

APPLICATION

Kansas Utilization Review Organization Certificate

1. Legal Name of Applicant: _____
Mailing Address of Applicant: _____
Contact Person: _____
Title: _____
Telephone Number: _____
Fax Number: _____ E-Mail Address: _____
2. Is the applicant accredited by and adhering to the health utilization management standards approved by URAC? ___ If so, please attach a copy of the current certificate of accreditation to this application and complete the statement on the final page. Other than completing the certification and verification statement, it is not necessary to complete the rest of the application. There is no fee if accredited by URAC.
3. Provide a certified copy of the utilization review organization's charter or articles of incorporation and bylaws, if any. (Reference as item 3.)
4. State the location of the applicant's office or offices of the applicant where utilization review affecting residents or health care providers of this state will be principally performed. (Reference as item 4.)
5. State the telephone number(s) including facsimile number(s) used for utilization review. (Reference as item 5.)
6. Provide a summary of the qualifications and experience of individuals performing utilization review at the locations identified in item 5. This summary should include a list by position of all staff either employed or under contract to perform utilization review and the qualifications of each staff member. Qualifications include, but are not limited to, specialties or subspecialties in which an individual is licensed or certified, and professional affiliations such as M.D., D.O., D.C., R.N., A.R.T., etc. Identify which staff are responsible for making utilization review decisions including decisions to certify. (Reference as item 6.)

7. Has the applicant, or any one of its incorporators, owners, partners, officers, or staff performing utilization review, ever had an application to perform utilization review, or similar license, or authority denied, revoked, or suspended, or been fined; or had any professional, vocational, or business license denied, suspended or revoked by any public authority in this or any other state? ____ If yes, provide complete details. (Reference as item 7.)
8. Confirm that the applicant and any individual performing utilization review activities agree not to be compensated or receive compensation which is contingent in any way upon frequency of certification denials, costs avoided by denial or reduction in payment of claims or other results which may be adverse to the needs of the patient as determined by the attending health care provider. (Reference as item 8.)
9. List, define, and describe the types of utilization review that are conducted by the applicant, including prospective review, concurrent review, and retrospective review. For each type of utilization review, describe the scope and parameters of that type of utilization review as it is conducted by the applicant. (Reference as item 9.)
10. Demonstrate compliance with each of the Core Standards as required by K.A.R. 40-4-41. Please summarize the applicant's policies and procedures for each of the Core Standards, Core Standard 1 through Core Standard 37. (Reference as Item 10.)
11. Summarize the applicant's review criteria to demonstrate compliance with UM1 as stated in K.A.R. 40-4-41. (Reference as Item 11.)
12. Summarize the applicant's written procedures demonstrating accessibility of review services. This response should include how the applicant complies with UM2, UM3 UM4, and UM5 as stated in K.A.R. 40-4-41 (Reference as Item 12.)
13. Summarize policies and procedures to demonstrate compliance with the initial screening and the initial clinical review requirements found in UM7, UM8, UM9, UM10, UM11 and UM12 as stated in K.A.R. 40-4-41. (Reference as Item 13.)
14. Briefly summarize the applicant's written procedures demonstrating that Peer Clinical Review and Peer-to-Peer conversations comply with the requirements of UM13, UM14, UM15, and UM16 as stated in K.A.R. 40-4-41. (Reference as Item 14.)
15. Demonstrate compliance with the timeframes for initial utilization management decision as required by UM17, UM18, and UM19 as they are stated in K.A.R. 40-4-41. (Reference as Item 15.)

16. Demonstrate compliance with the notice of certification decisions requirements as well as the notice of non-certification decisions as stated in UM20, UM21, UM22, and UM 23 of K.A.R. 40-4-41. (Reference as Item 16.)
17. Demonstrate compliance with the utilization management procedures stated in UM24 and UM25 of K.A.R. 40-4-41. (Reference as Item 17.)
18. Demonstrate compliance with the requirements of UM26, UM27, UM 28, and UM 29 regarding the information upon which utilization management is conducted. (Reference as Item 18.)
19. Demonstrate compliance with the appeals considerations stated in UM30, UM31, UM32, UM33, UM34, UM35, and UM36. (Reference as Item 19.)

Certification and Verification State of _____ County of _____.

I, first being duly sworn, state that I have read and the applicant will comply with the pertinent provisions of K.S.A. 1999 Supp. 40-22a01, et seq. and amendments thereto, and K.A.R. 40-4-41, as they relate to this application for a certificate; that I have read this application and know its contents and its attachments; that to the best of my knowledge and belief, the statements made upon this application and any attachments are true, complete, and correct in every material respect, and do not contain any statement which, under the circumstances under which it was made, would be false or misleading in respect to any material fact; and that I agree the applicant will abide by the pertinent policies, procedures, and protocols described in and attached to this application.

Signature of Chief Executive Officer

Name (Please Print or Type)

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

Notary Public

My commission expires on _____, 20__

Application revised 2/26/2008 by Julie Holmes