

## INDEPENDENT REVIEW ORGANIZATION INITIAL APPLICATION

This application is for entities seeking approval to serve in Montana as an independent review organization (IRO). Pursuant to Mont. Code Ann. § 33-32-416 and Mont. Admin. R. 6.6.3131, 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 apply, please complete this form and attach the required documentation. 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](mailto: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](http://get.adobe.com/reader). To submit this application, please go to [csimt.gov/IROsubmit](http://csimt.gov/IROsubmit).

Please indicate the external review approval being applied for—

Health      Long Term Care      Both

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 and ARM 6.6.3120(1)(h) within each respective area of expertise

Fee Schedule

Copies of policies and procedures governing all aspects of both the standard external review process and the expedited external review process

Document summarizing, for each policy or procedure, the aspect or aspects of external review processes that the policy or procedure governs

Mail \$250 application fee to—  
840 Helena Avenue, Helena MT 59601  
Direct payment to: Attn. of Market Conduct  
IRO Application Fee (*only applies to health*)

## 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 \_\_\_\_\_



406.444.2040



[csi@mt.gov](mailto:csi@mt.gov)



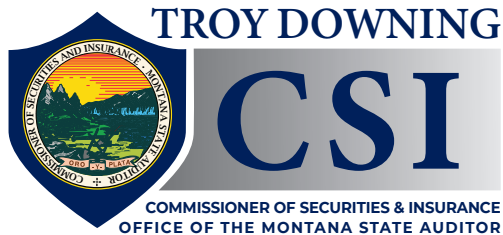
[csimt.gov](http://csimt.gov)



840 Helena Avenue  
Helena MT 59601

Get social with us on





Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### MEDICAL DIRECTOR CONTACT INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### ACCREDITATION

Is the applicant currently accredited to perform external independent reviews? Yes No

If yes, with what accrediting body? \_\_\_\_\_

How long has the applicant been accredited? \_\_\_\_\_

**Please include documentation of accreditation.**

### APPLICANT/REVIEWER QUALIFICATIONS

**Please attach the names and resumes of all directors, officers, and executives of the independent review organization.**

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

If yes, in what states? \_\_\_\_\_

Has a state ever denied or withdrawn approval for the applicant to perform independent external reviews?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

Has the applicant ever 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 and ARM 6.6.3120 within each respective area of expertise.**

For long-term care applicants, does the organization utilize, on staff or by contract, a licensed health care practitioner, as defined by Section 7702B(c)(4) of the Internal Revenue Code, who is qualified to certify that an individual is chronically ill for purposes of a qualified long-term care insurance contract? Yes No

### 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.**

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.

ARM 6.6.3120(1)(h) and 6.6.3131 establish the approval standards and requirements for long-term care independent review organizations. 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.**

**Please attach a document summarizing, for each policy or procedure, the aspect or aspects of external review processes that the policy or procedure governs.**

**APPLICANT ATTESTATION AND CERTIFICATION**

Health 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 or ARM 6.6.3130 are the sole responsibility of the health or long-term care 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 or long-term care 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. Health applicant further agrees to maintain and provide to the CSI the information set out in MCA § 33-32-421. Long-term care applicant further agrees to maintain and provide to the CSI the information set out in ARM 6.6.3131 and 6.6.3120(1)(h).

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 \_\_\_\_\_