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/healtheconomics

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

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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) 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). 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) 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).

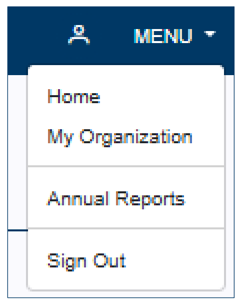
Required reporters

Organizations that meet the URO definition under Minnesota Statutes, chapter 62M.02, subdivision 21 (https://www.revisor.mn.gov/statutes/cite/62M.02), 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), for more information.

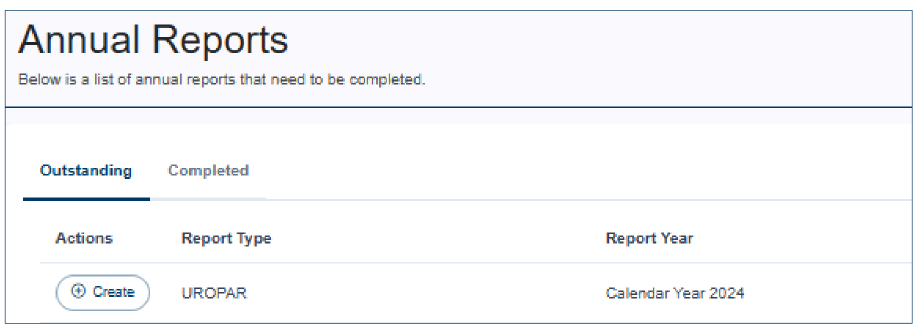
Annual Utilization Review Organization (URO) reports - Organizations identifying as a Third-Party URO

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.”

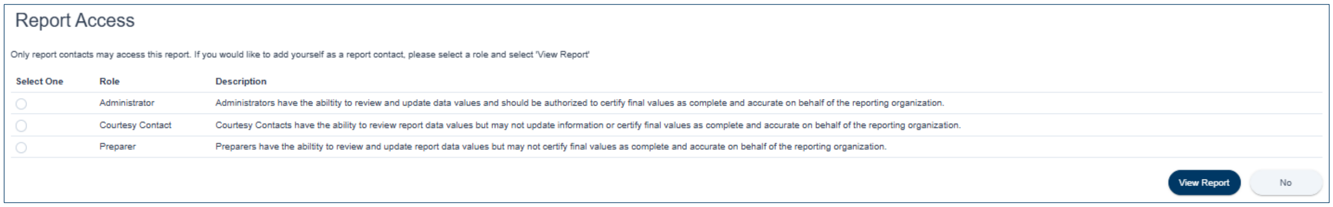


2. Under the “Outstanding” tab, locate a new report for Utilization Review Organization Prior Authorization Report (UROPAR) report type and click the “(+) Create” button.



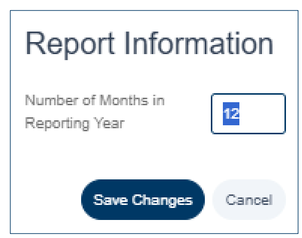
Note: Annual reports will be available for each affiliate that has been added under the organization for the designated report year. Refer to the **Registration and Account Management Guide** (https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf) for information on adding and managing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

3. 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.



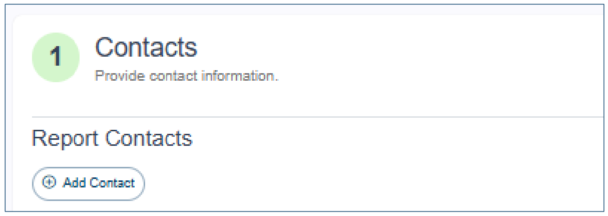
Note: Roles can be updated after the original designation by returning to ‘Section 1 – Contacts’ and editing the role by clicking the ‘Edit Role’ pencil icon. Only Administrators and Preparers can make updates to report contact roles. Refer to the **Registration and Account Management Guide** (https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf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

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

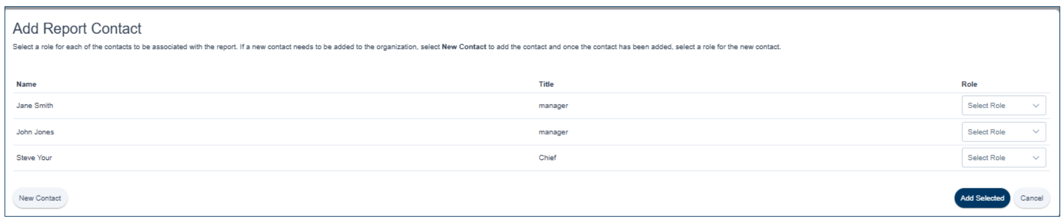


Note: Data should be provided for the prior calendar year. The number of months should only be updated if the reporting organization operated for less than 12 months during the prior calendar year.

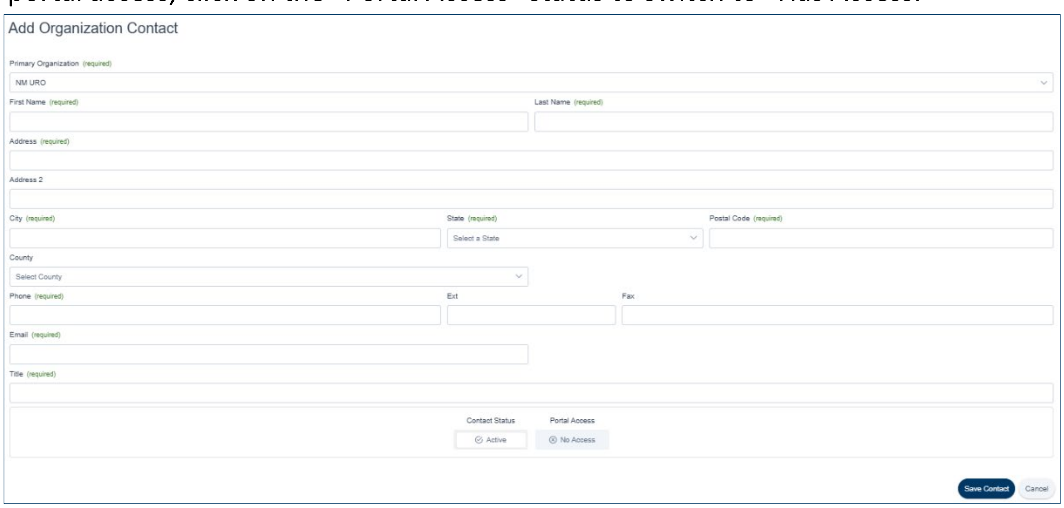
5. **Section 1 – Contacts**
   a. For the “Contacts” section, click the “View Section” button to start. Add additional report contacts if needed by clicking the “Add Contact” button.



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



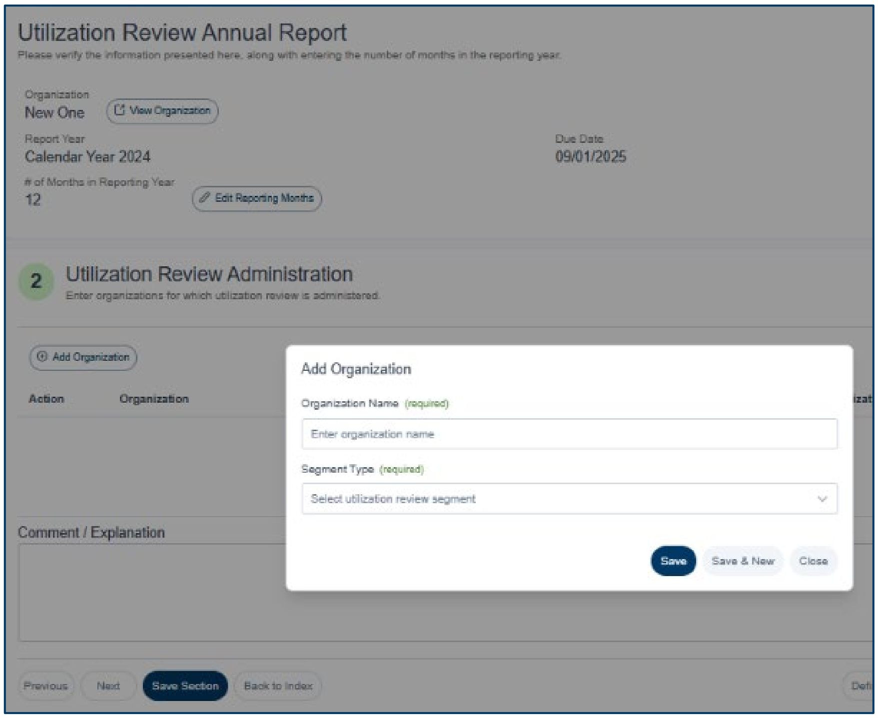
   c. If the desired contact is not available, click the “New Contact” button, enter required information marked “(required)” in green font, then click the “Save Contact” button. Users by default will be ‘Active.’ To add a contact that will have portal access, click on the “Portal Access” status to switch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



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

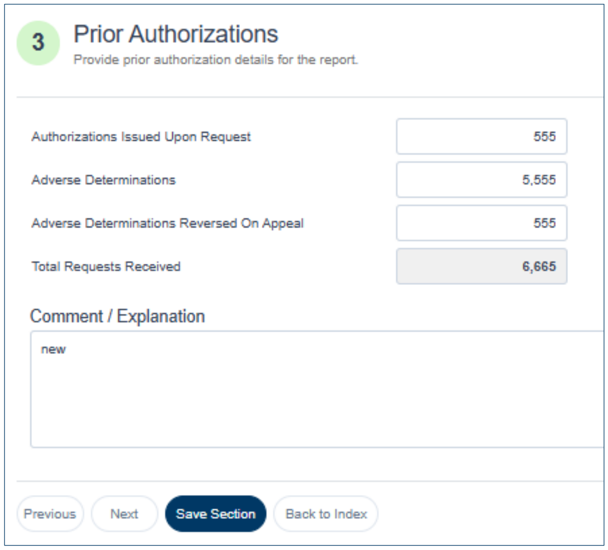
Note: Each section of the annual report data entry screen includes a “Definitions” button at the bottom of the page. Click the “Definitions” button to review information relevant to the current screen. Additionally, validation errors may be displayed as data is entered. Users should review validations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

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



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

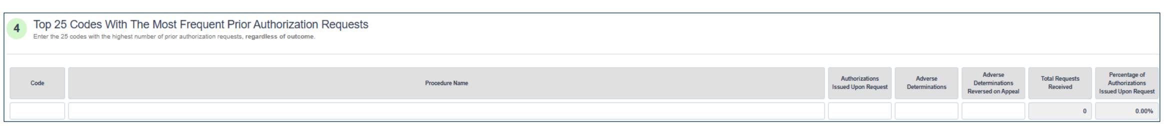
7. **Section 3 – Prior authorizations**
   a. Enter required values: the number of “Authorizations Issued Upon Request”, the number of “Adverse Determinations,” and the “Adverse Determinations Reversed On Appeal.” The “Total Requests Received” will auto sum.



   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.

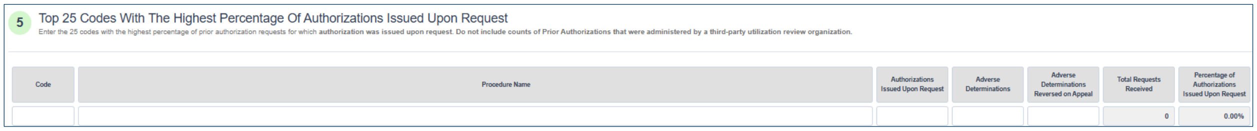
8. **Section 4 - Top 25 codes with the most frequent prior authorization requests**
   a. Enter required values: “Code,” “Procedure Name,” “Authorizations Issued Upon Request,” “Adverse Determinations,” and “Adverse Determinations Reversed on Appeal.” The “Total Requests Received” will auto sum; the “Percentage of Adverse Determinations Reversed” will auto calculate.



   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.

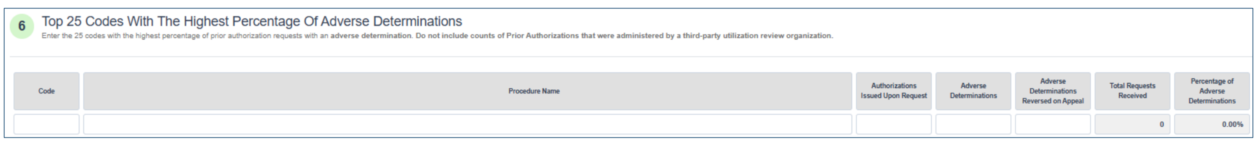

5 Top 25 Codes With The Highest Percentage Of Authorizations Issued Upon Request

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.

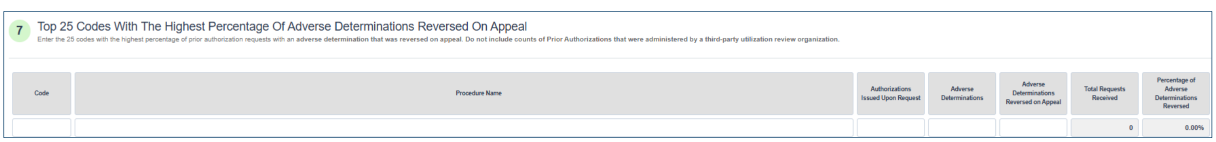

6 Top 25 Codes With The Highest Percentage Of Adverse Determinations

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.

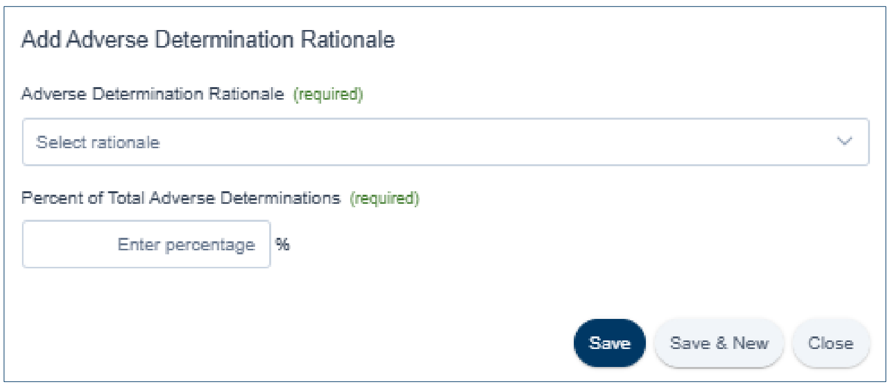

7 Top 25 Codes With The Highest Percentage Of Adverse Determinations Reversed On Appeal

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%.



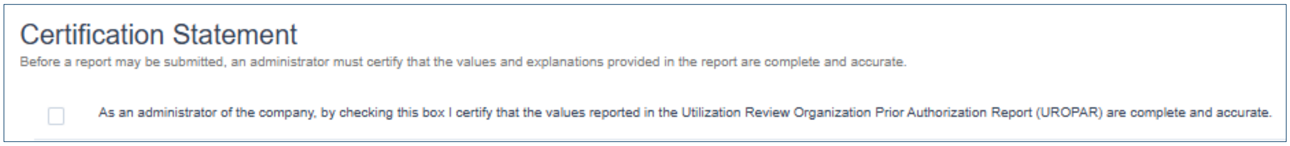
    c. To delete a rationale, click the "garbage" icon, then click "Confirm" to delete.
    d. Enter optional Comments/Explanation, then click the "Next" button to proceed to the next section.

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.

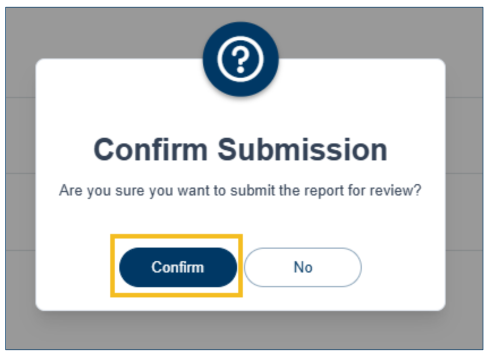
    b. To delete a document, click the "garbage" icon, then click "Confirm" to delete.

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.

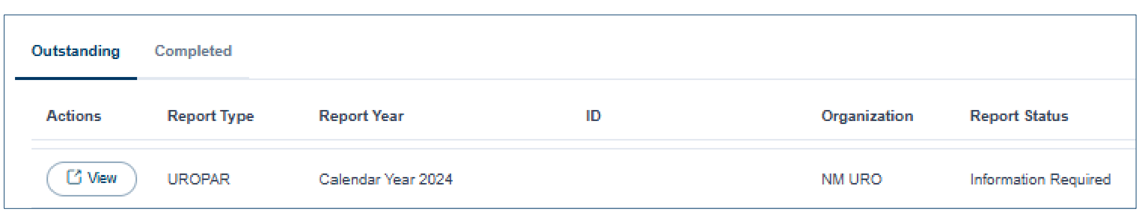


15. Click the "Submit Report" button to submit to the Annual Report to MDH for review, then click the "Confirm" button to finalize.



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."

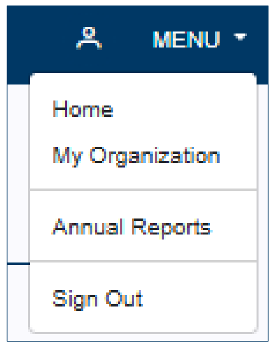
17. If MDH requires additional information, the report will appear under the "Outstanding" tab of the Annual Reports page. Reports requiring additional information will need to be updated and resubmitted for MDH review.



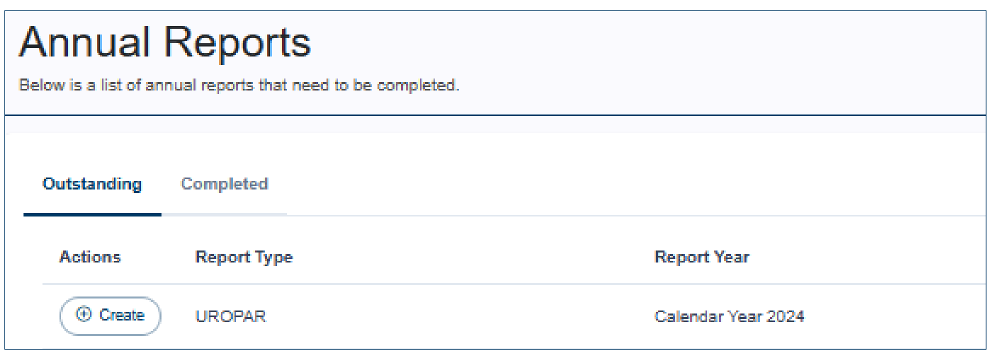
Annual Utilization Review Organization (URO) reports – Organizations identifying as a Health Plan Organization

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.”

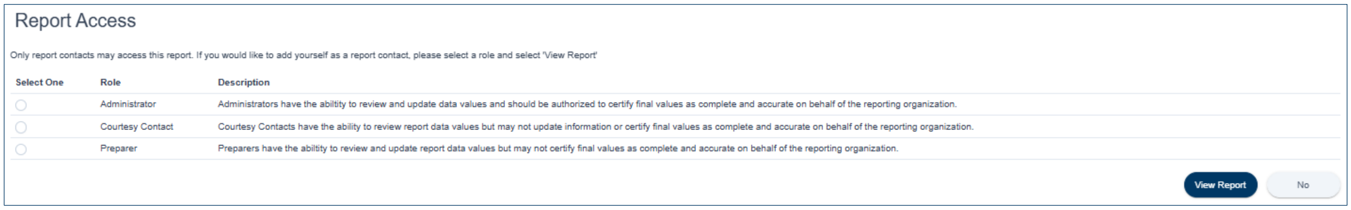


2. Under the “Outstanding” tab, locate a new report for Utilization Review Organization Prior Authorization Report (UROPAR) report type and click the “(+) Create” button.



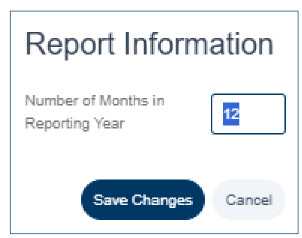
Note: Annual reports will be available for each Affiliate that has been added under the organization for the designated report year. Refer to the **Registration and Account Management Guide** (https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf) for information on adding and managing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

3. 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.



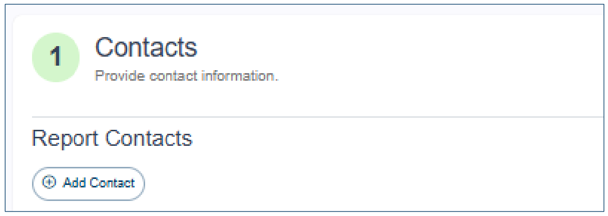
Note: Roles can be updated after the original designation by returning to 'Section 1 – Contacts' and editing the role by clicking the 'Edit Role' pencil icon. Only Administrators and Preparers can make updates to report contact roles. Refer to the **Registration and Account Management Guide** (https://www.health.state.mn.us/data/economics/uror/docs/userguide.pdf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

4. Update the number of months in the reporting year by clicking the "Edit Reporting Months" button and entering the number of months.

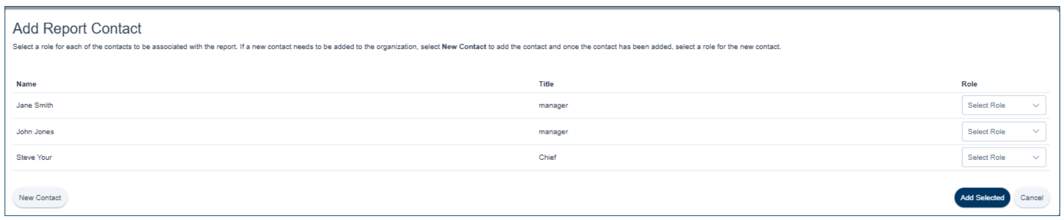


Note: Data should be provided for the prior calendar year. The number of months should only be updated if the reporting organization operated for less than 12 months during the prior calendar year.

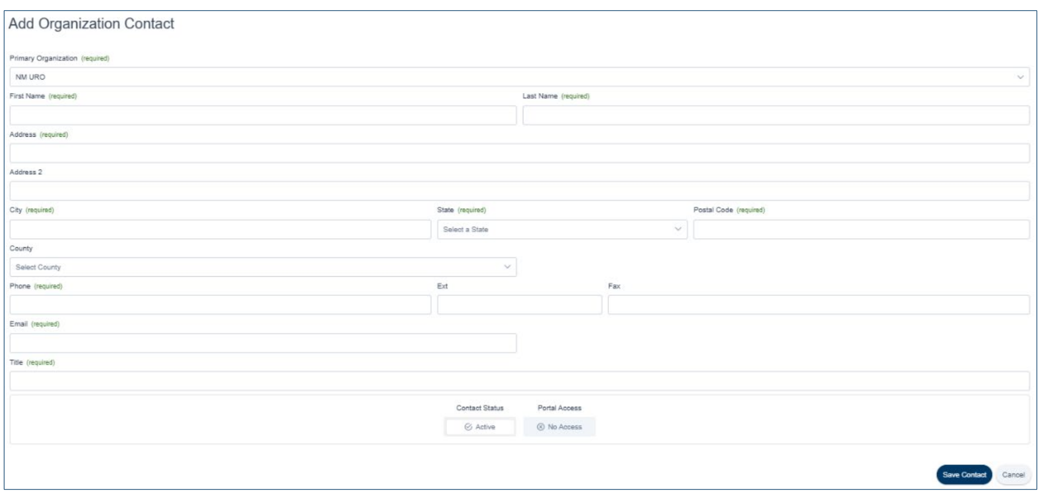
5. **Section 1 – Contacts**
   a. For the “Contacts” section, click the “View Section” button to start. Add additional report contacts if needed by clicking the “Add Contact” button.



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



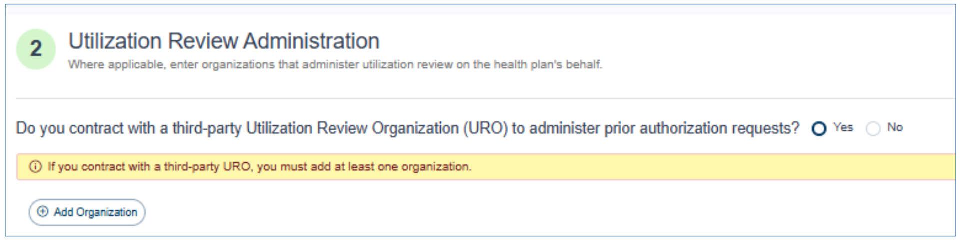
   c. If the desired contact is not available, click the “New Contact” button, enter required information marked “(required)” in green font, then click the “Save Contact” button. Users by default will be ‘Active.’ To add a contact that will have portal access, click on the “Portal Access” status to switch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



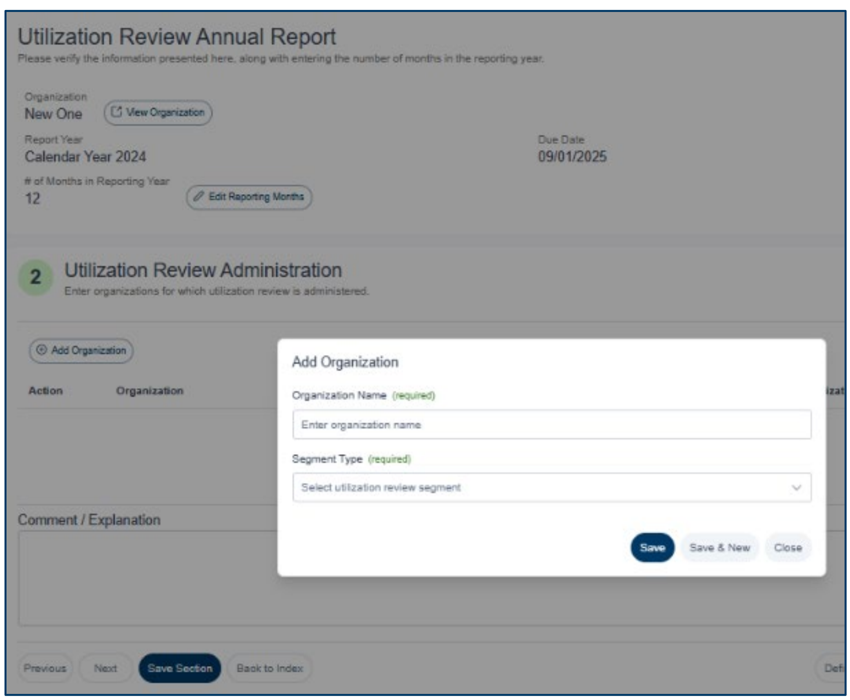
   d. Enter optional Comments/Explanation, then click the “Next” button to proceed to the next section.

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.

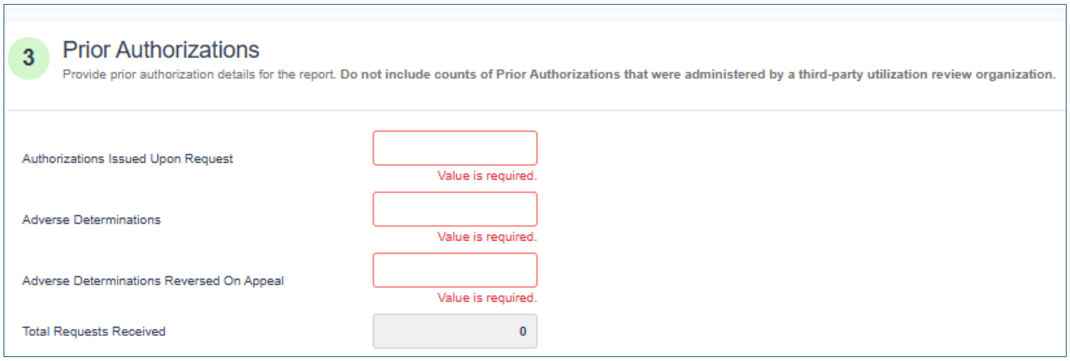


   b. Click the 'Add Organization' button.
      i. Enter the "Organization Name." When beginning to type the "Organization Name" various organization names will appear; select the appropriate organization.
      ii. Select "Segment Type" by selecting the type of utilization review performed: "Medical Only,"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



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

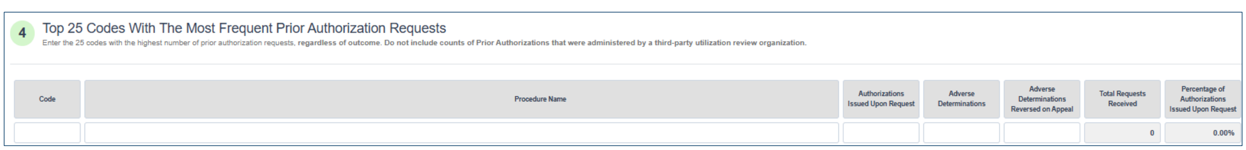
7. **Section 3 – Prior authorizations**
    a. Enter required values: the number of "Authorizations Issued Upon Request", the number of "Adverse Determinations," and the "Adverse Determinations Reversed On Appeal." The "Total Requests Received" will auto sum.



    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.

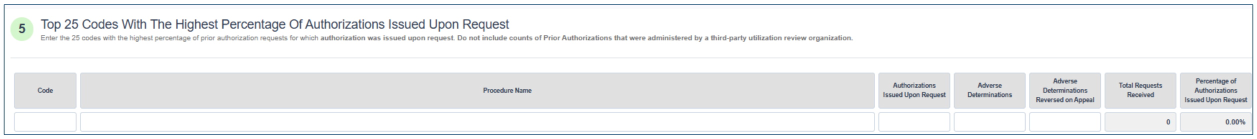
8. **Section 4 - Top 25 codes with the most frequent prior authorization requests**
    a. Enter required values: "Code," "Procedure Name," "Authorizations Issued Upon Request," "Adverse Determinations," and "Adverse Determinations Reversed on Appeal." The "Total Requests Received" will auto sum; the "Percentage of 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.



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

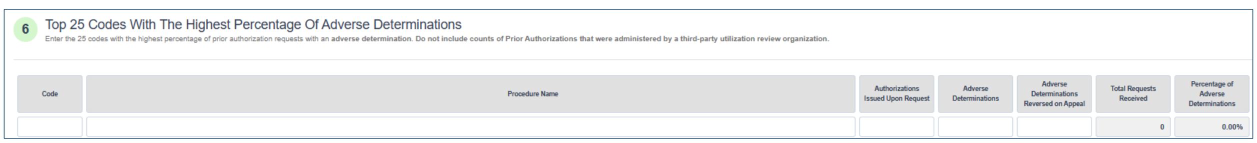
Note: Codes have a maximum of 14 characters (alpha-numeric). Codes entered and saved can be applied in sections 5-7. After entering the code in the "Code" column in section 4, all other information will be automatically populated in sections 5-7. Additionally, codes can be removed by clicking the "garbage"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

1. **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 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.



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

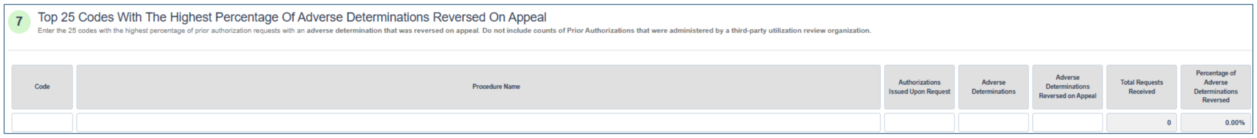
2. **Section 6 – Top 25 codes with the highest percentage of adverse determinations**
    a. Enter required values: "Code," "Procedure Name," "Authorizations Issued Upon Request," "Adverse Determinations," and "Adverse Determinations Reversed on Appeal." The "Total Requests Received" will auto sum; the "Percentage of Adverse Determinations" 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.



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

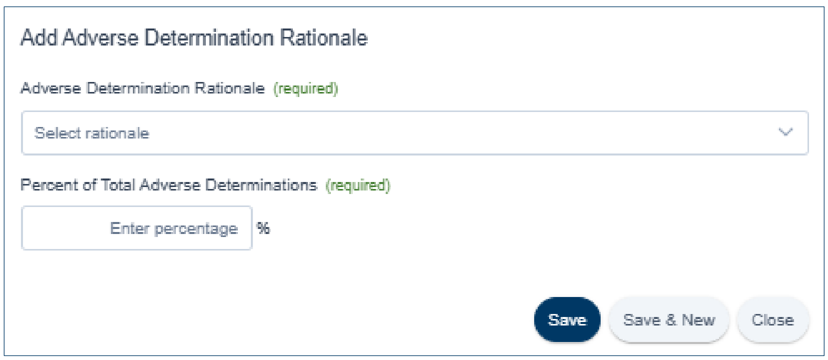
3. **Section 7 – Top 25 codes with the highest percentage of adverse determinations reversed on appeal**
    a. Enter required values: "Code," "Procedure Name," "Authorizations Issued Upon Request," "Adverse Determinations," and "Adverse Determinations Reversed on Appeal." The "Total Requests Received" will auto sum; the "Percentage of Adverse Determinations Reversed" will auto calculate. 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.



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%.



   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.

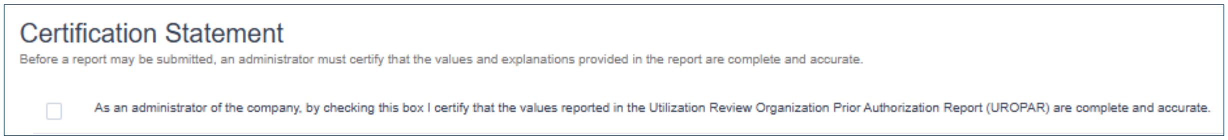
Note: Provide adverse determination rationale information for the report. Do not consider adverse determination rationale for adverse determinations that were administered by a third-party utilization review organization. Additionally, adverse determinations reversed on appeal should not be counted in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

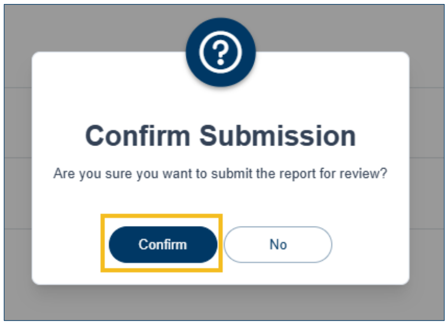
    b. To delete a document, click the "garbage" icon, then click "Confirm" to delete.

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.



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.”

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.