

Kentucky Department of Workers' Claims
Utilization Review/Medical Bill Audit Application
Program and Plan Administrator Information

Identification

Name of Applicant _____ FEIN _____

Address _____ Phone _____

Check only one

Insurance Carrier Self Insured Employer TPA Group Self Insurance Fund Vendor

If applicant is contracting with a Utilization Review Vendor, identify the vendor:
(Vendor means a person or entity which implements a Utilization Review and/or Medical Bill Audit program for purposes of offering those services to insurance carriers)

Name _____ DWC Certification Number _____

Address _____ Date of Contract _____

_____ Phone _____

If applicant has contracted with a Managed Care Organization certified by the Department of Workers' Claims identify the Managed Care Organization:

Name _____ MCO Plan Number _____

Address _____ Date of Contract _____

_____ Phone _____

Identify the person responsible for the operations of the Utilization Review and/or Medical Bill Audit Program:

Name _____ Title _____

Address _____ Phone _____

Email _____

If you have contracted with a Utilization Review/Medical Bill Audit vendor certified by the Department of Workers' Claims, stop here. If not, you must complete the remainder of the application.

Utilization Review and Medical Bill Audit certification requirements

Please submit in order a detailed description or assurance of the following:

1. The process, policies, and procedures whereby decisions are made. UR/MBA
2. The specific criteria utilized in the decision making process, including a description of the specific medical guidelines used as the resource to confirm the medical diagnosis and to provide consistent criteria and practice standards. UR
3. The criteria by which claims, medical services, and medical bills are selected for review. UR
4. The qualifications of internal and consulting personnel who will conduct the utilization review and medical bill audit and the manner in which the personnel shall be involved in the review process. UR
5. The process that assures treatment plans are obtained for review by qualified medical personnel in all instances where they are required under 803KAR25:096. UR/MBA
6. The process to assure that a physician has been designated by each injured employee as required under 803KAR25:096. UR/MBA
7. The process for rendering and timeframes for notifying the medical provider and employee of the initial utilization review, retrospective review, or expedited review per 803KAR25:190. UR
8. The reconsideration process within the structure of the UR and MBA program per 803KAR25:190. UR/MBA
9. The reconsideration process for pharmaceuticals per 803KAR25:270 UR
10. The reconsideration process for a pre authorization denial per the new treatment guidelines 803KAR25:260. UR
11. A database being maintained for a period of no less than two (2) years and subject to audit KRS342:035(5)(b); and that the following information is recorded:
 - a. Each instance of utilization review
 - b. Each instance of medical bill audit
 - c. The name of the reviewer
 - d. The extent of the review
 - e. The conclusions of the reviewer
 - f. The action, if any, taken as the result of the review UR/MBA
12. A toll-free number will be provided for the employee and/or medical provider to contact the utilization reviewer. The reviewer will be reasonably accessible to interested parties at least five (5) days per week, forty (40) hours per week during normal business hours. UR
13. A description of the policies and procedures that will protect confidentially of patient information. UR
14. An assurance that during the term of an approved plan, the Commissioner shall be notified as soon as practicable, of a material change in the approved plan or a change in the selection of a vendor. 803KAR25:190 section 3(5)(b) UR/MBA
15. An assurance that a carrier who contracts with an approved vendor for utilization review or medical bill audit services shall notify the Commissioner of the contractual arrangement. The contractual arrangement may provide for separate utilization review and medical bill audit vendors. 803KAR25:190 section 3(4) UR/MBA
16. Provide a copy of a Curriculum Vitae for the Medical Director.
17. Provide a list of clients who contract you to perform UR/MBA services. UR/MBA

- 18. Assurance that a statement or payment for medical goods and services and charges for a deposition, report, or photocopy complies with KRS chapter 342.035 and that all applicable administrative regulations are covered in the plan. MBA
- 19. Submit example letters for UR: approval, denial, reconsideration, final reconsideration.
- 20. Submit example of EOB/EOR for MBA

All letters must be submitted on letterhead and have appropriate details and language pursuant to 803KAR25:190.

I hereby certify that the information and material contained in this application is true and accurate to the best of my knowledge. I understand that the Department of Workers' Claims will rely on this information and material in making its decision regarding approval of this Utilization Review/Medical Bill Audit program. Any distorted facts or misrepresentation may disqualify the applicant from certification or result in revocation of the certification at any time.

Name of authorized representative or applicant (please print) Title

Signature of authorized representative or applicant Date
