UTILIZATION REVIEW AGENT CERTIFICATION

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 18378 (12-2008)

N.D.C.C. Chapter 26.1-26.4

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF NORTH DAKOTA:

Name of Organization	Doing Busines As		Federal ID Number
Address	Certification Number		Contact
City	State	Zip Code	Telephone Number

All utilization review agents must meet the following minimum standards:

1. Notification of a determination by the utilization review agent must be provided to the enrollee or other appropriate individual in accordance with 29 U.S.C. 1133 and the timeframes set forth in 29 CFR 2560.503-1.

2. Any determination by a utilization review agent as to the necessity or appropriateness of an admission, service, or procedure must be reviewed by a physician or, if appropriate, a licensed psychologist, or determined in accordance with standards or guidelines approved by a physician or licensed psychologist.

3. Any notification of a determination not to certify an admission or service or procedure must include the information required by 29 U.S.C. 1133 and 29 CFR 2560.503-1.

4. Utilization review agents shall maintain and make available a written description of the appeal procedure by which enrollees or the provider of record may seek review of determinations by the utilization review agent. The appeal procedure must provide for the following:

   a. On appeal, all determinations not to certify an admission, service, or procedure as being necessary or appropriate must be made by a physician or, if appropriate, a licensed psychologist.

   b. Utilization review agents shall complete the adjudication of appeals of determinations not to certify admissions, services, and procedures in accordance with 29 U.S.C. 1133 and the timeframes for appeals set forth in 29 CFR 2560.503-1.

   c. Utilization review agents shall provide for an expedited appeals process complying with 29 U.S.C. 1133 and 29 CFR 2560.503-1.

5. Utilization review agents shall make staff available by toll-free telephone at least forty hours per week during normal business hours.

6. Utilization review agents shall have a telephone system capable of accepting or recording incoming telephone calls during other than normal business hours and shall respond to these calls within two working days.

7. Utilization review agents shall comply with all applicable laws to protect confidentiality of individual medical records.

8. Psychologists making utilization review determinations shall have current licenses from the state board of psychologist examiners. Physicians making utilization review determinations shall have current licenses from the state board of medical examiners.

9. When conducting utilization review or making a benefit determination for emergency services:

   a. A utilization review agent may not deny coverage for emergency services and may not require prior authorization of these services.

   b. Coverage of emergency services is subject to applicable copayments, coinsurance, and deductibles.

10. When an initial appeal to reverse a determination is unsuccessful, a subsequent determination regarding hospital, medical, or other health care services provided or to be provided to a patient which may result in a denial of third-party reimbursement or a denial of pre-certification for that service must include the evaluation, findings, and concurrence of a physician trained in the relevant specialty to make a final determination that care provided or to be provided was, is, or may be medically inappropriate.

However, the commissioner may find that the standards in this section have been met if the utilization review agent has received approval or accreditation by a utilization review accreditation organization.

State of _____)
) ss.
County of _____)

The undersigned authorized representative, being first duly sworn, deposes and says that he/she has executed the foregoing certification; that he/she has read the said certification and knows the contents thereof; that to the best of his/her knowledge and belief the named organization is in full compliance with the minimum standards of utilization review agents required by the laws of North Dakota; and does hereby officially certify compliance with N.D.C.C. 26.1-26.4-04 and all applicable insurance laws of the State of North Dakota.

Subscribed and sworn to before me this _____ day of _____ 20_____.

_____
(Organization)

(SEAL)

_____
(Authorized Representative)

_____
(Office)

_____
(Notary Public)

My Commission Expires _____

ANY MATERIAL CHANGES IN THE INFORMATION FILED IN ACCORDANCE WITH N.D.C.C. 26.1-26.4-04 MUST BE FILED WITH THE COMMISSIONER OF INSURANCE WITHIN THIRTY DAYS OF THE CHANGE.

Annual Renewal Requirement: The certification above must be completed and filed on or before March 1st of each calendar year. Check the appropriate box below.

APPEAL PROCEDURE:

☐ The description of the appeal procedure submitted for the most recent certification is the procedure still being followed.

☐ The appeal procedure has changed. A description of the current procedure is enclosed.

THIRD PARTY PAYOR LIST:

☐ The most recently filed third party payor list has not changed.

☐ The third party payor list has changed. A new list is enclosed

Enclose a ten dollar ($10.00) filing fee made payable to the North Dakota Insurance Commissioner. Retain a copy of the completed form. Mail form and fee to:

North Dakota Insurance Department
Company Licensing
600 East Boulevard Ave Dept 401
Bismarck, ND 58505-0320

Confirmation of the annual renewal will not be returned unless a copy of the completed form is provided along with a self-addressed stamped envelope.