



Oklahoma State
Department of Health
Creating a State of Health

Health Resources Development Service
P.O. Box 268823
Oklahoma City, OK 73126-8823
Tel. (405) 271-9444, ext. 57271 Fax. (405) 271-7360

<u>For Oklahoma State Department of Health Use Only</u>	
Date Received	_____
Receipt Number	_____
Project Number	_____
Fee Paid \$	_____

<p>APPLICATION FORM FOR INDEPENDENT REVIEW ORGANIZATION CERTIFICATION</p>
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Type of Review:
 New Application
 Renewal Application
 Other (Specify) _____

Type of Business entity:
 Individual
 Corporation
 Partnership

A. Name of Plan (legal entity): _____

B. Office Location: _____
Street Address

City State Zip Code (Area Code) Telephone Number

C. If a corporation, provide the state of incorporation: _____

D. Current Federal Tax Status
 For Profit Not for Profit Other (Specify) _____

E. Contact Person: _____
Name (Area Code) Telephone Number

Mailing Address City State Zip Code

F. Attestation:

This application was approved by our Governing Body on _____.

(Note: Immediately following this page, attach an attested copy of the minutes of the governing body in which the proposed application was submitted and approved.)

 Name and Title (typed)

 Signature

This form is composed of two Parts: Part A for Initial Certification
 Part B for Renewal Certification

Applicants seeking an initial certificate should complete Part A. Those applicants seeking a renewal certificate should complete the sections of Part A which have changed since the last certification application, and all sections of Part B.

Responses are to be provided in the form of individual attachments. Start by providing a list of attachments. To respond to a question, retype it, and then provide the appropriate response. Numbered tabs should identify each section. Insert the application in a three-ring loose-leaf binder.

Submit the completed application to the address noted below. You must respond to all items on the form or the application will be returned to you.

Oklahoma State Department of Health
Protective Health Services - 0511
Health Resources Development Service
Managed Care Systems
1000 Northeast Tenth Street
Oklahoma City, OK 73117-1299

For more information, contact the Managed Care Systems of the Health Resources Development Service by telephone at (405) 271-9444, ext 57273 or by facsimile at (405) 271-7360.

PART A - INITIAL CERTIFICATION

By separate attachments, tabbed with the item number shown below, provide the following:

1. A narrative description and an organizational chart to provide an overview of the independent review organization's operations, including the number of years engaged in external reviews.
2. A copy of the independent review organization's basic organizational documents and bylaws.
3. The chief executive officer's name and biographical information.
4. Contact person's name, business address and telephone number.
5. A list of names and official capacities of all persons responsible for the independent review organization program, including:
 - a. All members of the governing body, the officers and directors of a corporation, and the partners or associates of a partnership or association; and,
 - b. Disclosure of any contracts or arrangements between them and the independent review organization, including any appearance of a conflict of interest as specified in the Act.
6. A description of the procedures for accomplishing informed consent.
7. A description of the procedures or methods for ensuring the independence and objectivity of the review organization and review process, to include a description of the method used to establish fees for external reviews, and a description of the method used to ensure timely selection of expert reviewers.
8. A description of the procedures or methods for ensuring the independence and objectivity of health care professionals, including information on current license, state of licensure and current clinical practice.
9. A description of the procedures or methods for ensuring that the identity of a physician cannot be a factor in the decision on an appeal.
10. A description of the procedures or methods for ensuring the confidentiality of medical records and other confidential information.

11. A description of the procedures or methods for conducting external reviews and expedited reviews within time frames under the Act and OAC 310:658, to include procedures or methods for ensuring the availability of expert reviewers on a timely basis.
12. A description of the procedures or methods for credentialing health professionals and for the selection of impartial clinical peer reviewers who have actual clinical experience and who will adhere to the requirements of the Act.
13. A toll-free telephone number that is capable of accepting, recording or providing appropriate instructions to incoming telephone callers after normal business hours.

PART B - RENEWAL CERTIFICATION

By separate attachments, tabbed with the item number shown below, provide answers to the following:

I. Changes in the Previous Application:

A. Have any changes occurred which affect the information submitted in Part A of the existing application for certification?

_____Yes _____No

B. If Yes:

1. Resubmit the changed portions of the application.
2. List in the space below all section numbers of part A which are affected by changes:
