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

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 CSR 700-4.100 Utilization Review</td>
<td>3</td>
</tr>
</tbody>
</table>

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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 a 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, RSMo, even if the principal place of business of the utilization review agent is located in another state.

(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.


STATE OF MISSOURI
DEPARTMENT OF INSURANCE
CERTIFICATE OF REGISTRATION APPLICATION
FOR UTILIZATION REVIEW AGENTS

FOR THE REGISTRATION PERIOD
THIS APPLICATION FOR CERTIFICATION AS AN UTILIZATION REVIEW AGENT IS MADE BY:

1. NAME

2. THE APPLICANT IS THE FOLLOWING TYPE OF BUSINESS ENTITY: CHECK ONLY ONE (1) ENTITY:
   - [ ] INDIVIDUAL
   - [ ] CORPORATION
   - [ ] PARTNERSHIP

3. BUSINESS STREET ADDRESS (STREET, CITY, STATE, ZIP CODE) (DO NOT USE A POST OFFICE BOX)

4. BUSINESS MAILING ADDRESS (STREET OR POST OFFICE BOX, CITY, STATE, ZIP CODE)

5. BUSINESS TELEPHONE NUMBER
   

NOTE: If this is a renewal application, complete Sections 6 through 9 only if there has been a material change in the information provided on the utilization review agent’s original application for certificate of registration. Check the appropriate box below and proceed to Section 10.

I CERTIFY THAT THERE HAS BEEN
   - [ ] No material change in the information provided on the original application.
   - [ ] A material change in the information provided on the original application.

6. IF APPLICANT IS A CORPORATION, THEN PROVIDE THE STATE OF INCORPORATION

7. LIST ALL OTHER LOCATIONS, PROVIDING COMPLETE ADDRESSES AND TELEPHONE NUMBERS. (ATTACH A SEPARATE SHEET TO THIS APPLICATION IF NECESSARY)

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8. IF A CORPORATION, PROVIDE THE NAMES OF ALL OFFICERS AND DIRECTORS. IF A PARTNERSHIP, PROVIDE THE NAMES OF ALL PARTNERS. INCLUDE THE SOCIAL SECURITY NUMBER AND RESIDENCE ADDRESS OF EACH INDIVIDUAL LISTED:

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Attach a separate sheet to this application if necessary

9. Has the applicant, or any one (1) of 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.

| IF THE APPLICANT IS A CORPORATION | OFFICER SIGNATURE |
|                                  | TYPE OFFICER NAME AND TITLE |

| IF THE APPLICANT IS A PARTNERSHIP | PARTNER SIGNATURE |
|                                  | TYPE MANAGING GENERAL PARTNER NAME |

| IF THE APPLICANT IS AN INDIVIDUAL | INDIVIDUAL SIGNATURE |

12. MAIL THIS COMPLETED APPLICATION TO:

MISSOURI DEPARTMENT OF INSURANCE
DIVISION OF MARKET CONDUCT-U.R.
P.O. BOX 4001
JEFFERSON CITY MO 65102-4001