



**Application for Registration as an IRO for  
 Entities with National Accreditation**

Application for registration as an independent review organization for entities accredited by a national organization/Certification of Compliance with Idaho specific requirements

To be submitted along with proof of current accreditation

Type of Entity:  Corporation  Partnership  Association  LLC  Other

Legal Name of Applicant		Federal Tax Identification Number		
Contact Person Name and Title		Phone	Email	
Business Address (Do not use PO Box)		City	State	Zip
Mailing Address (if different from business address)		City	State	Zip
Business Phone	Fax	State of Domicile		
Does the applicant have a secure method of transferring confidential files electronically? Yes/No If so, describe.				
List all other states in which applicant is approved to conduct external reviews:				
Identify all accreditations, including number of years accredited: (Attach copy(ies) of accreditation(s))				
Has the applicant ever been refused approval or accreditation to perform independent reviews? (If yes, please attach explanation)				
Has the applicant ever lost approval or accreditation to perform independent reviews? Yes/No (If yes, please attach explanation)		Has the applicant been the subject of any administrative action or complaint in the past ten years? Yes/No (If yes, please attach explanation and copy of final order(s)/action(s))		

## 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. 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, Section 41-5912(3) regarding ownership and control of applicant.
2. A description of the areas of expertise available from the independent review organization 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 \_\_\_\_\_

Remit the filing **non-refundable fee of \$500** with this application. Make check payable to **Idaho Department of Insurance**. **NOTE: 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 41-5911(5).**