



Texas Department of Insurance

Managed Care Quality Assurance Office (MCQA), Mail Code 103-6A • 512-490-1013 fax

IRO, MC 103-5A • 512-490-1011 fax; WC Networks, MC 103-5B • 512-490-1028 fax

333 Guadalupe • P.O. Box 149104, Austin, Texas 78714-9104

866-554-4926 toll free • 512-322-4266 telephone • www.tdi.texas.gov

INDEPENDENT REVIEW ORGANIZATION (IRO)
APPLICATION FORM

1. Type of Application (Must Check One of the Boxes):

- Original Application & Fee (\$800.00)
Renewal Application & Fee (\$200.00)
Update/Change to Original Application (No Fee)
IRO Certification No.
IRO Certification No.

2. Name of Applicant: FEIN:

Primary Office Address (Do Not Use P.O. Box) City State Zip

Mailing Address (if different) City State Zip

Office Telephone Number: Fax Number:

Toll Free Number (Not Required):

3. Applicant Organizational Category (check one):

- Corporation Limited Liability Corporation Other:
Partnership Association

4. Primary Contact Person:

Address City State Zip

Email Address:

Telephone Number: Fax Number:

5. Primary Contact for Complaints:

Email Address:

Telephone Number: Fax Number:

CERTIFICATION OF COMPLIANCE AND VERIFICATION

I, _____ being duly sworn, do hereby, in my official capacity as
(Printed Name of Affiant)

_____ for the applicant, certify that I have read and understood the
(CEO, COO, Chairman of the Board, President, Partner, or Attorney)

foregoing application and attachments and that the answers are true and correct and further that I am familiar with the insurance statutes and rules that relate to independent review in Texas (Texas Insurance Code Chapter 4202; 28 TAC Chapter 12; and applicable Texas Labor Code provisions and rules of the Division of Workers' Compensation (including 28 TAC §133.308).

Additionally, I do hereby certify under penalty of applicable law that the applicant is not a subsidiary of, or in any way owned or controlled by, a payor or a trade or professional association of payors. I further state that I understand this to be a condition of licensure and any violation of this prohibition will result in forfeiture of certification as an Independent Review Organization and other administrative penalties are possible.

Print or Type Full Legal Name

Signature

Title

THE STATE OF _____

COUNTY OF _____

BEFORE ME, _____, a notary public in and for the State of _____, on this day personally appeared _____, known to me (or proved to me on the oath of _____, or through _____, to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20_____

Notary Public Signature

Affix Notary Seal Here

**INSTRUCTIONS FOR FILING AN INDEPENDENT REVIEW ORGANIZATION (IRO)
APPLICATION (Original, Renewal and Changes to Original Application)**

I. APPLICATION FORM

Type of Application –The application form LHL006 will be utilized for the purposes listed below. The IRO must indicate what type of application is being filed:

1. **Original Application:** Entity is applying for original certification as an IRO.
 - Applicant must complete **all items** of the application form. Do not leave any spaces blank and indicate “NA” if appropriate.
 - Use the attached checklists list to indicate each page number and line number where each requirement is located.
 - Filing fee of **\$800.00** must be included and must be made payable to the Texas Department of Insurance (Department). **The fee is not refundable.**

Special Instructions Regarding Biographical Affidavits and Addendum:

- Applicant is required to submit a biographical affidavit and addendum for each director, officer and executive of the Applicant. The forms are available on the Department’s website at www.tdi.texas.gov
 - All applicants for licensure must comply with 28 TAC §§1.501-1.509, including 28 TAC §1.504, Fingerprint Requirement. See <http://www.tdi.texas.gov/wc/wcnet/documents/fingerprintinstructi.pdf> for additional information.
2. **Renewal:** IRO is applying for renewal of its existing certification. An IRO must apply for renewal of the certificate every year after the date of certification. **Please remember that if the renewal application is not received by the Department before or on the date of expiration, the certification will automatically expire and the IRO must submit a new original application and the filing fee for an original application. Independent reviews will not be assigned to an independent review organization during the 30 days prior to the anniversary date of the issuance of the independent review organization’s certificate of registration unless the completed renewal application form has been received by the department.**
 - The IRO must submit (1) the filing fee of \$200.00 payable to the Department. **The fee is not refundable;** (2) a summary of the current review criteria; (3) signed Certification of Compliance and Verification.
 - If changes have been made to previously filed documents, the IRO must submit the information for review and approval. The IRO must mark those items in the application form that are being updated or changed with its renewal application and must use the appropriate checklists to indicate each requirement (if any) that is being updated or changed. Please include the page number and line number in the original application that is being replaced, updated or changed.
 3. **Update/Changes to Original Application:** After issuance of an IRO’s certification, the IRO must file with the Department material changes of the information on the application or the last renewal application not later than the 30th day before the date on which the change takes effect. For example: new officers and directors; changes in the organizational structure; changes in contractual relationships; and changes in the independent review plan.
 - IRO should note which items in the application form are being updated or changed (i.e. contact name has changed since issuance of certificate). **There is no fee to update/change an original application.** Use the appropriate checklists list to indicate each requirement (if any) that is being updated/changed. Also include the page number and line number in the original application that is being replaced, updated or changed.

4. Contact Information:

- List the primary contact information for the Applicant/IRO to facilitate requests from the Department regarding the application.
- List the contact information for the Applicant/IRO for complaint matters.

5. Certification of Compliance and Verification: An officer or other authorized representative of the Applicant/IRO must verify the application by attesting to the truth and accuracy of the information in the application. The certification form is attached to the application.

6. Department's Address: Return the application and all required attachments to:

Texas Department of Insurance
Managed Care Quality Care Office, Mail Code 103-6A
333 Guadalupe
Austin, Texas 78701

II. FORMAT OF APPLICATION & CHECKLISTS

1. The Department will only accept the application in the format described here, and we appreciate your cooperation in this respect. If the applicant submits an IRO application in any other format, the applicant will be asked to resubmit the information in the required format.
2. To facilitate the imaging process:
 - Use *white* and *letter-sized* paper only;
 - Do not highlight any areas; and
 - The information must be typed (use black ink only).
3. Submit only one copy of application and checklists.
4. The IRO application does not need to be submitted in a binder as long as each checklist is tabbed accordingly.
5. Each checklist must be separated by a tab that identifies the checklist.
6. All pages must be numbered sequentially from beginning to end. Numbering the pages in each checklist will assist the Department to quickly identify the requirement and to effectively communicate to the IRO about any information in the pages that may need corrections by the IRO.

REQUIRED IRO APPLICATION CHECKLISTS

Checklist 1: Required Information (Attachments) - Organizational Documents	Citation	Page Number
<ul style="list-style-type: none"> • A chart showing the internal organization structure of the applicant's management and administrative staff. • The name and type of business of each corporation or other organization that: <ul style="list-style-type: none"> ➢ The applicant controls or that controls the Applicant; ➢ The Applicant is affiliated with and the nature and extent of the affiliation or control; ➢ A chart or list clearly identifying the relationships between the Applicant and any affiliates or payors; • Notarized Verification-Application must include the verification regarding payor control. An application will not be approved if the verification is not included. The "Verification" form is attached to the application. • A list of any currently outstanding loans or contracts to provide services between the applicant and any affiliates. • The name of any holder of bonds or notes of the applicant that exceed \$100,000. See attachment #1. 	<p>28 TAC §12.103(8)</p> <p>28 TAC §12.103(9)(C)</p> <p>28 TAC §12.103(7)</p>	
<p>A certification signed by an authorized representative of the applicant that:</p> <ul style="list-style-type: none"> • The review criteria and review procedures to be applied in review determinations are established with input from appropriate health care providers and approved by physicians. 	<p>28 TAC §§12.103(1)(C) & 12.201(3)</p>	
<p>Procedures ensuring that any material changes in the information in the application or renewal are reported not later than the 30th day before the date on which the change takes effect.</p>	<p>28 TAC §§12.103(1)(D) & 12.108(e)</p>	
<p>Submit the following information (attachments):</p> <ul style="list-style-type: none"> • Bylaws, rules and regulations, and other related information as required • Is the applicant a publicly held entity, if yes, list of each stockholder or owner of more than five percent (5%) of any stock or options. • A chart showing contractual arrangements of the independent review system. Note: List of contractual arrangements must include, if applicable, contracts with insurance companies, HMOs, PPOs, and employers for which the applicant performs utilization review or for which the applicant performs any activities; • Corporations and Limited Liability Corporations Only: A copy, certified by the Secretary of State, of your corporation's articles of incorporation or articles of organization and all amendments to the documents; and • Letter of good standing from the Texas Comptroller of Public Accounts. Note: You may call the Texas Comptroller 	<p>28 TAC §12.103(6)(A)</p> <p>28 TAC §12.103(6)(B)</p> <p>28 TAC §12.103(6)(C)</p> <p>28 TAC §12.103(6)(D)</p>	

at 1-800-252-5555 to obtain a letter of good standing and to determine whether this requirement is applicable to the IRO Applicant.		
Submit biographical affidavits and addendum for each director, officer, and executive of the applicant and all other information required. Forms are available on the Department's website: HTTP://WWW.TDI.TEXAS.GOV/FORMS/FORM9IRO.HTML Biographical affidavits (form # FIN311) Biographical affidavits addendum (form #LHL652)	28 TAC §12.103(9)	
Provide fingerprints for each officer and director. All applicants for licensure must comply with 28 TAC §§1.501-1.509, including 28 TAC §1.504, Fingerprint Requirement. See http://www.tdi.texas.gov/wc/wcnet/documents/fingerprintinstructi.pdf for additional information.	28 TAC §§1.501 and 1.503-1.509	
Disclosure of any enforcement actions related to the provision of medical care or conducting of medical reviews taken against a person subject to the fingerprint requirements under 28 TAC §§1.503 and 1.504.	28 TAC §12.103(12)	
Provide evidence that the applicant's primary office is located in this state.	28 TAC §12.103(10)	
A statement of the percentage of applicant's revenues which are anticipated to be derived from reviews conducted and the method used to determine this amount.	28 TAC §12.103 (11)	
Checklist 2: Qualifications of Reviewers	Citation	Page Number
Submit policies and procedures that the Applicant will continually follow to ensure the independence of the IRO and IRO reviewers. The policies and procedures must, at a minimum, address the following subjects: <ul style="list-style-type: none"> Determining whether the IRO, reviewers, its officers, directors, including the medical director, and the IRO's staff have conflicts of interest that may prevent the IRO from accepting an assigned case; Ongoing monitoring of independence; Ensuring that the reviewers sign the "Certification of Independence" after each case he/she reviews. See Attachment #2. 	28 TAC §§12.103(1)(D), 12.103(8) and (9), 12.202(a) and (b), and 12.203	
Description of personnel and credentialing and a completed profile for each physician and provider.	28 TAC §§12.103(4) & 12.202	
Medical Director: Name, license number and state of licensure of the medical director.	28 TAC §12.202(c)	
Policies and procedures to evaluate the appropriate specialty reviewer to perform each review assigned to the IRO, including licensure.	28 TAC §§12.201 & 12.202	
Effective 9/1/2007, reviews for WC Networks and WC Non-networks must be reviewed by doctors licensed to practice in Texas. Submit policies and procedures that address how the IRO will comply with this requirement.	See House Bill 1003 (80th Regular), Texas Labor Code §§413.01(e-2)	

	<i>and Texas Insurance Code §§1305.355(d)</i>	
Effective 9/1/2007, reviews for WC Networks and WC Non-networks must be performed by a doctor that holds a professional certification in a health care specialty appropriate to the type of health care that the injured employee is receiving. Submit policies and procedures that address how the IRO will comply with these requirements.	<i>See House Bill 2004 (80th Regular), Texas Labor Code §§408.0043 through 408.0046</i>	
Policies and procedures related to training of personnel.	<i>28 TAC §12.202(d)(2)</i>	
Provide a complete list of the reviewers employed by or under contract with the Applicant to perform independent reviews, including the following information for each: <ul style="list-style-type: none"> • Name; • Address; • Telephone number • License number; • State of Licensure; • FEIN; • Specialty and/or board certification 	<i>28 TAC §§12.103(4) and 12.202(b)</i>	
Checklist 3: IRO Decisions	Citation	Page Number
Policies and procedures that the Applicant will follow regarding the following elements: <ul style="list-style-type: none"> • Parties to be notified of the IRO decision; • Decision timelines; and • Information included in the decision notice. 	<i>28 TAC §12.206(a), (b) and (c) and §133.308</i>	
Policies and procedures that the Applicant will follow regarding contacting and receiving information from health care providers.	<i>28 TAC §12.205</i>	
Summary of Independent review plan and written procedures for independent review determinations	<i>28 TAC §§ 12.103(1) & 12.201(4)</i>	
Summary description of review criteria and review procedures	<i>28 TAC §§12.103(1)(A) &(B) & 12.201(3)</i>	
Submit required templates (Health, WC Network and WC Non-Network) Decision templates are available to the Applicant in the DEPARTMENT'S website at: http://www.tdi.texas.gov/forms/form9iro.html	<i>28 TAC §12.201(2)(B)</i>	
Checklist 4: Miscellaneous Policies & Procedures	Citation	Page Number
Policies and procedures that ensure that all applicable state and federal laws to protect the confidentiality of the medical records and personal information are followed.	<i>28 TAC §§12.103(2) & 12.208</i>	

Submit policies and procedures that the Applicant will follow regarding contact with and receipt of information from health care providers and patients.	28 TAC §12.205	
Submit policies and procedures that the Applicant will follow regarding prohibitions of certain activities of independent review organizations.	28 TAC §12.204	
Submit policies and procedures that the Applicant will follow regarding medical dispute resolutions by independent review organizations.	28 TAC §133.308(m), (n), (o), (p), (r), (t)(1)(B)(iv) and (t)(1)(C)	
Submit policies and procedures that the applicant will follow regarding telephone access.	28 TAC §12.103(5) 28 TAC §12.207(a) and (b)	

ATTACHMENT #1

HOLDERS OF BONDS OR NOTES OVER \$100,000

Name of Applicant _____

____. The FEIN of the entity or individual is: _____ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number)

Name of entity [or if an individual (last name) (first name) (middle initial)]

address (suite no.) (city) (state) (zip)

____. The FEIN of the entity or individual is: _____ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number)

Name of entity [or if an individual (last name) (first name) (middle initial)]

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Name of entity [or if an individual (last name) (first name) (middle initial)]

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Name of entity [or if an individual (last name) (first name) (middle initial)]

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Name of entity [or if an individual (last name) (first name) (middle initial)]

address (suite no.) (city) (state) (zip)

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Name of entity [or if an individual (last name) (first name) (middle initial)]

address (suite no.) (city) (state) (zip)

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Name of entity [or if an individual (last name) (first name) (middle initial)]

address (suite no.) (city) (state) (zip)

ATTACHMENT #2

IRO Case Number: _____
Name of Payor: _____
Name of Patient: _____
Name of URA: _____
Name of Provider: _____
Name of Physician: _____

Certification of Independence of the Reviewer

1. I had no previous knowledge of this case prior to it being assigned to me for review.
2. I have no business or personal relationship with any of the physicians or any other parties who have provided care or advice regarding this case.
3. I do not have admitting privileges or an ownership in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities.
4. I do not have a contract with or an ownership interest in the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities.
5. I have performed this review without bias for or against the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor or any other party to this case.

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief, true and correct to the extent they are applicable to this case and my relationships.

I understand that a false certification is subject to penalty under applicable law.

Print or Type Full Legal Name

Signature

Date