



## Application for Registration of a Utilization Review Organization

1. Name of Applicant \_\_\_\_\_  
Type of Application (check one):  
Corporation  
Partnership  
Limited Liability Corporation  
Other (Describe) \_\_\_\_\_  
FEIN \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Business Telephone Number (\_\_\_\_) \_\_\_\_\_  
Fax Number (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_
2. Type of Utilization Review Organization (check **all** that apply):  
Health Care Utilization Review (as defined in 50 Ill. Adm. Code 4520.30)  
Workers' Compensation Utilization Review (as defined in 50 Ill. Adm. Code 2905.10)  
Check **all** categories that apply (as applicable)  
Licensed HMO providing utilization review services outside of the HMO  
Licensed HMO providing utilization review services only within that HMO  
Third Party Administrator  
Licensed Insurance Company providing utilization review services outside of that Insurance Company  
Licensed Insurance Company providing utilization review services only within that Insurance Company  
Hospital or Medical Group providing utilization review services for other than internal purposes  
Workers' Compensation Utilization Review Organization  
Other (Describe)  
\_\_\_\_\_
3. Business Address  
Street (do not use P.O. Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_
4. Mailing Address  
Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_
5. Business Telephone Number (\_\_\_\_) \_\_\_\_\_

Toll Free Number ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_  
Email Address/Website \_\_\_\_\_

6. Agent for Service of Process **in Illinois**

Name \_\_\_\_\_  
Street (do not use P.O. Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

7. For each Utilization Review Program supply the following information:

- a) The name, address, telephone number and normal business hours of the utilization review programs.
- b) The organization and governing structure of the utilization review programs.
- c) The number of reviews in Illinois for which utilization review is conducted by each utilization review program for the current year.

Health Reviews  
Workers' Compensation Reviews

- d) Number of reviews in Illinois for which utilization review was conducted for the previous calendar year for each utilization review program.

Health Reviews  
Workers' Compensation Reviews

- e) Description of the grievance process for each utilization review program.
- f) Please check (all that apply) to determine if you are using the Health Standards and/or the Workers' Compensation Standards in order to meet or exceed American Accreditation Healthcare Commission (URAC) Standards and provide the Department with a copy of your current certificates, if applicable.

Health Utilization Standards  
Workers' Compensation Standards

- g) Written policies and procedures for protection of confidential information according to applicable State and Federal laws for each utilization review program.
- h) Biographical information for organization officers and directors. The biographical affidavits shall include, but not be limited to, the following information: affiant's identifying and contact information; affiant's educational, residential and employment history; affiant's professional, business and technical licenses and memberships; a complete history of affiant's fidelity bonding; affiant's criminal charges and convictions; civil, regulatory, administrative and disciplinary actions in affiant's individual or corporate capacity; a complete history of affiant's bankruptcy, insolvency, liens and foreclosures in an individual or corporate capacity; affiant's consent to release background reports to the Department and consent for third parties

to cooperate in the gathering of background information; and affiant's and affiant's immediate family's equity holdings in any entity subject to insurance regulation. The Department will accept the biographical affidavit, and any supplement to that affidavit, that is obtained from the website of the NAIC or the Department. Biographical affidavits shall be stamped "confidential" by the utilization review organization.

8. Indicate accreditation status below:

a) Health accredited by:

URAC

NCQA (National Committee for Quality Assurance)

JCAHO (The Joint Commission)

AAAHC (Accreditation Association for Ambulatory Health Care)

b) Workers' compensation accredited under:

URAC Health Standards

URAC Workers' Compensation Standards

c) Unaccredited

9. EFT Enclosed

a) Accredited fee \$1500 biennially

b) Unaccredited fee \$3000 biennially

Affirmation (to be signed by an officer or director of the Utilization Review Organization only):

I, \_\_\_\_\_ do hereby certify that

(Typed name, title)

\_\_\_\_\_  
(Utilization Review Organization)

complies with the Health and/or Workers' Compensation Utilization Management Standards of URAC sufficient to achieve URAC accreditation or submits evidence of accreditation by URAC for its Health and/or Workers' Compensation Utilization Management Standards, and do hereby affirm that all of the information presented in this application is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

All utilization review applications for initial and renewal registrations must be filed through the System of Electronic Form Filings (SERFF). All registration fees must be paid through electronic fund transfers in SERFF. To set up a SERFF account, please refer to Company Bulletin 2020-07.