

**Oregon Department of Consumer and Business Services**

Division of Financial Regulation

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## **Letter of attestation of accurate information prior authorization report**

Company name: \_\_\_\_\_ NAIC No.: \_\_\_\_\_

Authorized representative (full name): \_\_\_\_\_

Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Technical representative (full name): \_\_\_\_\_

Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

The Oregon Division of Financial Regulation (DFR) is requiring an attestation that the prior authorization report has been reviewed for accuracy according to ORS 731.260 and all applicable Oregon Administrative Rules (OAR) and Oregon Revised Statutes (ORS).

The attestation must be completed and signed (electronic signatures will be accepted) by both an authorized and technical representative of the company.

- An authorized representative is a member of senior management with responsibility over regulatory reporting.
- A technical representative is a member of the team that pulled or compiled the required reporting.

Attestation forms must be submitted to DFR at the same time as the prior authorization report.

We, the undersigned, attest that within the prior authorization report:

- All information is complete and accurate according to ORS 743B.250, OAR 836-053-1070, and OAR 836-053-1080.
- All information includes only data pertaining to health benefit plan business as defined in ORS 743B.005.
- All reporting instructions included with the reporting template have been reviewed and followed.
- No part of the reporting template has been altered, including locked fields prepopulated with a formula.
- All fields have been reviewed and duly considered and no fields have been omitted as part of this report. Where there was no data to report, fields were filled with a zero.
- In the event the carrier does not have a specific product, fields related to that product were filled with "N/A."
- Prior authorizations were reported at the request level.
- All prior authorization requests were reported as approved or denied only once using the most current determination available.
- All prior authorization requests for which a decision was rendered in the reporting year have been included. Prior authorization requests that were voided, canceled, or withdrawn have not been included.
- All prior authorization requests that were approved after appeal during the reporting year have been included, even if the initial decision was rendered outside of the reporting period.
- Partially approved prior authorization requests have been reported as "approved."
- "Behavioral health only" prior authorization requests are also included in the total count of "all requests, excluding pharmacy" prior authorization requests.
- Prior authorization requests that satisfied the conditions to be reported on Line 3 (standard prior authorization requests that were approved after appeal) and Line 4 (standard prior authorization requests for which the time frame for review was extended and the request was approved) were reported on both lines.
- Prior authorization requests included on lines 3 (standard prior authorization requests that were approved after appeal) and 4 (standard prior authorization requests for which the time frame for review was extended and the request was approved) were also included in the count on Line 1 (standard prior authorization requests that were approved).
- Prior authorization requests included on Line 7 (expedited prior authorization requests for which the time frame for review was extended and the request was approved) were also included in the count on Line 5 (expedited prior authorization requests that were approved).
- Time elapsed between submission of a prior authorization request and a determination/decision was reported in terms of business days.

- The company's instructions for compiling and reporting data required for prior authorization reporting are documented with enough detail to ensure that consistent and accurate information is submitted.

We certify, based upon the information and belief formed after reasonable inquiry and review, the data, statements, and information contained in these documents are true, accurate, and complete to the best of our knowledge and belief.

Authorized representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technical representative signature: \_\_\_\_\_ Date: \_\_\_\_\_