

UTILIZATION REVIEW CHECKLIST

Fill in "Located" column with section and page location documenting that you meet the requirement.

Return checklist with application.

Company Name _____

Date _____

CRITERIA	CRITERIA SPECIFICS	LOCATED	Dept Use <u>Only</u>	
			YES	NO
Application	Completed - are there explanations for any boxes checked "no"	N/A		
	Contact name and telephone	N/A		
	EIN or FIN	N/A		
	Signed	N/A		
Fee IC 27-8-17-9(d) 760:1-46-3 & 11	\$150.00 Initial application or \$100.00 for renewal application			
Changes IC 27-8-17-10(b) & (c) 760:1-46-3(e)	Procedures state that DOI is to be notified of any material change in any application information within 30 days after change			
Staffing 760:1-46-3(d)(2)	Categories of personnel - listing or organizational chart			
760:1-46-4(1)(G)	Orientation/Training summary			
760:1-46-4(1)(F)	Method for determining if reviewers are licensed			
Accreditation IC 27-8-17-14	Accreditation is optional.			
Certifications 760:1-46-3(d)(1)	Signed statement that you will comply with the provisions of IC 27-8-17			
760:1-46-3(d)(5)	Signed statement that you are in compliance with IC 27-8-17-19			
IC 27-8-17-13 IC 27-8-17-11(7)	If UR as to necessity or appropriateness of admission, service or procedure- reviewed by a physician or determined in accordance with standards or guidelines approved by physician – must be signed by a physician			
UR Plan				
Accessibility Toll-free telephone IC 27-8-17-11(1) 760:1-46-3(d)(3) 760:1-46-4(1)(C) 760:1-46-7(a)	Manned by personnel at least 40 hours each week during normal business hours - must include hours of operation			
After hours IC 27-8-17-11(2) 760:1-46-3(d)(3) 760:1-46-4(1)(C) 760:1-46-7(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)			
IC 27-8-17-11(3)	Messages returned within 2 business days after call			
IC 27-8-17-11 760:1-46-3 and 4	Representative samples of materials used to inform enrollees/providers of review requirements			
760:1-46-4(1)(D)(i)	Includes any form used during review process			
IC 27-8-17-15(a)(1) & (2) 760:1-46-4(A)	Enrollee responsible for notifying UR agent of admit/service/procedure in a timely manner & for obtaining cert of service (provider of record or representative may assist in notification)			

CRITERIA	CRITERIA SPECIFICS	LOCATED	YES	NO
Confidentiality IC 27-8-17-11(4) 760:1-46-3(c)(3) 760:1-46-4(1)(H) 760:1-46-8	Patient-specific information kept confidential in accordance with applicable federal and state laws			
760:1-46-4(1)(H)(ii)	Patient-specific info used for purposes of UR, quality assurance, discharge planning, case management			
760:1-46-4(1)(H)(iii)	Patient-specific info shared only w/agencies with authority to receive this info (ie. Claims administrator)			
IC 27-8-17-11(4) 760:1-46-8(b)	UR agent must, when contacting provider, provide its certification number and caller's name to provider representative			
IC 27-8-17-11(4) 760:1-46-8(c)	Medical Records and patient-specific info maintained in secure area with access limited to UR personnel			
760:1-46-8(d)	Info generated for review kept at least 2 yrs if adverse decision made at any point or if case likely to be reopened			
Required Time-frame IC 27-8-17-15(a)(3)	Provider of record must provide all relevant info necessary to certify admit/service/procedure within reasonable time (2 business days for emergency, 2 business days before service if non-emergency)			
IC 27-8-17-11(5) 760:1-46-1(1)	Determination within 2 business days after receiving request w/ all info needed to complete review			
IC 27-8-17-11(5) & (6) 760:1-46-5	Notified within same 2 business day period by mail or another means of communication			
IC 27-8-17-11(9)	Provide at least 48 hrs following emergency admit or service to notify (by enrollee or representative)			
Screening Criteria 760:1-46-4(2)	Written screening criteria and review procedures established & periodically updated w/appropriate involvement from providers			
760:1-46-4(2)	Available for inspection by DOI			
Notification IC 27-8-17-11(6)	If adverse due to a medical necessity or appropriateness includes principal reason for determination			
IC 27-8-17-11(6)(B)	If adverse includes procedures to appeal			
IC 27-8-17-11(11) IC 27-8-17-12 760:1-46-3(c)(1) 760:1-46-4(B)	Procedures established for appeal of an adverse determination (must comply with 760:1-46-6) Including Toll-Free telephone number			
Appeals IC 27-8-17-12 760:1-46-6	Written description of appeal procedure			
IC 27-8-17-12(b)(1)	Appeal determination not to certify service as necessary or appropriate made by provider licensed in same discipline as provider of record			
IC 27-8-17-12(b)(2)	Completed within 30 days after appeal filed AND all info necessary to complete appeal received			
IC 27-8-17-12(c)	Expedited appeal process for emergency or life threatening situations			
IC 27-8-17-12(c)(1)	Expedited appeal reviewed by physician			
IC 27-8-17-12(c)(2)	Expedited appeal completed within 48 hours after appeal initiated AND all necessary info received			