations reversed on appeal

- Enter required values: "Code," "Procedure Name," "Authorizations Issued Upon Request," "Adverse Determinations," and "Adverse Determinations Reversed on Appeal." The "Total Requests Received" will auto sum; the "Percentage of Adverse Determinations Reversed" will auto calculate. Enter the 25 codes with the highest percentage of prior authorization requests with an adverse determination that was reversed on appeal. Do not include counts of Prior

Authorizations that were administered by a third-party utilization review organization.

7 Top 25 Codes With The Highest Percentage Of Adverse Determinations Reversed On Appeal <small>Enter the 25 codes with the highest percentage of prior authorization requests with an adverse determination that was reversed on appeal. Do not include counts of Prior Authorizations that were administered by a third-party utilization review organization.</small>					
Code	Procedure Name	Authorizations Issued Upon Request	Adverse Determinations	Adverse Determinations Reversed On Appeal	Percentage of Adverse Determinations Reversed
					0 0.00%

- b. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

4. Section 8 – Adverse determination rationale

- a. Click the “Add Rationale” button. Select “Select Rationale”, options include:
 - i. Incomplete information submitted by provider
 - ii. Other reason
 - iii. Patient did not meet prior authorization criteria
 - iv. Patient no longer covered by health benefit plan
 - v. Treatment plan changed
- b. Enter the required “Percent of Total Adverse Determinations,” then click the “Save” button. If “Other Reason” is selected, an additional field titled “Other Reason Description” will appear and enter an explanation. Multiple rationales can be added, but the total percentage for all must sum to 100.00%.

Add Adverse Determination Rationale

Adverse Determination Rationale (required)

Select rationale

Percent of Total Adverse Determinations (required)

Enter percentage %

Save

Save & New

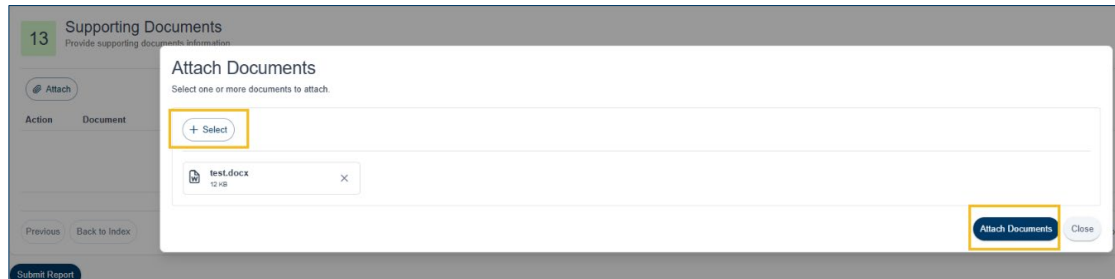
Close

- c. To delete a rationale, click the “garbage” icon, then click “Confirm” to delete.
- d. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

Note: Provide adverse determination rationale information for the report. Do not consider adverse determination rationale for adverse determinations that were administered by a third-party utilization review organization. Additionally, adverse determinations reversed on appeal should not be counted in authorizations issued upon request.

5. Section 9 - Supporting documents

- a. Click the “Attach” button to optionally provide supporting documentation for the report. Next click the “Select” button to locate files from the file directory, then click the “Open” button. Click the “Attach Documents” button to attach documents. Multiple documents may be attached.



- b. To delete a document, click the “garbage” icon, then click “Confirm” to delete.

Certify and submit annual report

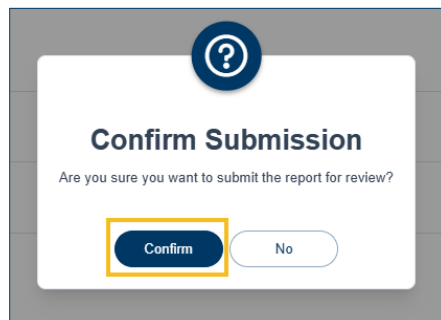
14. Annual Reports must be certified by an administrator user. If the user is a ‘Preparer’ or ‘Courtesy Contact’ the Annual Report cannot be submitted. If the user is an Administrator, return to the index page, by clicking the “Back to Index” button. Next, scroll to the bottom of the page and click the certification checkbox.

Certification Statement


Before a report may be submitted, an administrator must certify that the values and explanations provided in the report are complete and accurate.

☐ As an administrator of the company, by checking this box I certify that the values reported in the Utilization Review Organization Prior Authorization Report (UROPAR) are complete and accurate.


15. Click the “Submit Report” button to submit to the Annual Report to MDH for review, then click the “Confirm” button to finalize.



16. Once the report is submitted, it will be available under the “Completed” tab of the Annual Reports page. Reports can be modified until MDH has completed their review when the status changes to “Review Complete.”

Outstanding			Completed		
View		Report Type		Report Year	
 View		UROPAR		Calendar Year 2024	

17. If MDH requires additional information, the report will appear under the “Outstanding” tab of the Annual Reports page. Reports requiring additional information will need to be updated and resubmitted for MDH review.

Outstanding			Completed		
Actions	Report Type	Report Year	ID	Organization	Report Status
 View	UROPAR	Calendar Year 2024		NM URO	Information Required