



Texas Department of Insurance  
**Health and WC Network Certification & QA**, Mail Code 103-6A  
 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104  
 512-322-4266 telephone • 512-490-1013 fax • [www.tdi.state.tx.us](http://www.tdi.state.tx.us)

**UTILIZATION REVIEW AGENT APPLICATION**

**1. Type of Application (Must Check One of the Boxes):**

- Original Application & Fee **(\$2,150.00)**
- Renewal Application & Fee **(\$545.00)**
- Update/Change to Original Application **(No Fee)**

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

**Primary Contact Person:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**3. Applicant Organizational Category (check one):**

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

**4. Type of Utilization Review Performed (check one):**

- All Lines:** Workers' Compensation Health Care Network ("Network"); Health; & Workers' Compensation (Non-Network) Utilization Review  Workers' Compensation Utilization Review **Only (Non-Network)**
- Health Utilization Review **Only**  Specialty Utilization Review **Only**  
Type of Specialty: \_\_\_\_\_

**5. Check All Categories That Apply:**

- Licensed health maintenance organization (HMO) or insurance company **that performs utilization review services for other than its own enrollees/insureds:**
  - HMO
  - Insurance Company
- Licensed HMO or insurance company **that performs utilization review services only for its own enrollees (application fee not required):**
  - HMO
  - Insurance Company
- Person/Entity for which utilization review is performed for the following entities (**check all that apply**):
  - Insurance Companies
  - HMOs
  - Preferred Provider Organizations (PPOs)
  - Employers
  - Workers' Compensation Health Care Networks

**6. Business Address (do not use P.O. Box):**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

7. **Mailing Address (if different):** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

8. **Business Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Toll Free Number:** (\_\_\_\_\_) \_\_\_\_\_

9. **Agent for Service of Process in Texas (Name):** \_\_\_\_\_

**Address (do not use P.O. Box)**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

*Only required if URA is **not** domiciled in Texas: Complete an "Agent for Service of Process" form appointing person named above. The form may be found on TDI's website at <http://www.tdi.state.tx.us/general/pdf/URASPTCERT.pdf>.*

10. **Primary Contact for Complaints:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**VERIFICATION**

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 statutes and rules that relate to the type of utilization review that \_\_\_\_\_ is performing in Texas (Texas Insurance Code Article 21.58A; Texas Insurance Code Chapter 1305 Subchapter H; 28 TAC Chapter 10 Subchapter F; 28 TAC Chapter 19 Subchapters R and U).

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

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

BEFORE ME, \_\_\_\_\_, a notary public in and for the State of \_\_\_\_\_, 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 Signature

**INSTRUCTIONS TO UTILIZATION REVIEW AGENTS (URAs)  
FOR FILING A URA APPLICATION**

**I. APPLICATION FORM**

**Type of Application** –The application form will be utilized for the purposes listed below. The URA must indicate what type of application is being filed:

1. **Original Application:** Entity is applying for initial certification as a URA.
  - Applicant must complete **all items** of the application Form. Do not leave any spaces blank and indicate “NA” if appropriate.
  - Use the attached exhibits list to indicate each exhibit number submitted and the page number where each exhibit is located.
  - Filing fee of \$2,150.00 must be included and must be made payable to the Texas Department of Insurance (Department). **The fee is not refundable.**
  - Special Instructions Regarding Biographical Affidavits: Applicant is required to submit a biographical affidavit and addendum for each director, officer and executive of the Applicant. The forms are available on the Department’s website at [www.tdi.state.tx.us](http://www.tdi.state.tx.us).
  
2. **Update/Changes to Original Application:** After issuance of a URA’s certification, the URA must file with the Department material changes in the information in the application or the last renewal application not later than the 30th day after the date on which the change takes effect. For example: new officers and directors; changes in the organizational structure; changes in contractual relationships; changes in the utilization review plan; and adding a new line of utilization review.
  - URA should note which items in the application form are being updated or changed (i.e. contact name has changed since issuance of certificate).
  - Use the attached exhibits list to indicate each exhibit (if any) that is being updated/changed. Also include the page number in the original application that is being replaced, updated or changed.
  
3. **Renewal:** URA is applying for renewal of its certification. A URA must apply for renewal of the certificate every two years after the date of certification.
  - The URA must submit (1) the filing fee of \$545.00 payable to the Department. **The fee is not refundable;** (2) a summary of the current screening criteria; and (3) the Verification.
  - If changes have been made to previously filed documents, the URA must submit the information for review and approval. The URA must mark those items in the application form that are being updated or changed with its renewal application and must use the attached exhibit list to indicate each exhibit (if any) that is being updated or changed. Please include the page number in the original application that is being replaced, updated or changed.
  
4. **Contact Information:**
  - Always list the primary contact information for the Applicant/URA to facilitate requests from the Department regarding the application.
  - Always list the contact information for the Applicant/URA for complaint matters.
  
5. **Verification:** An officer or other authorized representative of the Applicant/URA must verify the application by attesting to the truth and accuracy of the information in the application.
  
6. **Department’s Address:** Return the application and all required attachments to:
  - Texas Department of Insurance
  - Health and WC Network Certification & QA, Mail Code 103-6A
  - 333 Guadalupe
  - Austin, Texas 78701

## II. FORMAT OF APPLICATION & EXHIBITS

1. The Department will only accept the application in the format described here, and we appreciate your cooperation in this respect. If the applicant submits a URA application in any other format, the applicant will be asked to resubmit the information in the required format.
2. To facilitate the imaging process:
  - Use *white* and *letter-sized* paper only;
  - Do not highlight any areas; and
  - The information must be typed (use black ink only).
3. Submit only one copy of application and exhibits.
4. Attach the marked application exhibit list at the top of your submission.
5. The URA application need not be submitted in a binder as long as each exhibit is tabbed accordingly.
6. Each exhibit must be separated by a tab that identifies the exhibit.
7. All pages must be numbered sequentially from beginning to end. Numbering the pages in each exhibit will assist the Department to quickly identify the exhibit and to effectively communicate to the URA about any information in the pages that may need corrections by the URA.

## III. URA APPLICATION EXHIBIT GUIDE

1. **ALL LINES (INCLUDING SPECIALTY URA):** Unless expressly stated otherwise in the URA APPLICATION EXHIBIT GUIDE, a URA that performs utilization review for Workers' **Compensation Health Care Networks ("Networks")** must comply with **all requirements**, including requirements related to utilization review performed under a health insurance policy/EOC and a workers' compensation non-network insurance policy. This means that the URA must submit all exhibits.

Several of the exhibits request policies and procedures related to requirements that may be similar or identical under all statutes and rules listed. URAs that perform utilization review for Networks may combine the requirements in one policy and need not repeat the policies and procedures for each type of utilization review performed. **For example:**

Exhibit 2 asks for "Policies and procedures that comply with **TIC Article 21.58A, §4(d)** and, *as applicable to the utilization review being performed*, with:

- **28 TAC §19.1707(b)**
- **28 TAC §19.2007(b).**"

The URA that performs utilization review for Networks will submit a policy relating to compliance with all the statutes and rules listed. Thus, the policy could read:

***URA, Inc. will not set or impose any notice or other review procedures contrary to the requirements of the health insurance policy or health benefit plan; the requirements of Texas Insurance Code Chapter 1305, Subchapter H; 28 TAC Chapter 10, Subchapter F, 28 TAC Chapter 19, Subchapters R and U; the Texas Workers' Compensation Act; and the Division of Workers' Compensation rules. URA, Inc. will ensure compliance with this policy as follows:***

1. ....
2. ....

2. **HEALTH AND WORKERS' COMPENSATION (Non-Network):** The URA APPLICATION EXHIBIT GUIDE specifies the required exhibits that are applicable only to utilization review under (a) a health policy/evidence of coverage; and (b) a workers' compensation (non-network) policy. URAs that **will not** perform utilization review for a Network will need only submit the exhibits marked with a checkmark (✓) under the columns titled "Health Only" or "Workers' Compensation Only (Non-Network)."
3. A checkmark (✓) in the URA APPLICATION EXHIBIT GUIDE signifies that the exhibit is applicable and must be submitted by the Applicant/URA.
5. A shaded cell in the URA APPLICATION EXHIBIT GUIDE signifies that the exhibit is not applicable and does not need to be submitted by the Applicant/URA.

**URA APPLICATION EXHIBIT GUIDE**

<b>EXHIBIT NUMBER</b>	<b>EXHIBIT DESCRIPTION</b>	<b>ALL LINES (NETWORK)</b>	<b>HEALTH ONLY (NON-NETWORK)</b>	<b>WORKERS' COMPENSATION ONLY (NON-NETWORK)</b>
1	Certifications Of Compliance	✓	✓	✓
2	Benefit Plan	✓	✓	✓
3	Delegation Of Utilization Review	✓	✓	✓
4	UR Plan: Elements, Procedures And Screening Criteria	✓	✓	✓
5	Retrospective Review-Network	✓		
6	Standards For Reasonable Cost Control And Utilization Review For Chemical Dependency Treatment Centers	✓	✓	
7	URA Reporting Requirements	✓	✓	✓
8	Forms Used During The Review Process	✓	✓	✓
9	Requirements Prior To Adverse Determination	✓	✓	✓
10	Notice Of Determinations And Timeframes For Issuing Notifications	✓	✓	✓
11	Preauthorization	✓	✓	
12	Verification	✓	✓	
13	Appeal/Reconsideration Of Adverse Determination	✓	✓	✓
14	Independent Review Of Adverse Determination	✓	✓	✓
15	Claims Review Of Medical Necessity (Retrospective Review)	✓	✓	✓
16	URA Contact With And Receipt Of Information From Health Care Providers	✓	✓	✓
17	Personnel And Contact With Enrollees And Providers	✓	✓	✓
18	Qualifications And Training Of URA Personnel	✓	✓	✓
19	Confidentiality	✓	✓	✓
20	Telephone Access	✓	✓	✓
21	On-Site Review By URA	✓	✓	✓
22	Complaint System	✓	✓	✓
23	Organizational Information	✓	✓	✓
24	Biographical Information	✓	✓	✓
25	Legal Entity Information	✓	✓	✓
26	Letter Of Good Standing	✓	✓	✓

## EXHIBITS

EXHIBIT 1 – CERTIFICATIONS OF COMPLIANCE	PAGE NUMBER (URA MUST ENTER PAGE No.)
<p>Certifications signed by the URA's authorized representative that the URA:</p> <ul style="list-style-type: none"> <li>• Will comply with the provisions of <b>Texas Insurance Code (TIC) Article 21.58A</b> and the following law/rules, <i>as applicable to the utilization review being performed</i>: <ul style="list-style-type: none"> <li>➤ <b>TIC Chapter 1305, Subchapter H, &amp; 28 TAC Chapter 10, Subchapter F</b></li> <li>➤ <b>28 TAC Chapter 19, Subchapter R</b></li> <li>➤ <b>28 TAC Chapter 19, Subchapter U; the Texas Workers' Compensation Act; and DWC rules</b></li> </ul> </li> <li>• Will comply with <b>TIC Article 21.58A §4(f)</b>, relating to improper compensation to URA employees or agents.</li> <li>• Will apply screening criteria and review procedures that comply, <i>as applicable to the utilization review being performed</i>, with: <ul style="list-style-type: none"> <li>➤ <b>TIC Article 21.58A §4(i)</b></li> <li>➤ <b>TIC §1305.352</b></li> </ul> </li> <li>• Will comply with all applicable state and federal laws to protect the confidentiality of medical records. <b>See TIC Article 21.58A, §8; 28 TAC §§19.1714 and 19.2014.</b></li> </ul> <p><b><i>All certifications may be in one page (or more pages as needed); one signature by the URA's authorized representative for all certifications will be accepted.</i></b></p>	
EXHIBIT 2 – BENEFIT PLAN	PAGE NUMBER (URA TO ENTER PAGE NUMBER)
<p>Policies and procedures that comply with <b>TIC art. 21.58A, §4(d)</b> and, <i>as applicable to the utilization review being performed</i>, with:</p> <ul style="list-style-type: none"> <li>• <b>28 TAC §19.1707(b)</b></li> <li>• <b>28 TAC §19.2007(b)</b></li> </ul>	
EXHIBIT 3 – DELEGATION OF UTILIZATION REVIEW	PAGE NUMBER (URA TO ENTER PAGE NUMBER)
<p>Policies and procedures relating to delegation of utilization review to a hospital or health care facility, which comply with <b>TIC Article 21.58A, §4(n)</b> and, <i>as applicable to the utilization review being performed</i>, with:</p> <ul style="list-style-type: none"> <li>• <b>28 TAC §19.1705(4)</b></li> <li>• <b>28 TAC §19.2005(4)</b></li> </ul>	

<b>EXHIBIT 4 – UR PLAN: ELEMENTS, PROCEDURES AND SCREENING CRITERIA</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<p>Provide an adequate summary description of the utilization review plan which includes a description of the screening criteria and the URA's utilization review procedures. The summary description must comply, <i>as applicable to the utilization review being performed</i>, with all the requirements in:</p> <ul style="list-style-type: none"> <li>• <b>28 TAC Chapter 10, Subchapter F</b></li> <li>• <b>28 TAC §19.1705</b></li> <li>• <b>28 TAC §19.2005 and 19.2015</b></li> </ul>	
<b>EXHIBIT 5 – RETROSPECTIVE REVIEW-NETWORK</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<ul style="list-style-type: none"> <li>• The summary description of the utilization review plan must include a description of the retrospective review procedures that comply with <b>TIC §1305.352 &amp; 28 TAC Chapter 10, Subchapter F</b>.</li> <li>• Provide a certification that the screening criteria used for and retrospective review will be consistent with the Network's treatment guidelines, return-to-work guidelines, and individual treatment protocols. <b>See TIC §1305.351(b) and 28 TAC §10.101(a)</b>.</li> <li>• Provide policies and procedures for requesting approval for deviation from the treatment guidelines, screening criteria, and individual treatment protocols in accordance with <b>28 TAC §10.101(b)</b>.</li> <li>• Provide policies and procedures that evidence compliance with <b>28 TAC §10.102(h)</b> relating to payment of claim after retrospective medical review.</li> </ul>	
<b>EXHIBIT 6 – STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Submit a certification signed by an authorized representative of the URA that the URA will comply with <b>28 TAC §§3.8001-3.8030</b> , relating to Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers.	
<b>EXHIBIT 7-URA REPORTING REQUIREMENTS</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<p>Policies and procedures relating to Material changes and annual (March 1<sup>st</sup>) reports that comply, <i>as applicable to the utilization review being performed</i>, with reporting requirements under:</p> <ul style="list-style-type: none"> <li>• <b>TIC Article 21.58A, §3(g)</b></li> <li>• <b>28 TAC §§19.1704(d) and 19.1716(b)</b></li> <li>• <b>28 TAC §§19.2004(d) and 19.2016(b) and (c)</b></li> </ul>	



<b>EXHIBIT 8—FORMS USED DURING THE REVIEW PROCESS</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Provide copies of all template and/or representative forms used by the URA during the review process (adverse determination notice, appeal determination letter, brochures, etc.). <b>See 28 TAC §19.1704(c)(8) and 19.2004(c)(8).</b>	
<b>EXHIBIT 9 – REQUIREMENTS PRIOR TO ADVERSE DETERMINATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Policies and procedures regarding requirements prior to issuing an adverse determination notification in accordance with <b>TIC Article 21.58A §4(k); and 28 TAC §§19.1711 and 19.2011.</b>	
<b>EXHIBIT10– NOTICE OF DETERMINATIONS AND TIMEFRAMES FOR ISSUING NOTIFICATIONS</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Policies and procedures relating to notice of an adverse determination made in utilization review (including all applicable timeframes), that comply, <i>as applicable to the utilization review being performed</i> , with: <ul style="list-style-type: none"> <li>• <b>TIC Article 21.58A §5, 28 TAC §§19.1710 &amp; 19.1720(c)</b></li> <li>• <b>28 TAC §19.2010 (including DWC requirements related to notice and timeframes in accordance with 28 TAC Chapter 134, Subchapter G (relating to Prospective and Concurrent Review of Health Care)</b></li> <li>• <b>TIC Chapter 1305, Subchapter H and 28 TAC §10.102</b></li> </ul>	
<b>EXHIBIT 11– PREAUTHORIZATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Policies and procedures that evidence compliance with <b>28 TAC §19.1723</b> regarding preauthorization.	
<b>EXHIBIT 12– VERIFICATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Policies and procedures that evidence compliance with <b>28 TAC §19.1724</b> regarding verification.	
<b>EXHIBIT 13– APPEAL/RECONSIDERATION OF ADVERSE DETERMINATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Policies and procedures that comply, <i>as applicable to the utilization review being performed</i> , with: <ul style="list-style-type: none"> <li>• <b>TIC Article 21.58A, §6 and 28 TAC §19.1712</b></li> <li>• <b>TIC Chapter §1305.355 and 28 TAC §10.103</b></li> <li>• <b>28 TAC §19.2012 (including DWC requirements related to reconsideration in accordance with 28 TAC Chapter 134, Subchapter G (relating to Prospective and Concurrent Review of Health Care) and Chapter 133, Subchapter D (relating to Dispute and Audit of Bills by Insurance Carriers)</b></li> </ul>	

<b>EXHIBIT 14—INDEPENDENT REVIEW OF ADVERSE DETERMINATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Policies and procedures that comply, <i>as applicable to the utilization review being performed</i> , with: <ul style="list-style-type: none"> <li>• <b>TIC Article 21.58A, §6A and 28 TAC §19.1721</b></li> <li>• <b>TIC §1305.355 and 28 TAC §10.104</b></li> <li>• <b>28 TAC §19.2012 (including DWC requirements related to reconsideration in accordance with 28 TAC Chapter 134, Subchapter G (relating to Prospective and Concurrent Review of Health Care) and Chapter 133, Subchapter D (relating to Dispute and Audit of Bills by Insurance Carriers))</b></li> </ul>	
<b>EXHIBIT 15— CLAIMS REVIEW OF MEDICAL NECESSITY (RETROSPECTIVE REVIEW)</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Policies and procedures that comply, <i>as applicable to the utilization review being performed</i> , with: <ul style="list-style-type: none"> <li>• <b>28 TAC §19.1715</b></li> <li>• <b>28 TAC §10.102(h) (relating to payment of claim after retrospective review under a Network)</b></li> <li>• <b>28 TAC § 19.2015</b></li> </ul>	
<b>EXHIBIT 16— URA CONTACT WITH AND RECEIPT OF INFORMATION FROM HEALTH CARE PROVIDERS</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<ul style="list-style-type: none"> <li>• Policies and procedures relating to URA contact with and receipt of information from health care providers that comply with <b>TIC art. 21.58A, §4</b>, <i>as applicable to the utilization review being performed</i>, with: <ul style="list-style-type: none"> <li>➤ <b>28 TAC §§19.1707(a)</b></li> <li>➤ <b>28 TAC §19.2007(a)</b></li> <li>➤ <b>28 TAC §§19.1708</b></li> <li>➤ <b>28 TAC §19.2008</b></li> </ul> </li> </ul>	
<b>EXHIBIT 17—PERSONNEL AND CONTACT WITH ENROLLEES AND PROVIDERS</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<ul style="list-style-type: none"> <li>• Provide descriptions of the categories of persons and names of the personnel employed by or under contract with the URA to perform utilization review. <b>See 28 TAC §19.1704(c)(6) and 19.2004(c)(6).</b></li> <li>• Provide a description of the basis by which the URA compensates its employees or agents. <b>See 28 TAC §19.1704(c)(9) and 19.2004(c)(9)</b></li> <li>• Provide the number, type, and minimum qualification or qualifications of the personnel either employed or under contract <i>to perform the utilization review</i>. <b>See 28 TAC §§19.1706(c) and 19.2006(c)</b></li> <li>• Provide the names and states of licensure of medical directors</li> </ul>	

<b>EXHIBIT 18—QUALIFICATIONS AND TRAINING OF URA PERSONNEL</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<p>Policies and procedures relating to the qualifications, training and, if applicable, licensure of URA personnel that perform utilization review and that comply, <i>as applicable to the utilization review being performed</i>, with:</p> <ul style="list-style-type: none"> <li>• 28 TAC §§19.1705(2)(G); 19.1706; 19.1706(e) and 19.2016(e)</li> <li>• TIC §1305.352(b)</li> <li>• 28 TAC §§19.2005(2)(G) and 19.2006</li> <li>• Texas Labor Code §408.023(h)-relating to out-of-state reviewers under the direction of a Texas doctor</li> </ul>	
<b>EXHIBIT 19—CONFIDENTIALITY</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<ul style="list-style-type: none"> <li>• Policies and procedures relating to confidentiality that comply with <b>TIC art. 21.58A §8</b> and, <i>as applicable to the utilization review being performed</i>, with: <ul style="list-style-type: none"> <li>• 28 TAC §19.1714</li> <li>• 28 TAC §19.2014</li> </ul> </li> </ul>	
<b>EXHIBIT 20—TELEPHONE ACCESS</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<p>Policies and procedures that comply with <b>TIC art. 21.58A §7</b> and, <i>as applicable to the utilization review being performed</i>, with:</p> <ul style="list-style-type: none"> <li>• 28 TAC §§28 TAC §§19.1704(c)(7), 19.1705(2)(D) and 19.1713</li> <li>• 28 TAC §§19.2004(c)(7), 19.2005(2)(D) and 19.2013</li> </ul>	
<b>EXHIBIT 21—ON-SITE REVIEW BY URA</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<p>Policies and procedures relating to performance of on-site (i.e. hospital or facility) utilization review that comply with <b>TIC art. 21.58A §4(n)</b> and, <i>as applicable to the utilization review being performed</i>, with:</p> <ul style="list-style-type: none"> <li>• 28 TAC §19.1709</li> <li>• 28 TAC §19.2009</li> </ul>	
<b>EXHIBIT 22—COMPLAINT SYSTEM</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<p>Policies and procedures relating to reasonable procedures for the resolution of <u>oral or written</u> complaints and retention of complaint records that comply with <b>TIC art. 21.58A §4(m)</b> and, <i>as applicable to the utilization review being performed</i>, with:</p> <ul style="list-style-type: none"> <li>• 28 TAC §§19.1704(c)(3), 19.1705(2)(F), and 19.1716</li> <li>• 28 TAC §§19.2004(c)(3), 19.2005(2)(F), and 19.2016</li> </ul>	
<b>EXHIBIT 23—ORGANIZATIONAL INFORMATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
<p>Provide organizational information, documents and all amendments as required by and described in <b>§§19.1704(c)(11)(A)-(D) and 19.2004(c)(11) (A)-(D)</b>.</p>	

<b>EXHIBIT 24—BIOGRAPHICAL INFORMATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Provide biographical affidavits, addendums and other required information for each director, officer and executive of the URA as required by and described in <b>28 TAC §19.1704(c)(12)</b> and <b>28 TAC §19.2004(c)(12)</b> .	
<b>EXHIBIT 25—LEGAL ENTITY INFORMATION</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
Provide documentation, including DBA information if applicable, regarding the URA's entity status as a sole proprietorship, corporation or partnership. Also provide, if applicable, a certification by the proper and applicable jurisdiction related to legal entity status.	
<b>EXHIBIT 26— LETTER OF GOOD STANDING</b>	<b>PAGE NUMBER (URA TO ENTER PAGE NUMBER)</b>
A letter of good standing issued by the Texas State Comptroller of Public Accounts Office. You may call that agency at 1-800-252-5555 to obtain a letter of good standing and to determine whether this requirement is applicable to the URA Applicant.	
<b>IF NOT APPLICABLE, STATE THE REASON</b>	