



Kansas Department of Insurance

Commissioner Vicki Schmidt

Dear Applicant:

Thank you for your interest in obtaining certification to conduct utilization review services for Kansas residents and providers. [K.S.A. 40-22a01](#), et. seq. requires that an application for certification must be submitted to and subsequently approved by the Kansas Insurance Department.

A utilization review organization (URO) is defined in [K.S.A. 40-22a03](#) as “any entity which conducts utilization reviews and determines certification of an admission, extension of stay or other health care service.” Unless granted an exemption as stated within [K.S.A. 40-22a06](#), a URO may not conduct utilization review services in this state or affecting residents or providers of this state without obtaining prior certification from the Commissioner. Please be advised that UROs which conduct utilization review specifically in respect to mental health, chemical dependency, chiropractic, optometric, podiatric, and dental or any other health care service are also required to obtain a certificate. [K.A.R. 40-4-41](#) was developed in a manner as to include these types of utilization review organizations in addition to those performing utilization reviews with respect to the practice of medicine and surgery. Please refer to bulletins 1995-4 and 1995-6 for clarification.

[K.A.R. 40-4-41](#) sets forth the specific standards applicable to prospective, concurrent and retrospective utilization review for inpatient and outpatient care rendered by a health care provider. The standards apply to utilization review activity in connection with health benefit plans. A health benefit plan is defined as any individual, group or blanket policy of accident and sickness, medical or surgical expense coverage, and any provision of a policy, contract, plan or agreement for medical service, including a health maintenance organization, non-profit medical and hospital service corporation, or municipal group-funded sickness and accident pool. However, this regulation is not applicable to a policy or certificate covering only credit, only disability income, coverage issued as a supplement to liability insurance, workers compensation, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and which is required by statute to be contained in any liability policy, or Medicare, or Medicaid.

If your organization does not have URAC accreditation pursuant to [K.S.A. 40-22a06](#), please submit an application along with corresponding written policy and procedure documents submitted online as directed in the application. The application must be accompanied by a \$100 filing fee payable online.

If your organization has URAC accreditation you may only complete the front page of the application, question 7 on page two and the last page of the application including the CEO's notarized signature. You must also provide a copy of your current URAC certificate which identifies full compliance with their Health Utilization Management Accreditation Program. An application fee and subsequent renewal fee is not required for URAC accredited organizations. Please note that it is your responsibility to provide renewed or revised URAC certificates no later than 30 days after your entity completes renewal with URAC. If your entity is under "applicant" or "conditional" status upon renewal, a letter directly from URAC advising us of such status must be provided immediately to this office in order to maintain your current status in Kansas. Furthermore, this department must be notified immediately of any material change in URAC status.

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