Kansas Insurance Department
Vicki Schmidt, Commissioner of Insurance

**APPLICATION**
**Kansas Utilization Review Organization Certification**

1. Legal Name of Applicant: _____

Mailing Address of Applicant: _____

Contact Person: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ Toll Free Number: _____

2. Is the applicant accredited by and adhering to the health utilization management standards approved by URAC? Select YES / NO. If so, please attach a copy of the current certificate of accreditation to this application, answer question 7 on pg. two and complete the statement on the final page along with the notarized original signature of the CEO. It is not necessary to complete the rest of the application. There is no fee if currently accredited by URAC.

The following must be assembled in a binder, with consecutive cross-referenced tabs as directed. A jump-drive may also be provided as back-up of the submitted documentation.

3. Provide a certified copy of the URO's charter or articles of incorporation and bylaws, if any.
(Reference as item 3)

4. State the location of each review site office(s) 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) facsimile number(s) and toll free number(s) used for utilization review. (Reference as item 5)

6. Please provide a summary of the qualifications of individuals performing utilization review at the location(s) identified in item 5. This should include a spreadsheet with a column for position of staff either employed by or under contract to perform utilization review, the qualifications (such as specialties or subspecialties), professional affiliations designation, (M.D., D.O., D.C., R.N., etc.) the state in which the person is licensed and licensure/certification expiration date. Identify the key staff responsible for making UM decisions
(Reference as item 6)

7. Has the applicant, or any 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? **YES / NO**. If yes, provide complete details and documents (Reference as item 7)

8. Please 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, concurrent, and retrospective review for inpatient and outpatient care. 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)

**CORE STANDARDS 1 THROUGH 40**

10. Demonstrate compliance with each of the Core Standards as required by K.A.R. 40-4-41. Please submit the applicant's operational policy and procedure documents for each of the Core Standards 1 – 40. Each core should be separated by tabs as follows (Reference as Item 10)

| | | |
|---|---|---|
| Tab 1 | Organizational structure | Cores 1 and 2 |
| Tab 2 | Policies and Procedures | Core 3 |
| Tab 3 | Regulatory Compliance | Core 4 |
| Tab 4 | Inter-Departmental Coordination | Core 5 |
| Tab 5 | Oversight of Delegation Functions | Cores 6, 7, 8, 9 |
| Tab 6 | Marketing and Sales Communications | Core 10 |
| Tab 7 | Business Relationships | Core 11 and 12 |
| Tab 8 | Information Management | Cores 13 through 16 |
| Tab 9 | Quality Management | Cores 17 through 24 |
| Tab 10 | Staff Qualifications | Cores 25 and 26 |
| Tab 11 | Staff Management | Cores 27, 28, 29 |
| Tab 12 | Clinical Staff Credentialing and Oversight | Cores 30 through 35 |
| Tab 13 | Consumer Protection & System Coordination | Core 36 |
| Tab 14 | Consumer Protection & Empowerment | Cores 37 through 40 |

**HEALTH UTILIZATION MANAGEMENT (HUM) STANDARDS 1 THROUGH 41**

Demonstrate compliance with each of the HUM Standards as required by K.A.R. 40-4-41 by submitting operational policy and procedure documents. Each UM should be separated by tab reference number as follows:

11. Summarize the applicant's review criteria requirements to demonstrate compliance with UM1. (Reference as Item 11)

12. Submit written procedures demonstrating accessibility of review services. This response should include how the applicant complies with UM2, UM3, UM4. (Reference as Item 12)

13. Demonstrate compliance with the onsite review services requirements stated within UM 5. (Reference as Item 13)

14. Demonstrate compliance with initial screening requirements by submitting the policies and procedures documents that govern the limitations in the use of non-clinical staff, Pre-review screening staff oversight, and pre-review screening non-certifications as stated within UM 7, UM 8 and, UM 9 (Reference as Item 14)

15. Demonstrate compliance with the initial clinical review requirements by submitting the policies and procedures documents that govern the initial reviewer qualifications, the initial clinical reviewer resources and the initial clinical review non-certifications as required by UM 10, UM 11, and UM 12. (Reference as Item 15)

16. Demonstrate compliance with the Peer clinical review requirements by submitting the policies and procedures documents that govern peer clinical review cases, peer clinical reviewer qualifications, Drug UM reviewer qualifications, and prospective, concurrent and retrospective drug UM as stated within UM 13, UM 14, UM15, and UM 16 (Reference as Item 16)

17. Demonstrate compliance with the peer to peer conversations requirements by providing documents to support peer to peer conversation ability and also the alternative procedures consistent with UM 17 and UM 18. (Reference as Item 17)

18. Demonstrate compliance with timeframes for initial UM decisions as described in the prospective, retrospective, and concurrent time frame sections of UM 19, UM 20 and UM 21. (Reference as Item 18)

19. Demonstrate compliance with the notice of certification decisions requirements as described within the certification decision notice and tracking section and the continued certification decision requirements within UM 22 and UM 23. (Reference as Item 19)

20. Demonstrate compliance with the notice of non-certification decisions requirements regarding written notice of non-certifications and rationale and the clinical rationale for non-certifications as stated with UM 24 and UM 25. (Reference as Item 20)

21. Demonstrate compliance with the Utilization Management policies regarding prospective patient review safety, reversal of certification determinations and the frequency of continued reviews as described in UM 26, UM 27 and UM 28. (Reference as Item 21)

22. Demonstrate compliance regarding the information upon which UM is conducted that illustrate the requirements applicable to the scope of review information, the prospective, retrospective and concurrent review determinations, and the lack of information policies and procedures as stated within UM 29, UM 30, UM 31, and UM 32. (Reference as Item 22)

23. Submit documents to demonstrate compliance with the UM appeals requirements including: The organization maintains a formal process to consider appeals of non-certifications, written procedures regarding the appeals process, Written peer reviewer qualification, Written drug reviewer UM qualifications, written attestation of each reviewer's credentials and experience, written policies and procedures for a standard and an expedited appeals process, written policies and procedures applicable to the notification of an up-held non certification as explained within UM 33 through UM 41. (Reference as Item 23)

24. Please explain how the organization complies with the option of a waiver for a second level of appeal as required within KSA 40-22a09a(c).

Please explain how the organization complies with the requirements of KSA 40-22a07 regarding prior notification requirements for in-patient and outpatient hospital admissions and the event of an unstable or uncommunicative patient. (Reference Item 24)

Certification and Verification State of:_____ County of: _____

I, 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 and amendments thereto, as they relate to this application; 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.

_____

Name of Chief Executive Officer (Please Print or Type)

_____

Original Signature

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

_____

Name, Notary Public

My commission expires on _____, 20___