

Application for a Utilization Review Organization Certificate

1. Legal Name of Applicant: _____
Mailing Address of Applicant: _____
Contact Person: _____
Title: _____
Telephone Number: _____
Facsimile Number: _____ E-Mail Address: _____
2. Is the applicant accredited by and adhering to the health utilization management standards approved by the American Accreditation Healthcare Commission/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. Briefly summarize the applicant's procedures for collecting information as required by K.A.R.40-4-41b. Your response should confirm that the applicant will only collect information necessary to certify the admission, procedure or treatment, length of stay and frequency or duration of services. Demonstrate that for prospective and concurrent review review determinations are based solely on the medical information obtained at the time of the review determination and for retrospective review review determinations are based solely on the medical information available to the attending health care providers or ordering provider at the time the medical care was provided. Also, provide documentation that a certification determination shall be reversed only if information provided to your organization is materially different from that which was reasonably available at the time of the original determination and that information is accepted from any reasonably reliable source that will assist in the certification process. (Reference as item 10.)
11. Briefly summarize the applicant's written procedures demonstrating that reviews and second opinions are conducted in a timely manner as set forth in K.A.R. 40-4-41c(a). This response should include a summary of the applicant's written procedures for providing notification of determinations to certify and not to certify in accordance with the requirements set forth in K.A.R. 40-4-41c(b), and a summary of the applicant's written procedures to address the failure of a health care provider, patient or other representative to provide the necessary information for review. Also, please attach samples of written notification of determinations to certify prospectively, concurrently and retrospectively, as well as samples or written notification of determinations not to certify. (Reference as item 11.)
12. Briefly summarize the applicant's procedures for appeals of determinations not to certify an admission, procedure, service or extension of stay. The summary must address how the applicant complies with the requirements of K.A.R. 40-4-41d. (Reference as item 12.)
13. Summarize staff requirements to demonstrate compliance with K.A.R. 40-4-41e. (Reference as item 13.)
14. Briefly describe the criteria and protocols used in determining or screening the appropriateness of a certification. The criteria and protocols must comply with K.A.R. 40-4-41f(a). (Reference as item 14.)
15. Describe any use of health care provider consultants and peer clinical reviewers. The response must demonstrate compliance with K.A.R. 40-4-41f(b) and K.A.R. 40-4-41f(c). (Reference as item 15.)
16. Describe the program for orientation and training of utilization review staff and professional consultants. The response to this item must demonstrate compliance with K.A.R. 40-4-41f(d). (Reference as item 16.)
17. Submit written documentation of an active quality management program. The response must demonstrate compliance with K.A.R. 40-4-41f(e). (Reference as item 17.)
18. Describe the applicant's policies, procedures and protocols pertaining to the accessibility of review staff. The response must demonstrate compliance with each requirement stated in K.A.R. 40-4-41g. This will include submitting the written procedures established for receiving or redirecting after-hour calls. (Reference as item 18.)

19. Describe any delegation or subcontracting of utilization review functions. The response to this item must demonstrate compliance with K.A.R. 401-4-41h. (Reference as item 19.)
20. Describe the explicit clinical review criteria or scripts for scripted clinical screening that meets the criteria in K.A.R. 40-4-41i. (Reference as item 20.)
21. Submit the applicant's written procedures for assuring that patient-specific information obtained during the process of utilization review will be:
 - a. limited to only that information necessary for utilization management of the services under review; and
 - b. shared with only those entities who have authority to receive this information.
 - c. kept confidential in accordance with applicable federal and state laws.
 - d. Used solely for the purposes of utilization review, quality assurance, discharge planning and catastrophic case management.

(K.A.R. 40-4-41j and K.S.A. 40-22a09) (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, et seq. 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____