

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE

SUBCHAPTER *ww*: HEALTH CARE SERVICE PLANS

PART 4530 HEALTH CARRIER EXTERNAL REVIEW

SECTION 4530.APPENDIX D INDEPENDENT REVIEW ORGANIZATIONS – APPLICATION FOR REAPPROVING INDEPENDENT REVIEW ORGANIZATIONS

Independent Review Organization Renewal Registration Form

Today's Date _____

Company Name: _____

FEIN: _____

Contact Person: _____

Telephone: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

Renewal registration for Independent Review Organization covering period _____ through _____

Instructions for completing renewal registration:

1. Please verify all information regarding company name, contact person and address to be complete and accurate;
2. Submit a current copy of the applicable accreditation certificate from the American Accreditation Healthcare Commission (URAC) if applicable;
3. Submit any material changes to the information filed under your prior registration:
 - a. Verify toll-free telephone service and email address operating on a 24 hours/day, 7 days/week basis that accepts, receives and records information related to external reviews and provides appropriate instructions;
 - b. Verify name, phone number and direct email address of contact persons who will be responsible for handling assignments of external reviews;
4. Submit a check for renewal registration: \$1000 if your company is accredited by URAC. In the event that the Director determines that there are no acceptable nationally recognized private accrediting entities providing independent review organization accreditation, a renewal fee of \$1500; and
5. Affirmation (to be signed by an officer or director of the independent review organization only):

I, _____ do hereby certify that _____
(Typed name, title) (Independent Review Organization)

complies with the Independent Review Organization Standards of the American Accreditation Healthcare Commission (URAC) and has submitted evidence of accreditation

by URAC for Independent Review, and that the persons responsible for the conduct of _____
(Independent Review Organization)

are competent, trustworthy, and possess good reputations, and have appropriate experience, training or education and do hereby affirm that all of the information presented in this application is true and correct.

(Signature)

(Date)

Please mail completed application to: Illinois Department of Insurance
Utilization Review Unit
320 West Washington Street
Springfield IL 62767-0001
(217) 558-2309