Rules of Department of Insurance Division 700–Licensing Chapter 4–Utilization Review

| Title | Page |
|-------------------------------------|------|
| 20 CSR 700-4 100 Utilization Review | 3 |

Title 20—DEPARTMENT OF INSURANCE Division 700—Licensing Chapter 4—Utilization Review

20 CSR 700-4.100 Utilization Review

PURPOSE: This rule sets forth the procedure for a utilization review agent to obtain a certificate of registration and prescribes the standards to which the utilization review agent must adhere in order to conduct utilization review in this state. This rule is adopted pursuant to section 374.515, RSMo and implements sections 374.500–374.515, RSMo.

(1) A utilization review agent may not conduct utilization review in this state without a certificate of registration issued by the director. The application for a certificate shall be submitted on the form set forth in Exhibit A. The application shall be signed by the applicant or, if the applicant is a corporation, by an officer or, if the applicant is a partnership, by one (1) of the partners. The application shall be accompanied by an application fee of one thousand dollars (\$1,000).

(2) The application for a certificate of registration shall be submitted on the form set forth in Exhibit A. The application shall be signed by the applicant or, if the applicant is a corporation, by an officer or, if the applicant is partnership, by one (1) of the partners. The application shall be accompanied by an application fee of one thousand dollars (\$1,000).

(3) Each application for renewal shall—

(A) Be submitted on the form set forth in Exhibit A;

(B) Contain a verified statement describing any material changes in the information filed by the utilization review agent on its original application for certificate of registration; and

(C) Be accompanied by a renewal fee of five hundred dollars (\$500). The certificate of registration issued to a utilization review agent shall be renewed annually on or before the anniversary date of the initial certificate as shown on the original certification.

(4) Failure to renew a certificate of registration in a timely manner shall result in a fine as set forth in section 374.280, RSMo.

(5) Pursuant to sections 374.046 and 374.512, RSMo, the director may take action against any utilization review agent doing business in this state without a certificate of registration in violation of section 374.503,

(6) Any utilization review agent doing businesses in this state under a name other than its true name shall file with the director a copy of all documents, including the authorization from the Missouri Secretary of State which shows the legal authority for the utilization review agent to use such other name. Even though multiple names may be registered with the Missouri Secretary of State, the utilization review agent must choose only one (1) authorized name for a certificate of authority to conduct business as a utilization review agent.

(7) No utilization review agent shall require or request a Federal Drug Enforcement Administration Number or a Missouri Controlled Substance Registration Number from any provider.

AUTHORITY: sections 374.515, RSMo 1994 and 376.1399, RSMo Supp. 1997.* Emergency rule filed Nov. 1, 1991, effective Nov. 11, 1991, expired March 10, 1992. Original rule filed Nov. 1, 1991, effective May 14, 1992. Amended: Filed Aug. 26, 1993, effective May 9, 1994. Amended: Filed Nov. 3, 1997, effective May 30, 1998.

*Original authority 1991, amended 1993.

CSR

| STATE OF MISSOURI DEPARTMENT OF INSURAL CERTIFICATE OF REG FOR UTILIZATION REV | REW APPLICATION | | |
|---|---|---|--|
| FOR THE REGISTRATION PERIOD | | | |
| THIS APPLICATION FOR CERTIFICATIC | ON AS AN UTILIZATION REVIEW AC | GENT IS MADE BY: | · · · · · · · · · · · · · · · · · · · |
| | | | |
| 2. THE APPLICANT IS THE FOLLOWING TYPE OF BUSINES | SS ENTITY; CHECK ONLY ONE (1) ENTITY: | | |
| | | IP | |
| 3. BUSINESS STREET ADDRESS (STREET, CITY, STATE, Z | IP CODE) (DO NOT USE A POST OFFICE BOX) | | |
| 4. BUSINESS MAILING ADDRESS (STREET OR POST OFFI | ICE BOX, CITY, STATE, ZIP CODE) | | |
| 5. BUSINESS TELEPHONE NUMBER | | | |
| NOTE: If this is a renewal application, provided on the utilization rev below and proceed to Section I CERTIFY THAT THERE HAS BEEN | iew agent's original application 10. | nly if there has been for certificate of regis | a material change in the information stration. Check the appropriate box |
| No material change in the A material change in the A material change in the 6. IF APPLICANT IS A CORPORATION, THEN PROVIDE THE | ne information provided on the origen information provided on the origen state of INCORPORATION | iginal application. ginal application. | |
| 7. LIST ALL OTHER LOCATIONS, PROVIDING COM | PLETE ADDRESSES AND TELEPHONE NUM | SERS (ATTACH & SEPARATE | SHEET TO THIS APPLICATION IF NECESSARY |
| | X, STREET, CITY, STATE, ZIP COD | | TELEPHONE NUMBER |
| | | | |
| | | | |
| | | | |
| ······································ | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. IF A CORPORATION, PROVIDE THE ALL PARTNERS. INCLUDE THE SOC | NAMES OF ALL OFFICERS AND I | DIRECTORS. IF A PART | NERSHIP, PROVIDE THE NAMES OF |
| NAME | SOCIAL SECURITY NO. | | ADDRESS |
| | | | |
| | | | |
| | | | |
| | l | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | ļ | ······································ |
| | | | |
| MO 375-0049 (2-98) | 1 | 1 | |

| Chapter 4—Utilization F | Review |
|-------------------------|--------|
|-------------------------|--------|

Attach a separate sheet to this application if necessary

- 9. Has the applicant, or any one (1) if its incorporators, owners, partners, officers, directors or employees performing utilization reviews, ever had an application for a utilization review agent's license, or similar license, denied, revoked, or suspended, or paid a fine or forfeiture in connection with such license; or had any professional, vocational or business license denied, suspended or revoked by any public authority in this or in any other state? ______ If the answer to this question is yes, then attach a complete explanation.
- 10. Attach a cashier's check or money order made payable to the Missouri Department of Insurance in the total amount of one thousand dollars (\$1000). Hereafter the annual registration fee of five hundred dollars (\$500) is due not later than the anniversary date of the original certification.
- 11. The applicant, being first duly sworn, states that s/he has completed this application or that s/he has read the application and knows its contents and its attachments; that to the best of his/her knowledge and belief the statement made upon this application and upon all attachments are true, correct, and complete in every material respect, and do not contain any statement which, under the circumstances under which it was made, would be false or misleading in respect to any material fact; and that s/he has read and understands the laws of the state of Missouri pertaining to utilization review and utilization review agents. The applicant further certifies, under oath, that it complies with all laws regulating Utilization Review Agents, including Sections 374.510 and 375.1350-376.1390, RSMo.

| | | OFFICER SIGNATURE | | | |
|----------------------------------|---------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|--|
| IF THE APPLICANT IS A | | | | | |
| | | TYPE OFFICER NAME AND TITLE | | | |
| CORPORATION | | | | | |
| | | | | | |
| PARTNER SIGNATURE | | | | | |
| | | | | | |
| IF THE APPLICANT IS A | | | | | |
| PARTNERSHIP | | TYPE MANAGING GENERAL PARTNER NA | ME | | |
| | | | | | |
| | INDIVIDUAL SIGNATURE | | | | |
| IF THE APPLICANT IS AN IND | IF THE APPLICANT IS AN INDIVIDUAL | | | | |
| | | | | | |
| NOTARY PUBLIC | | | | | |
| NOTARY PUBLIC EMBOSSER SEAL | STATE OF | | | COUNTY | |
| | SUBSODID | ED AND SWORN BEFORE ME, THIS | | 4 | |
| | SUBSCRIBED | | 19 | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| NOTARY PU | | DAY OF JBLIC SIGNATURE | MY COMMISSION | USE HUBBER STAMP IN CLEAR AREA BELOW. | |
| | | | EXPIRES | | |
| (| | | | | |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| 12. MAIL THIS COMPLETED | | CATION TO: | | | |
| | | | | | |
| MISSOURI DEPARTMENT OF INSURANCE | | | | | |
| DIVISION OF MARKET CONDUCT-U.R. | | | | | |
| P.O. BOX 4001 | | | | | |
| JEFFERSON CITY MO 65102-4001 | | | | | |
| | | | | | |
| MO 375-0049 (2-98) | | | | N | |