



OKLAHOMA INSURANCE DEPARTMENT
Rate and Form Compliance Division
Utilization Review Section

400 NE 50th Street
Oklahoma City, OK 73105

**UTILIZATION REVIEW
CERTIFICATION and/or REGISTRATION
ANNUAL RENEWAL APPLICATION**

This completed Application and all applicable Exhibits must be submitted via SERFF. The Renewal Fee of \$500.00 must be submitted via SERFF as well, using EFT. Be sure to complete all fields, sign and have the Application notarized.

1. Name: _____
2. Federal Employee Identification Number (FEIN): _____
3. Oklahoma Certificate of Registration Number: _____
4. Business Street Address (Do not use a PO Box): _____
City, State Zip Code: _____
5. Business Mailing Address (Street or PO Box): _____
City, State Zip Code: _____
6. Business Telephone Number: _____
Toll-Free Number: _____
7. Contact Person: _____
Contact Person Telephone Number: _____
Contact Person Email Address: _____

8. If applicant is a corporation, then provide its State of Incorporation: _____

9. List all other locations (i.e. regional offices), providing complete addresses and telephone numbers (*Attach a separate sheet to this application if necessary*):

PO Box or Street Address: _____

City, State Zip: _____

Telephone: _____

PO Box or Street Address: _____

City, State Zip: _____

Telephone: _____

PO Box or Street Address: _____

City, State Zip: _____

Telephone: _____

PO Box or Street Address: _____

City, State Zip: _____

Telephone: _____

10. Attach a list of any and all review agents that the company will use. Provide updates of review agents as they are added or dropped, including dates. Please provide a list of your Oklahoma licensed physicians required by Rule 365:10-15-5(a) or the company you contract with to satisfy this regulation.

11. Please review your previous application. Resubmit any Exhibits that have changed since your previous application was submitted. Indicate below any exhibits being resubmitted. ***Also, Exhibit Eleven should be included with each renewal.***

Exhibit One: Provide the applicant's utilization review plan, including:

An adequate summary description of review standards, protocols and procedures to be used in evaluating proposed or delivered hospital or medical care, and;

Assurances that the standards and criteria to be applied in review determinations are established with input from health care providers representing major areas of specialty and certified by the Boards of various American medical specialties, and;

The provisions by which patients or health care providers may seek reconsideration of appeal of adverse decisions by the private review agent.

Exhibit Two: Provide the type and qualifications of the personnel either employed or under contract to perform the utilization review.

Exhibit Three: Provide the procedures and policies in place to ensure that a representative of the private review agent is reasonably accessible.

In-state review agents:

Normal business hours _____

Toll-free telephone number _____

Answering machine/service available after hours _____

Respond to telephone messages within two working days _____

Out-of-state review agents:

Normal business hours _____

Toll-free telephone number _____

Answering machine/service available after hours _____

Respond to telephone messages within two working days _____

Exhibit Four: Provide the policies and procedures to ensure that all applicable State and Federal laws to protect the confidentiality of individual medical records are followed.

Exhibit Five: Provide the policies and procedures to verify the identity and authority of personnel performing utilization review by telephone.

Exhibit Six: Provide a copy of all materials designed to inform applicable patients and health care providers of all the requirement of the utilization review plan.

Exhibit Seven: Provide a list of third party payers for which the private review agent is performing utilization review in this state. Said list may be deemed confidential by the Commissioner for the purpose of protecting competition between agents. (Private Review Agents only.)

Exhibit Eight: Provide the procedures for receiving and handling complaints by patients and health care providers concerning utilization review.

Exhibit Nine: Provide procedures to ensure that after a request for medical evaluation, treatment, or procedures has been rejected in whole or in part and in the event a copy of the report on said

rejections is requested, a copy of the reports of a private review agent concerning the rejection shall be mailed by the insurer, postage prepaid, to the ill or injured person, the treating health care provider, or to the person financially responsible for the patient's bill within fifteen (15) days after receipt of the report.

Exhibit Ten: Provide your policy and procedures to establish and maintain a complaint system for the resolution of written complaints concerning utilization review.

Exhibit Eleven: Provide a summary report of all complaints filed during the past year. Also note that 36 O.S. 6560(B)(5) requires your company to maintain records of complaints for five years from the time of complaint.

NOTARY PUBLIC

STATE OF _____ **COUNTY OF** _____

I, _____, being first duly sworn, state that I have read the within and foregoing application and attachments and that the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will be familiar and comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct of Utilization Review.

Signature of Applicant or Officer if a Firm

Notary Public

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires: _____ (Seal)



CHECKLIST FOR UTILIZATION REVIEW RENEWAL APPLICATION

Complete Renewal Application

Include Federal Identification Number (FEIN)

Include Contact Person Email Address

Resubmit any Exhibits that have changed since your previous application was submitted

Include list of Oklahoma licensed physicians

Include Exhibit Eleven with this renewal application

Notarized the Application

Submit Application and Exhibits via SERFF along with \$500.00 renewal fee