



Texas Department of Insurance

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

Independent Review Organization, MC 103-5A • 512-490-1011 fax

Workers' Compensation 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

UTILIZATION REVIEW AGENT APPLICATION

1. Type of Application (Must Check One):

- Original Application (Certified) and Fee (\$2,150.00)
Original Application (Registered) (No Fee)
Renewal Application (Certified) and Fee (\$545.00)
Renewal Application (Registered) (No Fee)
Update/Change to Application (No Fee)

URA Number:
URA Number:
URA Number:

2. Name of Applicant: Federal Employer Identification Number:

Business Address (Do Not Use P.O. Box) City State ZIP code
Mailing Address (if different) City State ZIP code
Business Telephone Number: () Fax Number: ()
Toll Free Number: () (Required by Texas Insurance Code Section 4201.004)
Normal Business Hours: (Required by TIC Section 4201.004)
Must provide business hours in both time zones in Texas (Central and Mountain)

3. Applicant Organizational Category (Check One):

- Individual Corporation Partnership Association Limited Liability Corporation
Other

4. Type of Utilization Review Performed (Check all that apply):

- Workers' Compensation Health Care Network Specialty Utilization Review
WC Health Care Non-Network Specialty Type:
Health Utilization Review
Check all that apply: WC Network WC Non-Network Health

5. Name of Primary Contact Person:
Email Address:

Mailing Address City State ZIP code
Telephone Number: () Fax Number: ()

6. Name of Agent for Service of Process in Texas:

Email Address:

Address (Do Not Use P.O. Box) City State ZIP code
Telephone Number: () Fax Number: ()

If not domiciled in Texas, select "Forms-NAIC" from the following link: www.tdi.texas.gov/forms/form3.html, and submit Form No. 12, "Uniform Consent to Service of Process (Expansion and Corporate Amendments Only)."

7. Name of Primary Contact Person for Complaints:
Email Address:

Address (Do Not Use P.O. Box) City State ZIP code
Telephone Number: () Fax Number: ()



Texas Department of Insurance

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

Independent Review Organization, MC 103-5A • 512-490-1011 fax

Workers' Compensation 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

CERTIFICATION

I, _____ (authorized representative), _____ (insert title) for _____ (name of applicant) being duly sworn, state that I have read and understood the URA application and attachments and that the answers are true and correct. I further attest that I am familiar and compliant with the Texas statutes and rules that relate to the type of utilization review that the applicant is performing in Texas (TIC Chapters 4201 and 1305, TDI rules, Texas Labor Code provisions, and DWC rules). I attest that the applicant has written policies and procedures that comply with all URA statutes and rules. I understand that TDI may request, at any time, copies of all written policies and procedures that were not submitted with the application.

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 URA application, and acknowledged to me that he or she executed the URA application for the purpose and consideration expressed.

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

Notary Public Signature: _____

Affix Notary Seal Here:



Texas Department of Insurance

Managed Care Quality Assurance Office, Mail Code 103-6A • 512-490-1013 fax
Independent Review Organizations, MC 103-5A • 512-490-1011 fax;
Workers' Compensation 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

ORIGINAL APPLICATION ONLY - REQUIRED APPLICATION EXHIBITS

Exhibit 1: **Summary of the Utilization Review Plan**

- Attachment A: **General Standards of Utilization Review**
Health: Title 28 Texas Administrative Code Section 19.1705
Specialty Health: 28 TAC Sections 19.1705(b)-(f) and 19.1716(d)
Workers' Compensation: 28 TAC Section 19.2005
Specialty WC: 28 TAC Sections 19.2005(b)-(g) and 19.2016(d)
- Attachment B: **Mental Health Process and Progress Notes**
Health, Specialty Health, WC, and Specialty WC:
Texas Insurance Code Section 4201.203
- Attachment C: **Notice of Determinations Made in Utilization Review
(Include Adverse Determination Template Letters)**
Health and Specialty Health: 28 TAC Section 19.1709
WC and Specialty WC: 28 TAC Section 19.2009
- Attachment D: **Requirements Prior to Issuing Adverse Determination**
Health: 28 TAC Section 19.1710
Specialty Health: 28 TAC Section 19.1716(f)
WC: 28 TAC Section 19.2010
Specialty WC: 28 TAC Section 19.2016(g)
- Attachment E: **Independent Review of Adverse Determination**
Health and Specialty Health: 28 TAC Section 19.1717
WC and Specialty WC: 28 TAC Section 19.2017
- Attachment F: **Preauthorization for Health Maintenance Organizations and
Preferred Provider Benefit Plans**
Health and Specialty Health: 28 TAC Section 19.1718(d)-(e)
WC and Specialty WC: Not Applicable

Exhibit 2: **Categories of Personnel**

Health and Specialty Health: 28 TAC Section 19.1706(c) and (e)
WC and Specialty WC: 28 TAC Section 19.2006(c)

Exhibit 3: **Appeal of Adverse Determinations (Include Appeal Acknowledgement and Appeal Determination Template Letters)**

Health: 28 TAC Section 19.1711
Specialty Health: 28 TAC Sections 19.1716(f)-(g) and 19.1711, except 19.1711(a)(4)-(6)
WC: 28 TAC Section 19.2011
Specialty WC: 28 TAC Sections 19.2016(g)-(h) and 19.2011, except 19.2011(a)(4)-(5)



Texas Department of Insurance

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

Independent Review Organizations, MC 103-5A • 512-490-1011 fax;

Workers' Compensation 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

Exhibit 4: **Telephone Access**

Health and Specialty Health: 28 TAC Section 19.1712

WC and Specialty WC: 28 TAC Section 19.2012

Exhibit 5: **Organizational Information**

- Written evidence that the applicant is doing business in Texas in accordance with the Texas Business Organizations Code, which may include a letter from the Texas Secretary of State indicating the entity has filed the appropriate paperwork to conduct business in this state.
- A chart showing the internal organizational structure of the applicant's executives, officers, and directors and the title of the position held by each.
- A letter of good standing from the Texas Comptroller of Public Accounts.

Exhibit 6: **Biographical Information**

- Completed biographical affidavit and fingerprints for each executive, officer, and director of the applicant as required under 28 TAC Sections 1.503, 1.504, and 1.509.
- Select "Forms-NAIC" from the following link: www.tdi.texas.gov/forms/form3.html and submit Form No. 11, "NAIC Biographical Affidavit."
- Fingerprinting Instructions

RENEWAL APPLICATION ONLY - REQUIRED APPLICATION EXHIBITS

Exhibit 1: **Categories of Personnel**

Health and Specialty Health: 28 TAC Section 19.1706(c) and (e)

WC and Specialty WC: 28 TAC Section 19.2006(c)

Exhibit 2: **Template Letters**

Initial Adverse Determination Letter

Appeal Acknowledgement Letter

Appeal Determination Letter

UPDATE APPLICATION ONLY - REQUIRED APPLICATION EXHIBITS

Exhibit 1: **Report Material Changes**

Provide a list and explanation, on company letterhead and signed by an authorized representative, of any material change to the information disclosed in an original or renewal application within 30 days of the change taking effect.

TIC Section 4201.107

Exhibit 2: **Provide Material Changes**

Submit a redlined version of the material changes.