TROY DOWNING

CSI

COMMISSIONER OF SECURITIES & INSURANCE
OFFICE OF THE MONTANA STATE AUDITOR

INDEPENDENT REVIEW ORGANIZATION RENEWAL APPLICATION

This application is for entities seeking renewal of their two-year certification to serve in Montana as an independent review organization (IRO). Pursuant to Mont. Code Ann. § 33-32-416, an IRO must obtain the approval of the Office of the Montana State Auditor, Commissioner of Securities, and Insurance (CSI) to perform external review services. To renew, please complete this application and attach any required documentation that has been updated or changed since your last approval by the CSI. The CSI will contact your entity with its determination regarding the application. If you have any questions, please contact Troy Smith at troy.smith@mt.gov or (406) 444-5537.

INSTRUCTIONS

This form can be filled out and saved in Adobe Acrobat Reader. To download the latest version of Adobe Reader for free, go to get.adobe.com/reader. To submit this application, please go to csimt.gov/IROsubmit.

Please submit the following documentation—

- ☐ This application
- ☐ Documentation of Accreditation
- ☐ Statement of disciplinary action, sanction, or consent agreement or other settlement by or with any hospital, government agency, government unit, or regulatory body
- ☐ Statement identifying the areas of expertise for which the applicant provides independent review, and the number of reviewers meeting the qualification requirements of MCA § 33-32-417 within each respective area of expertise
- ☐ Fee Schedule
- ☐ Copies of new, updated, or revised policies and procedures governing all aspects of both the standard external review process and the expedited external review process that have been implemented since the last CSI approval of the IRO
- ☐ Document summarizing, for each policy or procedure, the aspect or aspects of external review processes that the policy or procedure governs
- ☐ **Mail $150 application fee to:**
  840 Helena Avenue
  Helena MT 59601
  Direct payment to the attention of Market Conduct—IRO Renewal Application Fee

INDEPENDENT REVIEW ORGANIZATION

DEMOGRAPHIC INFORMATION

Business Name _____

Tax Identification Number _____

BUSINESS CONTACT INFORMATION

Mailing Address _____

City/State/Zip _____

Street Address _____

City/State/Zip _____

Business Telephone Number _____ Business Fax Number _____

COMPLIANCE CONTACT INFORMATION

Name _____ Title _____

Telephone Number _____ Email _____

MEDICAL DIRECTOR CONTACT INFORMATION

Name _____ Title _____

Telephone Number _____ Email _____

ACCREDITATION

Were there any changes to the organization's previously reported accreditation? ☐Yes ☐No

If yes, with what accrediting body? _____

If yes, please explain in detail the changes. _____

_____

Please include documentation of any changes to the organization's accreditation.

APPLICANT/REVIEWER QUALIFICATIONS

Does the applicant perform independent external reviews in other states? ☐Yes ☐No

If yes, in what states? _____

_____

IN THE PAST TWO YEARS:

Has a state denied or withdrawn approval for the applicant to perform independent external reviews? ☐Yes ☐No

Has the applicant lost or been threatened with losing accreditation to perform independent external reviews? ☐Yes ☐No

Has the applicant or any clinical reviewer associated with the applicant been subject to any disciplinary action, sanction, or consent agreement or other settlement by or with any hospital, government agency, government unit, or regulatory body? ☐Yes ☐No

If yes, please attach a statement providing details.

Please attach a document identifying the areas of expertise for which the applicant provides independent external review, and the number of reviewers meeting the qualification requirements of MCA § 33-32-417 within each respective area of expertise.

FINANCIAL CONFLICT OF INTEREST

Please attach the names of all corporations and organizations owned or controlled by the independent review organization or which own or control the organization, and the nature and extent of any ownership or control.

Is the applicant related in any way, directly or indirectly, to a health plan, health insurance issuer, trade association of health plans, or trade association of health care providers, or trade association of insurers of which the insurer is a member? "Related" includes but is not limited to being owned or controlled by or being a subsidiary of; owning or exercising control over; or being owned by the same holding company as the other party? ☐Yes ☐No

Please provide a copy of the applicant's fee schedule, if it has changed in the past two years.

Please identify all health plans and health insurance issuers for which the applicant currently provides external reviews. *(May be attached separately.)*

EXTERNAL REVIEW HOTLINE

Does the applicant maintain a toll-free telephone service to receive information related to external reviews on a

24-hour-a-day, 7 day-a week basis? ☐ Yes ☐ No

If yes, is the service capable of accepting, recording, or providing appropriate instruction to incoming telephone callers during other-than-normal business hours? ☐ Yes ☐ No

If yes, provide telephone number

POLICIES AND PROCEDURES

Montana Code Annotated § 33-32-417 requires an independent review organization conducting health external reviews to establish and maintain written policies and procedures that govern all aspects of both the standard external review process and the expedited external review process.

Companies should have policies and procedures sufficient to demonstrate compliance with the rules.

Please attach copies of policies and procedures governing all aspects of both the standard external review process and the expedited external review process that have been implemented or revised since the previous application.

Please attach a document summarizing, for each policy or procedure, the aspect or aspects of external review processes that the policy or procedure governs and the date it was implemented or revised.

APPLICANT ATTESTATION AND CERTIFICATION

Applicant has received accreditation as an independent review organization by _____ accrediting body to conduct independent external reviews. Applicant certifies that it will notify the Office of the Montana State Auditor, Commissioner of Securities and Insurance (CSI) if accreditation is lost with the accrediting body. Applicant acknowledges that the CSI may terminate this license if the applicant loses accreditation or no longer satisfies the minimum requirements for licensure.

Applicant acknowledges that payment of any fees associated with any external reviews conducted pursuant to Montana Code Annotated Title 33, Chapter 32 are the sole responsibility of the health insurance issuer whose decision is being reviewed.

Applicant understands that it has no recourse against the CSI or the State of Montana to the extent that any health insurance issuer fails to pay any medical reviewer fees. Applicant authorizes the CSI to verify Information with any federal, state, or local government agency, insurance company, or accrediting organization.

Applicant acknowledges and represents that it understands and will comply with Montana's insurance laws, including applicable administrative rules. Applicant further agrees to maintain and provide to the CSI the information set out in MCA § 33-32-421.

I hereby certify that, under penalty of perjury, I am the person named below and know the contents of this application, and that all the information submitted in this application and the attachments are true and complete. I attest that I have the authority and capacity to execute this certification on behalf of Applicant. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license denial or revocation and may subject me to civil or criminal penalties.

Name of Applicant_____

Electronic Signature of Officer or Authorized Representative of Applicant

_____

Printed Name _____ Title _____

Date _____