



# Application for Utilization Review Agent

Check appropriate box for application requested.

- Initial Application – Fee \$150.00
  - Renewal Application – Fee \$100.00
- UR License Number \_\_\_\_\_

Indiana Department of Insurance

For Dept. use only:

Date Fee Processed \_\_\_\_\_

Date Registration Processed \_\_\_\_\_

## INSTRUCTIONS:

- All Utilization Review Agent Licenses expire on June 30<sup>th</sup>, and must be renewed annually.
- Utilization Review Agents are required to provide documentation that they meet each of the statutory and regulatory requirements necessary to be licensed as a Utilization Review Agent. If there has been no change in the documentation submitted for your last renewal application, submit this completed application and the renewal fee. If there has been any substantive change to the documentation submitted with your last renewal application or new application filed since July 1st, submit the revised documentation with this completed application, the completed application checklist and renewal fee.
- Please notify the Department of Insurance of any material change of any information set forth in this application within thirty (30) days of the change. **A change in ownership requires a new application, application fee and supporting documentation which should be submitted with the notice of material change.**
- Please print or type responses to the questions below.

## Demographics

\_\_\_\_\_  
Incorporated Name of Utilization Review Firm

\_\_\_\_\_  
D/B/A Name

\_\_\_\_\_  
FIN/EIN Number

\_\_\_\_\_  
Address (If P.O. Box address, please list street address as well)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Toll Free Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail Address

***Respond to these questions by checking the correct response. All answers marked "No" must have explanation attached on separate page.***

- |   |  |
|---|--|
| A. Do you have a working telephone call recording system capable of accepting or recording incoming telephone calls or providing instruction during hours other than normal business hours?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Are all messages left on your call recording system responded to within two (2) business days after receiving the call?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Are all determinations made within two (2) business days of receiving the request and the information needed to complete the review?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Does your notification of denial to certify an admission, service or procedure include the principal reason for that determination?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Does your notification or denial to certify an admission, service or procedure include a copy of the procedures to initiate an appeal of the determination?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Utilization review agents are required to protect the confidentiality of medical records of enrollees or covered individuals. Does your organization have written procedures that ensure medical records are kept confidential in accordance with federal and state law?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Do you allow an enrollee or the representative of an enrollee forty-eight (48) hours after an emergency admission, service or procedure to notify your organization of the admission and request certification for continuing treatment for the condition involved in the admission, service or procedure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

H. Indiana law requires that a utilization review agent must "ensure that every utilization review determination as to the necessity or appropriateness of an admission, service or a procedure is reviewed by a physician or determined in accordance with standards or guidelines approved by a physician." Please provide a separate signed statement by a physician licensed in the United States, employed or under contract to your utilization review firm, verifying that determination made as to necessity or appropriateness of admission, service, or procedure are reviewed by a physician licensed in the United States or determined in accordance with standards or guidelines approved by a physician licensed in the United States. In lieu of this signed statement, your firm may provide other appropriate documentation to satisfy the requirement of the law.

Indiana law requires that a utilization review agent must provide, upon request, a written description of the appeals procedure to a covered individual or enrollee or the person's provider of record. The appeals procedure must comply with the following requirements:

- A. on appeal, the determination not to certify an admission, service or a procedure as necessary or appropriate must be made by a health care provider licensed in the same discipline as the provider of record;
- B. adjunction to the appeal of a determination must be completed within thirty (30) days after the appeal is filed and all information necessary to complete the appeal is received; and
- C. if a medical review determination results in a limitation or reduction of benefits, a notice of appeals procedure shall be provided by the utilization review agent to the provider who rendered the health care services.

Does the appeals procedure of your firm meet the above standards?  Yes  No

### Certification

This company, through its duly authorized officer, hereby applies for the registration authorizing it to operate as a utilization review agent in the State of Indiana, and do hereby swear that all responses, information, exhibits and documentary evidence submitted in support of this application are true and correct.

- I certify that there have been no changes to any application information and documentation submitted during the last year; or
- I certify that there have been changes to the previously submitted application information and documentation and have attached the revised documentation.

\_\_\_\_\_  
Certified by:

\_\_\_\_\_  
Signature of Applicant                      Date                      Printed Name of Signature                      Title

Please mail completed application, checklist, fee and other documents to:

Attn: UR Coordinator  
Indiana Department of Insurance  
311 W. Washington St., Suite 300  
Indianapolis, IN 46204-2787