



APPLICATION
Kansas Utilization Review Organization Certificate

1. Legal Name of Applicant: _____

Mailing Address: _____

Contact Person: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ Toll Free Number: _____

2. Is the applicant accredited by and adhering to the health utilization management standards approved by URAC? Select **YES / NO**. If so, please attach a copy of the current certificate of accreditation to this application, answer question 7 on page two and complete the final page. There is no fee if currently accredited by URAC. K.S.A. 40-22a04(b)(1) requires the signature of the chief executive officer.

The following must be assembled in a binder, with consecutive cross-referenced tabs as directed. A general UM program description alone is not sufficient. A USB jump drive may also be provided as back-up of the submitted hard copies.

3. Provide a certified copy of the URO's charter or articles of incorporation and bylaws, if any.
(Reference as item 3)

4. State the applicant's location of each office(s) where utilization review affecting residents or health care providers of this state will be performed.
(Reference as item 4)

5. State the telephone number(s) facsimile number(s) and toll free number(s) used for utilization review.
(Reference as item 5)

6. Please provide qualifications of individuals performing utilization review at the location(s) identified in item 4. This summary should include a spreadsheet of all staff either employed by or under contract to perform utilization review and include the qualifications (such as specialties or subspecialties in which an individual is licensed or certified, and professional affiliations such as M.D., D.O., D.C., R.N., etc.) of each staff member and State of licensure. Please also include a column for the expiration/renewal date of their certification/licensure.
(Reference as item 6)

7. Has the applicant, or any one of its incorporators, owners, partners, vendors, officers, or staff performing utilization review, ever had an application to perform utilization review, or similar license, or authority denied, revoked, or suspended, or been fined; or had any professional, vocational, or business license denied, suspended or revoked by any public authority in this or any other state? YES / NO. If yes, provide an explanation including amount of fine(s) and summary judgement order identification reference. (Reference as item 7)

8. intentionally blank

9. Identify the type(s) of reviews conducted by the applicant, such as: prospective, concurrent, and retrospective review. Please also state if the scope of review is limited, such as Dental only, Behavioral Health only, etc. (Reference as item 9)

CORE STANDARDS 1 THROUGH 40

10. Demonstrate compliance with each of the Core Standards as required by K.A.R. 40-4-41. Please submit the applicant's policies and procedures for each of the Core Standards 1 – 40.

NOTE: A general UM program description alone is not sufficient. Each core must be separated by tabs as follows: (Reference as Item 10)

Tab 1	Organizational structure (include chart)	Cores 1 and 2
Tab 2	Policies and Procedures (include master list)	Core 3
Tab 3	Regulatory Compliance	Core 4
Tab 4	Inter-Departmental Coordination	Core 5
Tab 5	Oversight of Delegation Functions	Cores 6, 7, 8, 9
Tab 6	Marketing and Sales Communications	Core 10
Tab 7	Business Relationships	Core 11 and 12
Tab 8	Information Management	Cores 13 through 16
Tab 9	Quality Management	Cores 17 through 24
Tab 10	Staff Qualifications	Cores 25 and 26
Tab 11	Staff Management	Cores 27, 28, 29
Tab 12	Clinical Staff Credentialing and Oversight	Cores 30 through 35
Tab 13	Consumer Protection & System Coordination	Core 36
Tab 14	Consumer Protection & Empowerment	Cores 37 through 40

HEALTH UTILIZATION MANAGEMENT STANDARDS 1 THROUGH 41

Submit your written policies and procedures to demonstrate compliance with each of the Health Utilization Management (HUM) Standards as required by K.A.R. 40-4-41. Each UM standard must be separated by tab item number, and in the order as follows.

NOTE: A general Utilization Management program description alone is not sufficient.

11. Summarize the applicant's review criteria requirements to demonstrate compliance with UM1. (Reference as Item 11)

12. Submit written procedures demonstrating accessibility of review services. This response should include how the applicant complies with UM2, UM3, UM4. (Reference as Item 12)

13. Demonstrate compliance with the onsite review services requirements stated within UM5. (Reference as Item 13)
14. Demonstrate compliance with initial screening requirements by submitting the policies and procedures documents that govern the limitations in the use of non-clinical staff, Pre-review screening staff oversight, and pre-review screening non-certifications as stated within UM 7, UM 8 and, UM 9 (Reference as item 14)
15. Demonstrate compliance with the initial clinical review requirements by submitting the policies and procedures documents that govern the initial reviewer qualifications, the initial clinical reviewer resources and the initial clinical review non-certifications as required by UM 10, UM 11, and UM 12. (Reference as Item 15)
16. Demonstrate compliance with the Peer clinical review requirements by submitting the policies and procedures documents that govern peer clinical review cases, peer clinical reviewer qualifications, Drug UM reviewer qualifications, and prospective, concurrent and retrospective drug UM as stated within UM 13, UM 14, UM15, and UM 16 (Reference as Item 16)
17. Demonstrate compliance with the peer to peer conversations requirements by providing documents to support peer to peer conversation ability and also the alternative procedures consistent with UM 17 and UM 18. (Reference as Item 17)
18. Demonstrate compliance with timeframes for initial UM decisions as described in the prospective, retrospective, and concurrent time frame sections of UM 19, UM 20 and UM 21. (Reference as Item 18)
19. Demonstrate compliance with the notice of certification decisions requirements as described within the certification decision notice and tracking section and the continued certification decision requirements within UM 22 and UM 23. (Reference as Item 19)
20. Demonstrate compliance with the notice of non-certification decisions requirements regarding written notice of non-certifications and rationale and the clinical rationale for non-certifications as stated with UM 24 and UM 25. (Reference as Item 20)
21. Demonstrate compliance with the Utilization Management policies regarding prospective patient review safety, reversal of certification determinations and the frequency of continued reviews as described in UM 26, UM 27 and UM 28. (Reference as Item 21)
22. Demonstrate compliance regarding the information upon which UM is conducted that illustrate the requirements applicable to the scope of review information, the prospective, retrospective and concurrent review determinations, and the lack of information policies and procedures as stated within UM 29, UM 30, UM 31, and UM 32. (Reference as Item 22)

23. Submit written policy and procedure documents that clearly detail the following:
33 Non-Certification Appeals Process, 34 Appeals process, 35 Appeal Peer Reviewer Qualifications, 36 Drug U.M. appeals - Reviewer Qualifications, 37 Reviewer Attestation, 38 Expedited Appeals Process and Time Frame, 39 Standard Appeal Process and Time Frame, 40 Written Notice of Upheld Non-Certifications, 44 Appeal Records Documentation.
UM 33 through UM 41. (Reference as Item 23)

24. Please explain how the organization complies with the option of a waiver for a second level of appeal as required within K.S.A. 40-22a09a(c).
Please explain how the organization complies with the requirements of K.S.A. 40-22a07 regarding prior notification requirements for in-patient and outpatient hospital admissions in the event of an unstable or uncommunicative patient. (Reference Item 24)

Certification and Verification State of: _____ County of: _____

I, being duly sworn, state that I have read, and the applicant will comply with the provisions of K.S.A. 40-22a01, et seq. and amendments thereto, and K.A.R. 40-4-41, as they relate to this application; that I have read this application and know its contents and its attachments; that to the best of my knowledge, belief and understanding, the statements made upon this application and any attachments are true, complete, current, and correct in every material respect, and do not contain any statement which, under the circumstances under which it was made, would be false or misleading in respect to any material fact; and that I agree the applicant will abide by the policies, procedures, and protocols described in and attached to this application.

Name of Chief Executive Officer (Please Print or Type)

Original Signature

Subscribed and sworn before me this _____ day of _____, 20__

Signature, Notary Public

My commission expires on _____, 20__