



Application for an Independent Review Organization Registration

This form is for the registration of an independent review organization who are accredited by a national organization/Certification of Compliance with Idaho specific requirements.

Notice of IRO applications will be posted on the Department’s website for public comment for a 42-day period before processing as per Idaho Code, Section

Instructions:

1. Prepare the application packet. This packet must contain the following:

- _____ The completed application (this form).
- _____ Registration Fee of \$500. This can be a check or money order made payable to the Idaho Department of Insurance. Electronic payments are not accepted. **The fee is non-refundable.**
- _____ A copy of your current URAC Certificate.
- _____ A chart showing the internal structure of the applicant’s management and administrative staff.
- _____ A written statement that the applicant and all clinical reviewers do not have any conflict of interest as stated in Idaho Code, 41-5912(4).
- _____ If not domiciled in Idaho, the applicant must apply with the Idaho Secretary of State to conduct business in Idaho as a foreign entity and provide a copy of the resulting Certificate of Assumed Business Name.
- _____ A certified statement from an officer of the independent review organization that the independent review organization is not and will not be operated by a health benefit plan or any national, state, or local trade association of health benefit plans or health care providers. Confirm compliance with Idaho Code, 41-5912(3) regarding ownership and control of applicant.
- _____ A description of the areas of expertise available from the independent review organization . The number of clinical reviewers per specialty and description of their credentials as required by Idaho Code, 41-5912(2).
- _____ The applicant’s fee schedule. Any changes must be filed with the Department and approved prior to use.
- _____ A description of the applicant’s quality assurance mechanism as stated in Idaho Code, 41-5912(1)(a).

2. Mail the complete application packet to:

Idaho Department of Insurance
700 W State St Fl 3
PO Box 83720
Boise ID 83720-0043



Application for an Independent Review Organization Registration

Type of Entity: Corporation Partnership Association LLC Other

IRO Information

Legal Name of Applicant			FEIN	
Business Phone	Fax	Email		State of Domicile
Business Address (Do not use PO Box)		City	State	Zip
Mailing Address (same as business address____)		City	State	Zip
Contact Person Name and Title	Phone	Email		

List all other states in which applicant is approved to conduct external reviews:

Identify all accreditations, including number of years accredited: (Attach copies of accreditations if any)

Does the applicant have a secure method of transferring confidential files electronically?

- No
 Yes, and I have included the **required description** with this application

Has the applicant ever been refused approval or accreditation to perform independent reviews?

- No
 Yes, and I have included the **required explanation** with this application

Has the applicant ever lost approval or accreditation to perform independent reviews?

- No
 Yes, and I have included the **required explanation** with this application

Has the applicant been the subject of any administrative action or complaint in the past ten years?

- No
 Yes, and I have included the **required explanation and copies of the final order(s)** with this application

Organizational Documents and Relationships

1. Provide a chart showing the internal structure of the applicant's management and administrative staff. Include a written statement that the applicant and all clinical reviewers do not have any conflict of interest as stated in Idaho Code, Section 41-5912(4).
2. If not domiciled in Idaho, the applicant must apply with the Idaho Secretary of State to conduct business in Idaho as a foreign entity and provide a copy of the resulting Certificate of Assumed Business Name.

Required Documents

As required by Idaho Code, Section 41-5912, please provide the following information by attachment:

1. 1A certified statement from an officer of the independent review organization that the independent review organization is not and will not be operated by a health benefit plan or any national, state, or local trade association of health benefit plans or health care providers. Confirm compliance with Idaho Code, Section 41-5912(3) regarding ownership and control of applicant.
2. A description of the areas of expertise available from the IRO and the number of clinical reviewers per specialty and description of their credentials as required by Idaho Code, Section 41-5912(2).
3. The applicant's fee schedule. Any changes must be filed with the Department and approved prior to use.
4. A description of the applicant's quality assurance mechanism as stated in Idaho Code, Section 41-5912(1)(a).

Applicant Attestation and Certification

Applicant has received accreditation as an independent review organization by _____
accrediting body to conduct independent external review. Applicant certifies that it will notify the Idaho Department of Insurance if its accreditation is lost with this accrediting body. Applicant acknowledges that the Director of the Idaho Department of Insurance 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 Chapter 59, Title 41, Idaho Code are the sole responsibility of the health carrier whose medical decision is being reviewed. Applicant understands that it has no recourse against the Department of Insurance or the state of Idaho to the extent that any health carrier fails to pay any medical reviewer fees. Applicant authorizes the Director of the Department of Insurance 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 the Idaho's insurance laws and rules of the Idaho Department of Insurance. Pursuant to Idaho Code § 41-5912(1)(c) hereby agrees to maintain and provide to the director the information set out in section 41-5914, Idaho Code.

I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that all of 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 the 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: _____

Signature of officer or representative of applicant

Printed name

Title

Date