



Texas Department of Insurance

Health and WC Network Certification & QA, Mail Code 103-6A • 512-490-1013 fax

IRO, MC 103-5A • 512-490-1011 fax; WC Networks, MC 103-5B • 512-490-1028 fax

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

866-554-4926 toll free • 512-322-4266 telephone • www.tdi.state.tx.us

INDEPENDENT REVIEW ORGANIZATION (IRO)
APPLICATION FOR CERTIFICATION

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

- Original Application & Fee (\$800.00)
Renewal Application & Fee (\$200.00)
Update/Change to Original Application (No Fee)
IRO Certification No.
IRO Certification No.

2. Name of Applicant: FEIN:

Business Address (Do Not Use P.O. Box) City State Zip
Mailing Address (if different) City State Zip
Office Telephone Number: Fax Number:
Toll Free Number (Not Required):

3. Applicant Organizational Category (check one):

- Corporation Limited Liability Corporation Other:
Partnership Association

4. Primary Contact Person:

Address City State Zip
Email Address:
Telephone Number: Fax Number:

5. Agent for Service of Process in Texas (Name):

Address (Do Not Use P.O. BOX) City State Zip

If not domiciled in Texas, complete "Agent for Service of Process" form: http://www.tdi.state.tx.us/company/documents/IRASPCERT.pdf.

6. Primary Contact for Complaints:

Email Address:
Telephone Number: Fax Number:

**CERTIFICATION OF COMPLIANCE AND VERIFICATION**

I, \_\_\_\_\_ being duly sworn, do hereby, in my official capacity as  
*(Printed Name of Affiant)*

\_\_\_\_\_ for the applicant, certify that I have read and understood the  
*(CEO, COO, Chairman of the Board, President, Partner, or Attorney)*

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 independent review in Texas (Texas Insurance Code Chapter 4202; 28 TAC Chapter 12; and applicable Texas Labor Code provisions and rules of the Division of Workers' Compensation (including 28 TAC §133.308).

Additionally, I do hereby 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

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\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

***Affix Notary Seal Here***

**INSTRUCTIONS FOR FILING AN INDEPENDENT REVIEW ORGANIZATION (IRO)  
APPLICATION (Original, Renewal and Changes to Original Application)**

**I. APPLICATION FORM**

**Type of Application** –The application form LHL006 will be utilized for the purposes listed below. The IRO must indicate what type of application is being filed:

1. **Original Application:** Entity is applying for original certification as an IRO.
  - Applicant must complete **all items** of the application form. Do not leave any spaces blank and indicate “**NA**” if appropriate.
  - Use the attached checklists list to indicate each page number and line number where each requirement is located.
  - Filing fee of **\$800.00** 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 and Addendum:** Applicant is required to submit a biographical affidavit and addendum for each director, officer and executive of the Applicant. The biographical form is available on the Department’s website at [www.tdi.state.tx.us](http://www.tdi.state.tx.us). The addendum is attached to this application.

- All applicants for licensure must comply with 28 TAC §§1.501-1.509, including 28 TAC §1.504, Fingerprint Requirement. See COMMISSIONER’S BULLETIN #B-0043-07, <http://www.tdi.state.tx.us/bulletins/2007/cc43.html> for additional information. **NOTE:** Non-residents may submit paper fingerprint cards because electronic fingerprinting for TDI may be available only at sites located in Texas. Persons submitting paper cards should mail the cards to the address given on the application along with a \$34.25 check or money order payable to: Texas Department of Public Safety. Each individual fingerprint card must have its own check or money order.
2. **Renewal:** IRO is applying for renewal of its existing certification. An IRO must apply for renewal of the certificate every year after the date of certification. **Please remember that if the renewal application is not received by the Department before or on the date of expiration, the certification will automatically expire and the IRO must submit a new original application and the filing fee for an original application.**
    - The IRO must submit (1) the filing fee of \$200.00 payable to the Department. **The fee is not refundable;** (2) a summary of the current screening criteria; (3) signed Certification of Compliance and Verification.
    - If changes have been made to previously filed documents, the IRO must submit the information for review and approval. The IRO must mark those items in the application form that are being updated or changed with its renewal application and must use the appropriate checklists to indicate each requirement (if any) that is being updated or changed. Please include the page number and line number in the original application that is being replaced, updated or changed.
  3. **Update/Changes to Original Application:** After issuance of an IRO’s certification, the IRO must file with the Department material changes of the information on 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; and changes in the independent review plan.
    - IRO should note which items in the application form are being updated or changed (i.e. contact name has changed since issuance of certificate). **There is no fee to update/change an original application.** Use the appropriate checklists list to indicate each requirement (if any) that is being updated/changed. Also include the page number and line number in the original application that is being replaced, updated or changed.

**4. Contact Information:**

- List the primary contact information for the Applicant/IRO to facilitate requests from the Department regarding the application.
- List the contact information for the Applicant/IRO for complaint matters.

**5. Certification of Compliance and Verification:** An officer or other authorized representative of the Applicant/IRO must verify the application by attesting to the truth and accuracy of the information in the application. The certification form is attached to 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 & CHECKLISTS**

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 an IRO 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 checklists.
4. The IRO application does not need to be submitted in a binder as long as each checklist is tabbed accordingly.
5. Each checklist must be separated by a tab that identifies the checklist.
6. All pages must be numbered sequentially from beginning to end. Numbering the pages in each checklist will assist the Department to quickly identify the requirement and to effectively communicate to the IRO about any information in the pages that may need corrections by the IRO.

**REQUIRED IRO APPLICATION CHECKLISTS**

<b>Checklist 1: Required Information (Attachments) - Organizational Documents</b>	<b>Citation</b>	<b>Page Number</b>
<ul style="list-style-type: none"> <li>• A chart showing the internal organization structure of the applicant's management and administrative staff.</li> <li>• The name and type of business of each corporation or other organization that:               <ul style="list-style-type: none"> <li>➢ The applicant controls or that controls the Applicant;</li> <li>➢ The Applicant is affiliated with and the nature and extent of the affiliation or control;</li> <li>➢ A chart or list clearly identifying the relationships between the Applicant and any affiliates or payors;</li> </ul> </li> <li>• Notarized Verification-Application must include the verification regarding payor control. An application will not be approved if the verification is not included. The "Verification" form is attached to the application.</li> <li>• A list of any currently outstanding loans or contracts to provide services between the applicant and any affiliates.</li> <li>• The name of any holder of bonds or notes of the applicant that exceed \$100,000. See attachment #1.</li> </ul>	<p><b>28 TAC §12.103(8)</b></p> <p><b>28 TAC §12.103(9)(C)</b></p> <p><b>28 TAC §12.103(7)</b></p>	
<p>A certification signed by an authorized representative of the applicant that:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p><b>28 TAC §§12.103(1)(B) &amp; 12.201(3)</b></p>	
<p>Procedures ensuring that any material changes in the information in the application or renewal are reported not later than the 30<sup>th</sup> day before the date on which the change takes effect.</p>	<p><b>28 TAC §§12.103(1)(C) &amp; 12.108(e)</b></p>	
<p>Submit the following information (attachments):</p> <ul style="list-style-type: none"> <li>• Bylaws, rules and regulations, and other related information as required</li> <li>• Is the applicant a publicly held entity, if yes, list of each stockholder or owner of more than five percent (5%) of any stock or options.</li> <li>• A chart showing contractual</li> </ul>	<p><b>28 TAC §12.103(6)(A)</b></p> <p><b>28 TAC §12.103(6)(B)</b></p> <p><b>28 TAC §12.103(6)(C)</b></p>	

<p>arrangements of the independent review system. <b>Note:</b> List of contractual arrangements must include, if applicable, contracts with insurance companies, HMOs, PPOs, and employers for which the applicant performs utilization review or for which the applicant performs <u>any</u> activities;</p> <ul style="list-style-type: none"> <li>• <b>Corporations and Limited Liability Corporations Only:</b> 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; and</li> <li>• Letter of good standing from the Texas Comptroller of Public Accounts. <b>Note:</b> You may call the Texas Comptroller at 1-800-252-5555 to obtain a letter of good standing and to determine whether this requirement is applicable to the IRO Applicant.</li> </ul>	<p><b>28 TAC §12.103(6)(D)</b></p>	
<p>Submit biographical affidavits and addendum for each director, officer, and executive of the applicant and all other information required. The form is available on the Department's website: <a href="http://www.tdi.state.tx.us/forms/form9iro.html">HTTP://WWW.TDI.STATE.TX.US/FORMS/FORM9IRO.HTML</a> Biographical affidavits (form # FIN311) The addendum form is attached (Attachment #3) to this application.</p>	<p><b>28 TAC §12.103(9)</b></p>	
<p>Provide fingerprints for each officer and director. All applicants for licensure must comply with 28 TAC §§1.501-1.509, including 28 TAC §1.504, Fingerprint Requirement. See COMMISSIONER'S BULLETIN #B-0043-07, <a href="http://www.tdi.state.tx.us/bulletins/2007/cc43.html">http://www.tdi.state.tx.us/bulletins/2007/cc43.html</a> for additional information. <i>NOTE:</i> Non-residents may submit paper fingerprint cards because electronic fingerprinting for TDI may be available only at sites located in Texas. Persons submitting paper cards should mail the cards to the address given on the application along with a \$34.25 check or money order payable to: Texas Department of Public Safety. Each individual fingerprint card must have its own check or money order.</p>	<p><b>28 TAC §§1.501 and 1.503-1.509</b></p>	
<p>If applicant is not domiciled in Texas provide</p> <ul style="list-style-type: none"> <li>• Agent for Service of Process form (form # FIN312) <a href="http://www.tdi.state.tx.us/forms/form9iro.html">HTTP://WWW.TDI.STATE.TX.US/FORMS/FORM9IRO.HTML</a></li> <li>• Certified copy of all certifications or licenses from the state of domicile.</li> </ul>	<p><b>28 TAC §12.103(10)</b></p>	
<p>A statement of the percentage of applicant's revenues which are anticipated to be derived from reviews conducted and the method used to determine this amount.</p>	<p><b>28 TAC §12.103 (11)</b></p>	

<b>Checklist 2: Qualifications of Reviewers</b>	<b>Citation</b>	<b>Page Number</b>
<p>Submit policies and procedures that the Applicant will continually follow to ensure the independence of the IRO and IRO reviewers. The policies and procedures must, at a minimum, address the following subjects:</p> <ul style="list-style-type: none"> <li>• Determining whether the IRO, reviewers, its officers, directors, including the medical director, and the IRO's staff have conflicts of interest that may prevent the IRO from accepting an assigned case;</li> <li>• Ongoing monitoring of independence;</li> <li>• Ensuring that the reviewers sign the "Certification of Independence" after each case he/she reviews. See Attachment #2.</li> </ul>	<p><b>28 TAC §§12.103(1)(C), 12.103(8) and (9), 12.202(a) and (b), and 12.203</b></p>	
<p>Description of personnel and credentialing and a completed profile for each physician and provider.</p>	<p><b>28 TAC §§12.103(4) &amp; 12.202</b></p>	
<p><b>Medical Director:</b> Name, license number and state of licensure of the medical director.</p>	<p><b>28 TAC §12.202(c)</b></p>	
<p>Policies and procedures to evaluate the appropriate specialty reviewer to perform each review assigned to the IRO, including licensure.</p>	<p><b>28 TAC §§12.201 &amp; 12.202</b></p>	
<p>Effective 9/1/2007, reviews for WC Networks and WC Non-networks must be reviewed by doctors licensed to practice in Texas. Submit policies and procedures that address how the IRO will comply with this requirement.</p>	<p><b>See House Bill 1003 (80th Regular), Texas Labor Code §§413.01(e-2) and Texas Insurance Code §§1305.355(d)</b></p>	
<p>Effective 9/1/2007, reviews for WC Networks and WC Non-networks must be performed by a doctor that holds a professional certification in a health care specialty appropriate to the type of health care that the injured employee is receiving. Submit policies and procedures that address how the IRO will comply with these requirements.</p>	<p><b>See House Bill 2004 (80th Regular), Texas Labor Code §§408.0043 through 408.0046</b></p>	
<p>Policies and procedures related to training of personnel.</p>	<p><b>28 TAC §12.202(d)(2)</b></p>	
<p>Provide a complete list of the reviewers employed by or under contract with the Applicant to perform independent reviews, including the following information for each:</p> <ul style="list-style-type: none"> <li>• Name;</li> <li>• Address;</li> <li>• Telephone number</li> <li>• License number;</li> <li>• State of Licensure;</li> </ul>	<p><b>28 TAC §§12.103(4) and 12.202(b)</b></p>	

<ul style="list-style-type: none"> <li>• FEIN;</li> <li>• Specialty and/or board certification</li> </ul>		
<b>Checklist 3: IRO Decisions</b>	<b>Citation</b>	<b>Page Number</b>
Policies and procedures that the Applicant will follow regarding the following elements: <ul style="list-style-type: none"> <li>• Parties to be notified of the IRO decision;</li> <li>• Decision timelines; and</li> <li>• Information included in the decision notice.</li> </ul>	<b>28 TAC §12.206(a), (b) and (c) and §133.308</b>	
Policies and procedures that the Applicant will follow regarding contacting and receiving information from health care providers.	<b>28 TAC §12.205</b>	
Summary of Independent review plan and written procedures for independent review determinations	<b>28 TAC §§ 12.103(1) &amp; 12.201(4)</b>	
Summary description of screening criteria and review procedures	<b>28 TAC §§12.103(1)(A) &amp; 12.201(3)</b>	
Submit required templates (Health, WC Network and WC Non-Network)  Decision templates are available to the Applicant in the DEPARTMENT'S website at: <a href="http://www.tdi.state.tx.us/forms/form9iro.html">http://www.tdi.state.tx.us/forms/form9iro.html</a>	<b>28 TAC §12.201(2)(B)</b>	
<b>Checklist 4: Miscellaneous Policies &amp; Procedures</b>	<b>Citation</b>	<b>Page Number</b>
Policies and procedures that ensure that all applicable state and federal laws to protect the confidentiality of the medical records and personal information are followed.	<b>28 TAC §§12.103(2) &amp; 12.208</b>	
Submit policies and procedures that address how the Applicant will follow to comply with	<b>28 TAC §12.205(a) through (g)</b>	
Submit policies and procedures that the Applicant will follow to comply with	<b>28 TAC §12.204(a) and (b)</b>	
Submit policies and procedures that the IRO will follow to comply with	<b>28 TAC §133.308(m), (n), (o), (p), (r), (t)(1)(B)(iv) and (t)(1)(C)</b>	
Submit policies and procedures that address how the IRO will comply with	<b>28 TAC §12.207(a) and (b)</b>	



# ATTACHMENT #1

## HOLDERS OF BONDS OR NOTES OVER \$100,000

Name of Applicant \_\_\_\_\_

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

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\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

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\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number (if they have one) related to his/her business or profession, not his/her social security number )

\_\_\_\_\_  
Name of entity [or if an individual (last name) (first name) (middle initial) ]

\_\_\_\_\_  
address (suite no.) (city) (state) (zip)

## ATTACHMENT #2

IRO Case Number: \_\_\_\_\_  
Name of Payor: \_\_\_\_\_  
Name of Patient: \_\_\_\_\_  
Name of URA: \_\_\_\_\_  
Name of Provider: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_

### Certification of Independence of the Reviewer

1. I had no previous knowledge of this case prior to it being assigned to me for review.
2. I have no business or personal relationship with any of the physicians or any other parties who have provided care or advice regarding this case.
3. I do not have admitting privileges or an ownership in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities.
4. I do not have a contract with or an ownership interest in the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities.
5. I have performed this review without bias for or against the utilization review agent, the insurer, health maintenance organization, other managed care entity, payor or any other party to this case.

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief, true and correct to the extent they are applicable to this case and my relationships.

I understand that a false certification is subject to penalty under applicable law.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ATTACHMENT #3

USE THESE INSTRUCTIONS TO COMPLETE THE ATTACHED ADDENDUM TO THE BIOGRAPHICAL AFFIDAVIT.

1. Limit your response to information concerning any relationship which represents a five percent (5%) holding in any of the listed entities and information concerning any relationship which represents a holding or investment worth \$100,000 or more in any of the listed entities
2. Do not limit your response to entities or individuals that are licensed, certified, or otherwise authorized to operate in the state of Texas.
3. For each entity and individual named include: the Federal Tax Identification Number and any license/certification or registration number for any health care provider, the purpose of the entity (or if an individual, the individual's profession), the address, phone number, duties performed by the affiant, and dates of the affiant's affiliation with the entity or individual. (Do not exclude from this list any entities because they are no longer in existence and include relationships which currently exist and relationships that have existed during the past two years.)
4. List only those relationships which you know exist or have existed in the past two years with any of the following entities or individuals as they are herein defined.
  - (A) *"Health benefit plan" means a plan of benefits that defines the coverage provisions for the provision of health care, which is offered or provided by any organization, public or private, other than health insurance.*
  - (B) *"Health maintenance organization" means an organization licensed under the Texas Health Maintenance Organization Act (Chapter 20A, Vernon's Texas Insurance Code).*
  - (C) *"Insurer" includes but is not limited to any entity that provides health, property, liability and professional liability insurance. (For the purpose of this application, do not include personal automobile insurance in your response.)*
  - (D) *"Utilization review agent" includes any certified or otherwise authorized Utilization Review Agent.*
  - (E) *"Nonprofit health corporation" includes any licensed, certified or otherwise authorized nonprofit health corporation. The term, "Nonprofit Health Corporation," includes but is not limited to: approved nonprofit health corporations and 501(a) organizations.*
  - (F) *"Payor" means:*
    - (a) *an insurer writing health insurance policies;*
    - (b) *any preferred provider organization, health maintenance organization, self-insured plan; or*
    - (c) *any other person or entity which provides, offers to provide, or administers hospital, outpatient, medical, or other health benefits to persons treated by a health care provider in this state pursuant to any policy, plan or contract.*
  - (G) *"Health care provider" means any person, corporation, facility, or institution licensed by a state to provide or otherwise lawfully providing health care services that is eligible for independent reimbursement for those services. By way of example, the term "Health Care Provider" includes but is not limited to: professional associations and independent practice associations.*
  - (H) *A group representing any of the entities described in paragraphs (A) through (G) above.*
5. Use the table to code your relationship to the referenced entity.

Use codes from the following table to describe your relationship with the entity:

Relationship Category:	Relationship Status:	Relationship Direction
CONTRACTUAL <input type="checkbox"/> (100) BUSINESS/INVESTMENT <input type="checkbox"/> (200) DIRECTOR, OFFICER, BOARD MEMBER, CONSULTANT OR ADVISOR <input type="checkbox"/> (300) STOCK HOLDER > 5% <input type="checkbox"/> (400) EMPLOYEE/EMPLOYER <input type="checkbox"/> (500) OTHER <input type="checkbox"/> (600)	CURRENT <input type="checkbox"/> (10)  PAST <input type="checkbox"/> (20) (WITHIN THE PAST TWO YEARS)	DIRECT (professional, social) <input type="checkbox"/> (1)  INDIRECT (through persons related by blood or marriage) <input type="checkbox"/> (2) (This includes your spouse, any of your siblings, parents, stepparents, children, stepchildren, and in-laws.

NOTE: 1. A contractual relationship may be through a direct contract you hold with the entity or through an indirect contract that contracts directly with the entity.

2. A business relationship may also be through an individual or through a group.

For coding guidelines, see the following examples:

1. If your relationship with a health care provider is that your spouse jointly owns a duplex with the "health care provider," you would find the codes for the relationship to be 200 for category, 10 for status and 2 for direction. This yields a relationship code of "212."
2. If your relationship with a "payor" is as a former employee within the past two years, you would find the codes for the relationship to be 500 for category, 20 for status and 1 for direction. This yields a relationship code of "521."



**Name on Biographical Affidavit** \_\_\_\_\_  
(last name) (first name) (middle initial) (social security number)

1. **Insert the correct sequence number and page number on this form.**
2. **Duplicate this form as often as necessary.**

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession not their social security number )

\_\_\_\_\_ **A B C D E F G H**  
Name of entity or individual [If individual - last name, first name, middle initial] [ Entity Category (circle one) ]

\_\_\_\_\_ address (suite no.) (city) (state) (zip)

List the relationship code which appropriately describes your relationship with this entity (Because you may have more than one type of relationship with a single entity, you may enter codes describing up to three relationships before reentering the

entity's information.) 1.  2.  3.

**Note:** If you chose "other" to describe the category of relationship, specify what you mean

\_\_\_\_. The FEIN of the entity or individual is: \_\_\_\_\_ (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession not their social security number )

\_\_\_\_\_ **A B C D E F G H**  
Name of entity or individual [If individual - last name, first name, middle initial] [ Entity Category (circle one) ]

\_\_\_\_\_ address (suite no.) (city) (state) (zip)

List the relationship code which appropriately describes your relationship with this entity (Because you may have more than one type of relationship with a single entity, you may enter codes describing up to three relationships before reentering the

entity's information.) 1.  2.  3.

**Note:** If you chose "other" to describe the category of relationship, specify what you mean

# CERTIFICATION PAGE (to be signed by all affiants)

1. Insert the correct page number on this form.
2. Use this as the last page and sign the certification.

## Certification:

I, \_\_\_\_\_, do hereby certify that the information contained in this  
Print (first name) (middle initial) (last name)  
**ADDENDUM TO THE BIOGRAPHICAL AFFIDAVIT** is true, accurate and complete to the best of  
my knowledge and belief.

\_\_\_\_\_  
(signature)

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



## Frequently Asked Questions Regarding IRO Reviewers

**Question 1: Who can be a reviewer for an independent review organization (IRO)?**

**Answer:** The IRO can employ or contract with any health care provider so long as the IRO's requirements relating to the health care provider's qualifications, training and licenses are met by the health care provider.

**Question 2: What type of qualifications should a reviewer have to perform independent review for an IRO?**

**Answer:** Personnel employed by or under contract with the IRO to perform independent review must be appropriately trained and qualified and, where applicable, currently licensed, registered, or certified. In addition, reviewers must be in active practice. "Active practice" is defined as 20 hours per week in the examination, diagnosis, and/or treatment of patients.

**Question 3: What type of information does the applicant have to provide to the Department related to reviewers' credentials?**

**Answer:** The IRO must submit policies and procedures that address how the IRO will verify and maintain current documentation regarding the following information about its reviewers:

- Licensure
- Education
- Board certification, if applicable
- Sanctions-can be obtained through applicable licensing boards and/or Office of Personnel Management (OPM), Office of the Inspector General (OIG), American Medical Association (AMA) or the National Practitioner Data Bank (NPDB).

**The IRO's policies and procedures must also include a process for ongoing verification of the information listed above so that the information is current.**

**Question 4: How often does the IRO have to re-credential its reviewers?**

**Answer:** The IRO should re-credential its reviewers in accordance with the policies and procedures it submitted in its application to the Department. The Department will confirm whether the IRO has followed its policies and procedures regarding credentialing and re-credentialing through examinations or requests for information.

**Question 5: What types of records on credentials is the IRO required to maintain?**

**Answer:** IROs must maintain the information listed in the answer to Question 3, including, records about the reviewers' licenses and qualifications, whether the reviewers are in good standing, and whether the reviewers are appropriately trained to perform independent review. In addition, the IRO must maintain complete profiles of anyone conducting independent review and must include information that is required by the Department in its application form and the information must be kept current. To maintain information about reviewers in current status, the IRO must have policies and procedures that address how the IRO will verify all credentials on an ongoing basis.

**Question 6: What types of policies and procedures must the IRO submit to the Department related to orientation and training of personnel?**

**Answer:** The IRO must submit policies and procedures addressing orientation and training of persons who will perform independent review in accordance with the requirements set forth in 28 TAC Chapter 12.

**Question 7: What types of personnel is the IRO required to employ or contract with to perform independent review?**

**Answer:** The IRO must have the capacity to perform independent review for *all specialty classifications and subspecialties* contained in the two tiered structure of specialty classifications set forth in 28 TAC §12.402. Therefore, it is important for the IRO to employ or contract with adequate numbers and types of reviewers to perform reviews for the different types of health care services that may be needed to perform the reviews within the required time frames.