

**UTILIZATION REVIEW CHECKLIST**  
**Refer to IC 27-8-17 & IAC 760 1-46 for all requirements**

*Complete entire checklist for a new application or only those sections changed since last renewal.  
 Fill in "Located" column with section and page number supporting the requirement.*

**Company Name** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>STATUTE/REGULATION</b>	<b>REQUIREMENTS</b>	<b>LOCATED</b>
<b>Application</b> IC 27-8-17-9 760: 1-46-3	Complete application in its entirety. Include explanation for any "no" answers.	N/A
<b>Fee</b> IC 27-8-17-9(d) 760:1-46-3 & 11	\$150.00 Initial application \$100.00 Renewal application	N/A
<b>Certifications</b>	Submit the following 4 statements/certifications:	
Changes IC 27-8-17-10(b) & (c) 760:1-46-3(e)	1)Statement acknowledging the IDOI will be notified of any material change in any application information within 30 days after the change takes effect.	
Compliance 760: 1-46-3(d)(1)	2)Statement that UR agent will comply with the provisions of IC 27-8-17.	
Compensation 760:1-46-3(d)(5)	3)Statement that UR agent is in compliance with IC 27-8-17-19 regarding compensation. (Compensation may not be based on extent to which certifications are denied or the amount subsequent claims are reduced for payment).	
Physician Certification IC 27-8-17-13 IC 27-8-17-11(7)	4)Statement by physician employed by UR agent that UR review standards are in compliance with these code provisions. (Determinations must be reviewed by a physician or determined in accordance with standards or guidelines approved by a physician).	
<b>Staffing</b> 760:1-46-3(d)(2)	Include categories of personnel - listing or organizational chart	
760:1-46-4(1)(G)	Describe Orientation/Training process for UR reviewers.	
760:1-46-4(1)(F)	Describe methods used to determine if reviewers are properly licensed and continue to maintain proper licensing. Describe action plan to address licensing issues.	
<b>Accreditation</b> IC 27-8-17-14	Accreditation is optional. Attach copy if available.	
<b>UR Plan Requirements</b>		
<b>Phone Accessibility</b> Toll-free telephone IC 27-8-17-11 760:1-46-3(d)(3) 760:1-46-4(1)(C) 760:1-46-7(a)	Describe phone accessibility for insureds to include hours of operation (at least 40 hours per week).	
<b>After hours</b> IC 27-8-17-11(2) 760:1-46-3(d)(3) 760:1-46-4(1)(C)  760:1-46-7(b)	Describe call recording system. System should be capable of accepting or recording incoming calls or providing instructions for outside normal business hours (waive if answered live 24-hrs/day).  Messages are to be returned within 2 business days after call.	
<b>Forms</b> 760:1-46-3(d)(4) 760:1-46-4(1)(D)	Include representative samples of materials used to inform enrollees/providers of review requirements. Include sample of any form used during review process.	
<b>Confidentiality</b> IC 27-8-17-11(4) 760:1-46-3(c)(3) 760:1-46-4(1)(H) 760:1-46-8	Describe process to protect and maintain confidential patient information in accordance with federal and state laws.	

<b>STATUTE/REGULATION</b>	<b>REQUIREMENTS</b>	<b>LOCATED</b>
<b>Confidentiality cont'd</b> 760:1-46-4(1)(H)(ii)	Patient-specific info is to be used for purposes of UR, quality assurance, discharge planning, and catastrophic case management.	
760:1-46-4(1)(H)(iii)	Patient-specific info is to be shared only w/agencies with authority to receive this info (ie. Claims administrator)	
760:1-46-8(b)	UR agent must, when contacting provider, provide its certification number and caller's name to provider representative.	
760:1-46-8(c)	Medical records and patient-specific info shall be maintained in secure area with access limited to UR personnel only.	
760:1-46-8(d)	Info generated and obtained for UR review shall be kept at least 2 years for an adverse decision or for a case likely to be reopened.	
<b>Required Time-frame</b> IC 27-8-17-15(a)(3)	The provider of record shall be allowed 2 business days after an emergency admission or procedure to provide all relevant information. Information for an elective admission, procedure, or treatment should be provided to the UR agent not later than 2 business days before the event.	
IC 27-8-17-11(5)	UR determination shall be made within 2 business days after receiving request with all info needed to complete review. Enrollee or provider of record shall be notified by mail or another means of communication.	
IC 27-8-17-11(9)	An enrollee (or enrollee representative) shall be allowed at least 48 hours following an emergency admit, service, or procedure to notify the UR agent.	
<b>Screening Criteria</b> 760:1-46-4(2)	Written screening criteria and review procedures shall be used that are established & periodically updated w/appropriate involvement from health care providers. Screening criteria and procedures shall be made available to the IDOI for inspection.	
760:1-46-4(3)	UR decisions shall be based on appropriate standards or guidelines and approved by a physician.	
<b>Appeals</b> IC 27-8-17-12 760:1-46-4(1)(B)	Provide a written description of appeal procedure including copies of any forms used during the appeal process. A toll free number should be provided to the enrollee to file an appeal.	
IC 27-8-17-11(6)	Notification of adverse determination due to a medical necessity or appropriateness is to include the principal reason for the determination and the procedure to initiate an appeal.	
IC 27-8-17-12(b)(1)	Appeal determination not to certify service as necessary or appropriate must be made by a provider licensed in same discipline as provider of record.	
IC 27-8-17-12(b)(2)	An adverse determination of an appeal must be completed within 30 days after appeal is filed and all necessary information is received.	
IC 27-8-17-12(c)	A determination for an expedited appeal process for emergency or life threatening situations must be made within 48 hours after appeal is initiated and all necessary information is received. An expedited determination must be made by a physician.	