



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 APPLICATION**

This completed Application and all Exhibits must be submitted via SERFF. The Application 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. *The application is the following type of business (check only one entity):*

Private Review Agent (36 O.S. 6558).

“In-House” Utilization Review (36 O.S. 6559) (Insurance Companies, Not-for-profit Hospital Services, and Medical Indemnity Plans).

Oklahoma State and Education Employees Group Insurance Board (74 O.S. 1306.2).

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's Telephone Number: _____
Contact Person's Email Address: _____

8. If the 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: _____

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City, State Zip: _____
Telephone: _____

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City, State Zip: _____
Telephone: _____

PO Box or Street Address: _____
City, State Zip: _____
Telephone: _____

10. Please provide Exhibits in response to each of the following items required under 36 O.S. 6558 for private review agents, 36 O.S. 6559 for an insurance company's in-house reviews, or 74 O.S. 1306.2 for the Oklahoma State and Education Employees Group Insurance Board.

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

An adequate summary description of review standards, protocol, 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 the various American medical specialties, and the provisions by which patients or health care providers may seek reconsideration or 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. 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.

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 in place 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 in place to verify and identify the 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 the requirements of the utilization review plan.

Exhibit Seven: Provide a list of the 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 Agent only).

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

Exhibit Nine: Provide procedures in place 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 rejection is requested, a copy of the report of the private review agent concerning the rejection shall be mailed by the insurer, postage prepaid, to the ill or injured person, the treating healthcare provider, or to the person financially responsible for the patient's bill within fifteen (15) days after the receipt of the request for the report.

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
CERTIFICATION and/or REGISTRATION APPLICATION**

Complete Application

Include Federal Identification Number (FEIN)

Include Contact Person Email Address

Include all Exhibits

Notarize the Application

Include a list of Oklahoma licensed physicians

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