



**Texas Department of Insurance**

**HMO Division, Mail Code 103-6A**

333 Guadalupe P. O. Box 149104, Austin, Texas 78714-9104

512-322-4266 telephone • 512-322-4260 or 512-463-6210 faxes • www.tdi.state.tx.us

# APPLICATION FOR CERTIFICATION AS AN INDEPENDENT REVIEW ORGANIZATION

**APPLICATION FEE - \$800**

## A. DEMOGRAPHIC INFORMATION

**1. Type of entity:**

- Corporation
- Partnership
- Association

- Limited Liability Corporation
- Registered Limited Liability Partnership
- Other \_\_\_\_\_

(specify)

Federal Tax Identification Number \_\_\_\_\_  
(also referred to as the "FEIN")

**2. Legal Name of Applicant:** \_\_\_\_\_

Contact Person :

\_\_\_\_\_

(Title)	(Last Name)	(First Name)	(Initial)	(Street Address)
_____	_____	_____	_____	_____
(City)	(State)	(Zip Code)	(Phone Number)	(Fax Number)
_____	_____	_____	_____	_____

Contact Person for any examination: *(if different from above contact person)*

\_\_\_\_\_

(Title)	(Last Name)	(First Name)	(Initial)	(Street Address)
_____	_____	_____	_____	_____
(City)	(State)	(Zip Code)	(Phone Number)	(Fax Number)
_____	_____	_____	_____	_____

Business Address:

Street (do not use PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address: *(If different from business address)*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_  
(area code) (number)

Fax number: \_\_\_\_\_ - \_\_\_\_\_  
(area code) (number)

## **B. EXHIBITS**

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### **EXHIBIT 1. INDEPENDENT REVIEW PLAN**

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Provide by Exhibit 1, a description of the procedures to be used by the independent review organization in making review determinations with respect to reviews conducted under Section 6A, Article 21.58A of the Texas Insurance Code and rules §§12.201, 12.204, 12.205 and 12.206 of Title 28 of the Texas Administrative Code. This information shall include but is not limited to;

\_\_\_\_\_

(1) an adequate summary description of the screening criteria and review procedures to be used to determine medical necessity and appropriateness of health care,

\_\_\_\_\_

(2) a certification signed by an authorized representative of the applicant, that the screening criteria and review procedures to be applied in review determinations are established with input from appropriate health care providers and approved by physicians,

\_\_\_\_\_

(3) procedures for ensuring the independence of each health care provider or physician making review determinations, and,

\_\_\_\_\_

(4) procedures for meeting the requirements, set forth in Article 21.58C of the Texas Insurance Code, for a timely review and response to persons requesting reviews in accordance with Article 21.58A of the Texas Insurance Code and Chapter 20A, Section 12A, Vernon's Texas Insurance Code.

\_\_\_\_\_

### **EXHIBIT 2. CONFIDENTIALITY**

Provide by Exhibit 2, copies of policies and procedures which ensure that all applicable state and federal laws to protect the confidentiality of medical records and personal information are followed as required by Title 28 Texas Administrative Code §12.208.

\_\_\_\_\_

### **EXHIBIT 3. CERTIFICATION**

Provide by Exhibit 3, a certification signed by an authorized representative, that the independent review organization will comply with the provisions of the Act.

\_\_\_\_\_

EXHIBIT 4. PERSONNEL AND CREDENTIALING

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page

1. Provide as part of Exhibit 4, a description of the categories and qualifications of persons employed or under contract to perform independent review as described in Title 28 Texas Administrative Code §12.202. \_\_\_\_\_
  
2. Provide as part of Exhibit 4, a copy of policies and procedures for training personnel as described in Title 28 Texas Administrative Code §12.202. \_\_\_\_\_
  
3. Provide as part of Exhibit 4, a listing of all physicians and other health care professionals employed by or under contract with the applicant for the purpose of making independent review determinations. The list shall include at a minimum: the provider's license number, name and address, provider type, review specialty, board certification (if any) and the name of the board (e.g. the American Board of Pediatrics) they are certified by (if applicable). \_\_\_\_\_
  
4. Provide as part of Exhibit 4, a copy of the applicant's credentialing policies and procedures as required by Title 28 Texas Administrative Code §12.202. \_\_\_\_\_

EXHIBIT 5. TELEPHONE ACCESS

Provide as part of Exhibit 5, a description of hours of operation and how the independent review organization may be contacted during weekends and holidays as required by Title 28, Texas Administrative Code, §12.207. \_\_\_\_\_

EXHIBIT 6. ORGANIZATIONAL DOCUMENTS AND RELATIONSHIPS

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Page

**All Entities**

- 1. Provide as part of Exhibit 6, a chart showing the internal structure of the applicant's management and administrative staff. \_\_\_\_\_
- 2. Provide as part of Exhibit 6, a chart showing contractual arrangements of the independent review organization. \_\_\_\_\_
- 3. Provide as part of Exhibit 6, using the enclosed "LISTING OF CONTRACTUAL RELATIONSHIPS," a listing of contractual arrangements between the applicant, it's parent, any affiliates, or subsidiaries and any entity defined in the "LISTING OF CONTRACTUAL RELATIONSHIPS." \_\_\_\_\_

**Corporations and Limited Liability Corporations Only**

- 1. Provide as part of Exhibit 6, a copy, certified by the Secretary of State, of your corporation's Articles of Incorporation or Articles of Organization and all amendments to the documents. \_\_\_\_\_
- 2. Provide as part of Exhibit 6, a copy, certified by a company officer, of your corporation's bylaws and all amendments. \_\_\_\_\_
- 3. Has a current Franchise Tax letter of good standing been submitted as part of Exhibit 6, with this application? *(The letter of good standing may be obtained from the Texas Comptroller of Public Accounts. The Comptroller's phone number is 1-800-252-5555.)* \_\_\_\_\_  
 Yes     No    IF "No" is checked, explain why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the applicant a publicly held entity?

Yes     No

5. Are there any stockholders or owners of more than five % of any stock or options?

Yes     No

If yes, give the name, address, percent of ownership, and Federal Tax Identification Number of each stockholder or owner of more than five % of any stock or options.

1. \_\_\_\_\_  
Name of Entity [or if an individual (last name) (first name) (middle initial)]  
\_\_\_\_\_  
address (suite # - if any) (city) (state) (zip code)  
\_\_\_\_\_  
(percent ownership) (Federal Tax Identification Number)

2. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

3. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

4. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

5. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

*(If additional names should be added to this list, provide the additional information in an exhibit entitled "Stock Ownership" as part of exhibit 6.*

**Partnerships Only**

1. Are you a general partnership?

Yes  No

2. Is your partnership registered as a registered limited liability partnership?

Yes  No

3. If you answered "yes" to the above question, have you attached evidence that you have made proper registration with the Office of the Secretary of State? (See instructions)

Starts on page \_\_\_\_\_

Yes  No

4. Provide a complete list of all partners by using the following list. *(Provide all requested information)*

1. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

2. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

3. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

4. \_\_\_\_\_  
 Name of Entity [or if an individual (last name) (first name) (middle initial)]  
 \_\_\_\_\_  
 address (suite # - if any) (city) (state) (zip code)  
 \_\_\_\_\_  
 (percent ownership) (Federal Tax Identification Number)

\*\*\**(If additional names should be added to this list, provide the additional information in an exhibit entitled "Partners" as part of exhibit 6.*

5. Provide a true and complete copy of your organizational documents as Starts on page  
 part of Exhibit 6. \_\_\_\_\_

*(Said organizational documents must include any organizational documents which are required by the state of domicile to be filed before the entity is authorized to operate in said state, the organization's partnership agreement and all amendments to the documents.)*

**Association and "Other"**

Provide as a part of Exhibit 6, a certified copy of organizational documents appropriate to the applicant. Said organizational documents will include any documents which are required by the state of domicile to be filed before the entity is authorized to operate in said state, the organization's bylaws and all amendments to the documents.

**EXHIBIT 7. HOLDERS OF BONDS OR NOTES**

Provide as Exhibit 7, (using the attached form ) a listing giving the amount of bond or note for any holder of bonds or notes of the applicant that exceeds \$100,000 and for entities and individuals, their name, address, FEIN, (federal tax identification number) Starts on page\_\_\_\_\_

## EXHIBIT 8. AFFILIATION AND CONTROL

For each corporation or other organization controlled (see definition of control) by or affiliated with the applicant, provide as Exhibit 8, an organizational chart or narrative which clearly identifies each controlled corporation or other organization and includes the following information:

Starts on  
page\_\_\_\_\_

1. Full legal name of the corporation or organization;
2. A description of the goods or services the corporation or organization produces or provides;
3. The nature of the affiliation or control; and
4. The extent of the affiliation or control.

### Definition of Control:

*Control (including the terms "controlling," "controlled by," and "under common control with") - The possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporation office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote or holds irrevocable proxies representing, 10 percent or more of the voting securities or authority of any other person.*

## EXHIBIT 9. BIOGRAPHICAL INFORMATION

1. Include, as part of Exhibit 9, the name and a complete biographical affidavit (a single copy of the form to be used is attached and may be duplicated as necessary) for **each** director, officer, executive of the applicant.

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page\_\_\_\_\_

Also include, as part of Exhibit 9, the name and a complete biographical affidavit for **each** director, officer, executive of any entity listed in the Exhibit 8 entitled "Affiliation and Control."

In addition to the name and complete biographical affidavit, include for each individual a description, (*using the attached form entitled in part "ADDENDUM TO BIOGRAPHICAL AFFIDAVIT"*), of any relationship the named individual has with:

- (A) a health benefit plan;
- (B) a health maintenance organization;
- (C) an insurer;
- (D) a utilization review agent;
- (E) a nonprofit health corporation;
- (F) a payor;
- (G) a health care provider; or
- (H) a group representing any of the entities listed in paragraphs (A) through (G) above

2. Include, as part of Exhibit 9, a list of any currently outstanding loans or contracts to provide services between the applicant and any affiliates.

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page\_\_\_\_\_

3. Include, as part of Exhibit 9, a list of all providers the applicant contracts with for the purpose of performing independent review. For each provider we need the following information:

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page\_\_\_\_\_

- a. their FEIN number;
- b. their full name; and
- c. their review specialty.

**EXHIBIT 10. AGENT FOR SERVICE OF PROCESS**

Is the applicant a Texas Resident or an entity which is domiciled in the State of Texas?

Yes     No

If no, complete the attached AGENT FOR SERVICE OF PROCESS form and submit as part of Exhibit 10, a certified copy of all certifications or licenses from the state of domicile.

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page\_\_\_\_\_

**EXHIBIT 11. ANTICIPATED REVENUES**

Provide as Exhibit 11, a statement of the percentage of the applicant's revenues which are anticipated to be derived from reviews conducted as an Independent Review Organization and illustrate the method used to determine this amount. \_\_\_\_\_%

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page\_\_\_\_\_



## C. VERIFICATION

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I, \_\_\_\_\_ being duly sworn, state that I have read and understood the foregoing application and attachments and that the answers are true and correct and further that I am familiar with the insurance laws of the state of Texas and the rules of the Texas Department of Insurance.

Additionally, in my official capacity as \_\_\_\_\_ for the applicant, I do hereby  
(CEO, COO, Chairman of the Board, President, Partner, or attorney)

certify under penalty of applicable law that the applicant is not a subsidiary of, or in any way owned or controlled by, a payor or a trade or professional association of payors. I further state that I understand this to be a condition of licensure and any violation of this prohibition will result in forfeiture of certification as an Independent Review Organization and other administrative penalties are possible.

\_\_\_\_\_  
Print or Type Full Legal Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, \_\_\_\_\_, a notary public in and for the State of Texas, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_, or through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Affix Notary Seal Here

\_\_\_\_\_  
Notary Public, State of Texas

## D. INSTRUCTIONS

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### GENERAL INSTRUCTIONS:

When completing this form, type or print your response in blue or black ink, do not leave any items blank. If a question is not applicable, mark the blank with "NA".

*A. Contact Person: Give the name of an official representative and the phone number (including the area code) where the representative can be reached between 8 a.m. and 5 p.m. on days other than national holidays.*

*B. Corporations or Limited Liability Companies Only*

*This section must be completed by Corporate or LLC applicants. If you do not answer these questions, this application will be rejected.*

*1. The certified copy of your Articles of Incorporation or Articles of Organization and all amendments, if any, must be obtained from the Secretary of State's office.*

*2. A current Franchise Tax "Certificate of Good Standing", obtained from the Texas State Comptroller of Public Accounts, must be attached to this application. If you have a question regarding applicability, please call the Texas Comptroller of Public Accounts at 1-800-252-5555.*

*C. Partnerships only*

*This section must be completed by partnership applicants. If you do not answer these questions this application will be rejected.*

*1. This section refers to whether the applicant is a general partnership or not.*

*2. a. This question refers to whether the applicant has registered and obtained the designation as a "registered limited liability partnership."*

*b. If you answered "No," this application will be rejected. A copy of the designation obtained from the Secretary of State's office must be attached to this application.*

*D. Associations and "Other"*

*This section must be completed by associations and "other" applicants. If you do not attach certified copies of your organizational documents and all amendments (if any), this application will be rejected.*

### **NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES**

**With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at [www.tdi.state.tx.us](http://www.tdi.state.tx.us).**