

MEDICAL CLAIMS REVIEW CHECKLIST

Fill in "Located" column with section and page location documenting that the requirement is met.

Return checklist with application.

Company Name _____

Date _____

CRITERIA	STATUTE and REGULATION	CRITERIA SPECIFICS	LOCATED	Dept Use Only	
				YES	NO
Application	IC 27-8-16-5 760:1-49-3	Completed - are there explanations for any boxes checked "no"	N/A		
		Contact name, phone numbers, email address	N/A		
		EIN or FIN	N/A		
		Signed	N/A		
Fee	IC 27-8-16-5.2 760:1-49-3 & 11	\$150.00 Initial application or \$100.00 for renewal application			
Changes	IC 27-8-16-6(b) & (c) 760:1-49-3(e)	DOI to be notified of any material change in any application information within 30 days after change			
Staffing	760:1-49-3(d)(2) 760:1-49-4(1)(G) 760:1-49-4(1)(F)	Categories of personnel - listing or organizational chart			
		Orientation/Training summary			
		Method for determining if reviewers are licensed			
Certifications	IC 27-8-16 760:1-49-3(d)(1) 760:1-49-3(d)(5)	Certification of compliance with the provisions of IC 27-8-16			
		Certification of compliance with IC 27-8-16-11			
		Statement that determinations will be made by or determined in accordance with standards or guidelines approved by a provider licensed in the same discipline as the provider who rendered the service – must be signed by a physician			
Compensation	IC 27-8-16-11	Compensation of agent may not be based on amount by which claims are reduced for payment			
Review Plan					
Plan Summary	IC 27-8-16-7(9) 760: 1-49-4	Summary of medical review plan			
Accessibility Toll-free telephone #	IC 27-8-16-7(1) 760:1-49-3(d)(3) 760:1-49-4(1)(C) 760:1-49-7	Manned by personnel at least 40 hour each week during normal business hours - must include hours of operation			
After hours	IC 27-8-16-7(2) 760:1-49-3(d)(3) 760:1-49-4(1)(C) 760:1-49-7(b)	Call recording system capable of accepting or recording incoming calls or providing instructions for other than normal business hours (waive if answered live 24-hrs/day)			
Response Time	IC 27-8-16-7(3)	Messages returned within 2 business days after receiving the call			
Complaints	760:1-49- 4(E) 760: 1-49-9(a)(5)	Process for handling complaints			
Forms	760:1-49-3(d)(4) 760: 1-49-4(1)(D)(i) & (ii)	Representative samples of materials used to inform enrollees/providers of review requirements			
Confidential	IC 27-8-16-7(4) 760: 1-49-3(c)(2) 760: 1-49-4(1)(H) 760: 1-49-8	Patient-specific information kept confidential in accordance with applicable federal and state laws			
		760:1-49-4(1)(H)(ii) Patient-specific info used for purposes of MCR, quality assurance, discharge planning, case management			

CRITERIA	STATUTE and REGULATION	CRITERIA SPECIFICS	LOCATE D	Dept Use Only YES NO	
Confidential (cont'd)	760:1-49-4(1)(H)(iii)	Patient-specific info shared only w/agencies with authority to receive this info (ie. Claims admin)			
	760-1-49-8(b)	MCR agent must, when contacting provider, provide its certification number and caller's name to providers named MCR representative			
	IC 27-8-16-7 760:1-49-8(c)	Medical Records and patient-specific info maintained in secure area with access limited to MCR personnel			
	IC 27-8-16-7 760: IAC 1-49-8(d)	Info generated for review kept at least 2 yrs if adverse decision made at any point or if case likely to be reopened			
Time-frame	760: IAC 1-49-4(1)(D)(ii)	Procedures contain the time frames that shall be met during the review			
Screening Criteria	IC 27-8-16-7(6)(B)	All physicians making MCR determinations hold current US license in same discipline as provider who rendered the service			
	IC 27-8-16-9.5	If determination concerning a health care service provided by a hospital or in whole or in part on information obtained from database, info must relate exclusively to services provided by licensed hospital			
	760:1-49-4(2)	Written screening criteria and review procedures established & periodically updated w/appropriate involvement from providers; approved by physician.			
	760: IAC 1-49-4(2)	Available for inspection by DOI			
Notification	IC 27-8-16-7(7) 760: IAC 1-49-4(1)(A)	Notified in timely manner			
	IC 27-8-16-7(7)(A)	Every notification of determination based on appropriateness of amt charged includes explanation of the factual basis for determination			
	IC 27-8-16-7(7)(B)	If determination based on any info from a claims database, must include the name/address of the person/entity compiling the database			
	IC 27-8-16-7-7(7)(C) 760:1-49-6	If determination based on any info from claims database, must include statement whether any of info was from database regarding amts charged/performed outside IN			
Appeals	IC 27-8-16-8 760: IAC 1-49-6	Written description of appeal procedure			
	IC 27-8-16-8(b)(1)	Appeal determination not to certify service as necessary or appropriate made by provider licensed in same discipline as provider of record			
	IC 27-8-16-8(b)(2)	Completed within 30 days after appeal filed AND all info necessary to complete appeal received			
	IC 27-8-16-8(c)	If determination results in limitation or reduction of benefits, notice of appeals procedure must be provided to the provider who rendered the services			

(Revised 3-2016)