

INDEPENDENT REVIEW ORGANIZATION
APPLICATION and Checklist

UTAH INSURANCE DEPARTMENT
SUITE 3110 STATE OFFICE BUILDING
SALT LAKE CITY UT 84114
801 538-3800

(1) Name of Applicant: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____ Toll Free Number _____

Email Address: _____ Website _____

Fax Number: _____ FEIN Number: _____

(2) Name of Contact Person for Regulatory Matters: _____

(3) Form of Organization:

Proprietorship

Partnership

Corporation (State & Date of Incorporation: _____)

Other (Describe: _____)

(4) Is the organization registered with the Utah Corporations Division Yes No

(5) Has the applicant ever had an application denied by any state regulatory authority? Yes No Explain if yes: _____

(6) Has the applicant ever been the subject of regulatory action?
 Yes No Explain if yes: _____

(7) Has the applicant ever lost accreditation to perform independent reviews?
 Yes No Explain if yes: _____

(8) Has the applicant ever changed its name?
 Yes No Explain if yes: _____

(9) Does the applicant own or control, or is owned or controlled by, an insurer, health benefit plan, trade association, or health care provider?

Yes No Explain if yes: _____

(10) Does any clinical reviewer employed by or contracted with the applicant have a history of being the subject of disciplinary action?

Yes No Explain if yes: _____

(11) Does the applicant have a toll-free telephone service to receive information on a twenty-four hour basis?

Yes No Explain if no: _____

(12) Do the clinical reviewers assigned by you meet the requirements of a clinical reviewer as defined in R590-261-5 (4)?

Yes No Explain if no: _____

The following information may be submitted on a separate sheet and is considered to be part of the application:

(13) For each officer, director and controlling person¹ of the applicant, complete a biographical affidavit using the NAIC template located at http://www.naic.org/documents/industry_ucaa_form11.doc.

(14) Provide a detailed description of the procedures used by the applicant to insure that the identity, financial information, and medical information of a claimant is not disclosed.

(15) Describe the applicant's written policies and procedures that govern all aspects of both the standard independent review and the expedited independent review process, including the procedures to ensure:

(a) that an independent review is conducted within the specified time frame and that a required notice is provided in a timely manner;

(b) the selection of a qualified and impartial clinical reviewer to conduct the independent review and suitable matching of the reviewer to a specific case; and

(c) that any individual employed by or under contract with the independent review organization adheres to all requirements.

(16) Describe the applicant's quality assurance program.

(17) Describe the policies and procedures that the applicant will follow to ensure the independence of the independent review organization and the clinical reviewer.

¹ A Controlling Person is any person who is a partner (other than a limited partner), officer, director, or anyone having an ownership interest of 10% or more of the organization whether that person is an individual or other entity.

(18) List all accreditations for the applicant and attach a copy of each.

CERTIFICATION

I certify that I have read and am familiar with the requirements of the Utah Insurance Code and rules regarding independent review organizations and that this independent review organization meets all requirements to qualify as an independent review organization in the State of Utah. I further certify that the information provided in this application is true, complete, and correct to the best of my knowledge and belief.

Date: _____ Authorized Signature: _____

Printed Name & Position: _____

Utah Insurance Department
Independent Review Organization
Application Checklist

NAME: _____

INSTRUCTIONS: This checklist is to be completed and attached to the cover of your application. Initial each item included with the application.

_____ (1) Biographical affidavit for each officer, director and controlling person of the applicant.

_____ (2) Detailed description of the procedures used by the applicant to ensure that the identity, financial information, and medical information of a claimant is not disclosed.

_____ (3) Description of the applicant's written policies and procedures that govern all aspects of both the standard independent review and the expedited independent review process.

_____ (4) Description of the applicant's quality assurance program.

_____ (5) Description of the policies and procedures that the applicant will follow to ensure the independence of the independent review organization and the clinical reviewer.

_____ (6) Application fee of \$250.00.

_____ (7) Copy of applicant's accreditation as an independent review organization.

Date: _____

Authorized Signature: _____

Printed Name & Position: _____