



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON

COMMISSIONER

INSTRUCTIONS FOR APPLICATION TO ACT AS A UTILIZATION REVIEW ORGANIZATION IN THE STATE OF LOUISIANA

This packet is designed to assist the individual preparing the application in complying with all statutory and administrative requirements and to facilitate review of the application by the Louisiana Department of Insurance (LDI). Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet. This application should be used for application for license as a utilization review organization pursuant to La. R.S. 22:2394-2395.

Direct all communication to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Or
1702 3rd St. Baton Rouge, LA 70802
Phone: (225) 219-4318
Fax: (225) 342-7401
Email : companyappsl@ldi.la.gov

While the LDI will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) The LDI accepts electronic submission of the application. The applicant should contact the LDI prior to submission to make arrangements for a secure portal for such a submission. Submission of sensitive or confidential information via standard email is not recommended. After submission of the application electronically, the payment of the fees must be submitted hard copy to the address above. All payments must be made payable to the Louisiana Department of Insurance.
- 2) If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of Company Licensing to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 5) All original items submitted become the property of the LDI and will not be returned.

- 6) All certified documents required in the application must be dated within ninety (90) days of submittal of the application. If an application is submitted hard copy rather than electronically, all certifications must be original.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with this individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.
- 9) The applicant must notify the LDI of any changes in the applicant or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and changes to the financial statements submitted in support of this application. Failure to notify the LDI of such changes may result in disapproval of the application.

SPECIAL INSTRUCTIONS FOR POLICIES, PROCEDURES AND OPERATING MANUALS

It is the responsibility of the applicant to be certain that all policies, procedures, operating manuals and contracts submitted with this application comply with the applicable state and federal laws. Submit only documents relative to Louisiana. Submission of documents not relevant to Louisiana or which are otherwise not compliant may result in the disapproval of this application. To assist in the preparation of compliant procedures and forms, you may utilize the Statement of Compliance for URO form at https://ldi.la.gov/docs/default-source/documents/licensing/companies/statement-of-compliance-for-uro-9-2020-fillable.pdf?sfvrsn=cdca4e52_0.

A completed version of this form must also be submitted with the application.

SPECIAL INSTRUCTIONS FOR LOUISIANA DOMICILED APPLICANTS

If the applicant is domiciled in Louisiana, the entity is subject to the provisions of [LAC37:XXIII. Chapter 5L \(Regulation 66\)](#) and must supply certain additional information for all persons responsible for the conduct of affairs of the applicant. Including all directors, all trustees, all executive committee members and every natural person owning, directly or indirectly, ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. Below is specific information and instructions for those requirements.

FINGERPRINTING (EXHIBIT O)

For residents of Louisiana or individuals who are able to travel to Louisiana for printing, fingerprinting services are provided by the license testing vendor, PSI. No appointment is necessary and a list of testing locations and hours of operation is available on PSI's website (PSIexams.com). Fingerprinting fees are paid at the site at the time of submission.

For any individual who is not a resident of Louisiana who is unable to travel to Louisiana for printing, the following steps are required:

- 1) Duplicate (2) fingerprint cards for each individual must be submitted. You may submit requests for blank fingerprint cards to companyapps@ldi.la.gov. Please include the number of cards required and the address to which the cards should be mailed.

- 2) Appropriate Fees must be submitted made payable to the Louisiana State Police. The proper fee amounts are stated at the top of the Authorization to Disclose Criminal History Records Information form referenced below.
- 3) A completed Authorization to Disclose Criminal History Records Information for each applicant. [This form is available on the LDI website.](#)
- 4) A completed Rap Sheet Disclosure Form for each applicant. [This form is available on the LDI website.](#)

All of these documents should be sent to:

**Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896**

Generally, the Department will receive fingerprint results within three to four days from submission of the fingerprints. If the Louisiana State Police or Federal Bureau of Investigation are unable to run the reports due to unreadable or unclear fingerprint submissions, it may take up to sixty (60) days for a check to be completed using alternate means.

Any individual that is currently serving as an officer or director of another domestic regulated entity or has previously submitted fingerprints in association with a resident producer or adjuster license application may request a waiver of the fingerprinting requirements. Requests for such a waiver should be sent to companyapps@ldi.la.gov. The request must provide a full explanation of the application to be filed, the names of all individuals for whom the waiver is requested and clearly explain the grounds for the request.

THIRD PARTY VERIFICATION REPORTS (EXHIBIT P)

The reports must be prepared by one of the firms approved by the National Association of Insurance Commissioners. A list of those approved firms is available at http://naic.org/documents/industry_ucaa_third_party.pdf. The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment.

REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE

Submitting this application to the Louisiana Department of Insurance does not dismiss a corporation from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the corporation to contact that Office and make whatever arrangements may be necessary. The address and telephone number are given below.

Louisiana Secretary of State
Corporations Division
P.O. Box 94215
Baton Rouge, LA 70804-9215
(225) 925-4704

SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

This application is designed to be an authentic act under Louisiana law. As such, the attestation page requires the signature of two officers and each signature must be witnessed by two persons AND executed before a notary.

If the application is filed in the name of an individual, the individual must sign the application. If the application is filed for other than a natural person (individual), the application must be signed by two executive officers or other comparable responsible persons (officer, director, partner, managing member or sole proprietor).

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing utilization review organizations in Louisiana?

A: The laws governing utilization review organizations can be found in Chapter 18 of Title 22 of the Louisiana Revised Statutes (La RS 22:2391 et seq.). You may view all Louisiana laws on the Louisiana Legislative website at www.legis.la.gov.

Q: What is the time frame for the review of an application?

A: This Department reviews all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Can we meet with the Department for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
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**APPLICATION TO ACT AS A
UTILIZATION REVIEW ORGANIZATION
IN THE STATE OF LOUISIANA**

GENERAL INFORMATION (Type or Print)	
APPLICANT NAME: _____	
TRADE NAME: _____	
FEI OR SOCIAL SECURITY NO.: _____ DOMICILE: _____	
PRINCIPAL ADDRESS: _____ _____ _____	
CONTACT _____ CONTACT TITLE: _____	
CONTACT ADDRESS: _____ _____ _____	
PHONE: _____ FACSIMILE: _____	
E-MAIL: _____	
† This Office will only communicate with the named contact person.	
FEES	
Initial Application	\$ 1,500.00

SECTION 2 – ADDRESS AND CONTACT INFORMATION

MAILING ADDRESS: Provide the mailing address of the applicant.		
Address:		
City:	State:	Zip:
DESIGNATED OVERSEER: Provide the name, address, phone number and email address for the corporate officer designated by the applicant to oversee the utilization review.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
COMPLAINTS CONTACT: Provide the name, address, phone number and email address for the contact person to which consumer complaints and inquiries should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
MEDICAL DIRECTOR: Provide the name, address, phone number, email address, medical license number, state of issuance of the license and the specialty of the medical director of the applicant.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
License Number:	State of Issuance	
Specialty:		

SECTION 3 - INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS

1) Has the applicant ever had an application denied by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever been subject to any regulatory action including cease and desist orders, revocation of license or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Within the last five years, has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Within the last five years, has the applicant undergone a change in ownership of five percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Is the applicant presently negotiating or inviting negotiations or acting as party to a counterletter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of five percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Is the applicant a plaintiff or defendant or subject in any legal action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Does the applicant have any material professional, familial or financial interest with any entity which will be used to perform external reviews of any case?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Does the applicant own or control a health insurance issuer, health benefit plan, a national, state or local trade association of health benefit plans, or a national, state, or local trade association of health care providers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Is the applicant owned or controlled by a health insurance issuer, health benefit plan, a national, state or local trade association of health benefit plans, or a national, state, or local trade association of health care providers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Is the applicant a party to any agreement or understanding with any insurer in which the effect of the agreement is to make the amount of the applicant's commission, fees, or charges contingent upon savings realized in the adjustment, settlement, and payment of losses covered by the insurer's obligations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Has any person who is presently an officer, director or owner of five percent or more of the applicant ever been convicted of or pleaded guilty or nolo contendere in any jurisdiction to a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 5 - LIST OF MANAGEMENT AND OWNERS

Provide the full legal name (no initials), resident address, position with the applicant and the percentage of ownership (if applicable) of all natural persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every natural person owning, directly or indirectly, 10 percent or more of the applicant and any other natural person who exercises control or influence over the affairs of the applicant.

NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

SECTION 6 - EXHIBITS

EXHIBIT A – A copy of the articles of incorporation, articles of association, partnership agreement or other such organizational documents and all amendments thereto of the applicant certified by the proper domiciliary official. The certification must be original and dated within ninety (90) days of submission.

EXHIBIT B – A copy of the bylaws of the applicant certified as true and correct by the secretary of the applicant, if a corporation; a partner, if a partnership; or other appropriate person. This certification must be within ninety (90) days of submission.

EXHIBIT C – A copy of the trade name certificate issued to the applicant by the Louisiana Secretary of State. This item must be supplied by any applicant utilizing a trade name or d/b/a in Louisiana.

EXHIBIT D - Completed biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. This must include a completed affidavit for the medical director of the applicant. Only the most recent version of the affidavit adopted by the National Association of Insurance Commissioners is acceptable and all affidavits must be executed no more than 180 days prior to submission. This form can be obtained from the NAIC web site (http://naic.org/documents/industry_ucaa_form11.pdf).

EXHIBIT E – A copy of the applicant’s procedure manual which meets the requirements of Chapter 18 of the Louisiana Insurance Code (La. R.S. 22:2391-2453) for making clinical or medical necessity determinations and resolving disputes in the internal claims and appeals process.

EXHIBIT F - A description of procedures used in making adverse determinations that describes all review activities performed for health benefit plans in Louisiana. The description shall, at a minimum, include all of the items listed below. Whenever appropriate, the response may reference the procedure manual content, but such reference must include specific page and section citations.

- Data sources and clinical review of criteria to include written screening, procedures, decisions abstracts, clinical protocols and practice guidelines used to determine the medical necessity and appropriateness of health care services including those used in determination that an item or service is experimental.
- Samples of written notifications of adverse determination and letters of appeals.
- Provisions for assuring confidentiality of clinical and proprietary information
- Any quality management program utilized by the applicant.

EXHIBIT G - Samples of the forms of all contracts with health insurance issuers in use or to be used by the applicant. These forms should not include fees charged.

EXHIBIT H - A general description of operation of the applicant, which includes a statement that the applicant does not engage in the practice of medicine or act to impinge or encumber the independent medical judgment of treating physicians or health care providers.

EXHIBIT I - A completed Statement of Compliance for the forms and procedures submitted with this application. To complete the form, identify the document and provide page number(s) in which the indicated requirement are addresses in the documents submitted. The proper form is located at https://ldi.la.gov/docs/default-source/documents/licensing/companies/statement-of-compliance-for-uro-9-2020-fillable.pdf?sfvrsn=cdca4e52_0.

• **SECTION 6 – EXHIBITS (Continued)**

EXHIBIT J - A detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages for any persons owning 10% or more of all affiliated entities up to and including the ultimate controlling person. For a sample chart please go to our web site at <http://www.lidi.state.la.us/Licensing/Company/index.htm>

EXHIBIT K - For individuals designated to make utilization review determinations, provide the following information.

- The full legal name, address and qualifications of each individual including the jurisdiction of license and the license number.
- A description of the types of determinations that will be made by the individual and the type of license that will be required to support such determinations; and
- An attestation statement that no adverse determination will be made regarding any medical procedure or service outside the scope of such individual's expertise.

THE FOLLOWING MUST BE PROVIDED BY LOUISIANA DOMICILED APPLICANTS ONLY

EXHIBIT L – A copy of the acceptance of trust executed by each director of the company. You may find a sample Director's Acceptance of Trust form at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/directors-acceptance-of-trust.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBIT M – A copy of the oath of officer executed by each officer of the company. You may find a sample form of the Oath of Officer at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/oath-of-officer.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBIT N – A Conflict of Interest Statement completed and signed by every officer and director. You may find a copy of the Conflict of Interest Statement at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/conflict-of-interest-statement-for-reg-66>. A copy of the Conflict of Interest policy of the applicant must be supplied with the statement.

EXHIBIT O – Written confirmation from the applicant that the fingerprints have been submitted as indicated in the special instructions in this application.

EXHIBIT P – Written confirmation from the applicant that third party verification reports have been requested as indicated in the special instructions in this application. Include the name of the firm from which the requests were made and the date of the request and payment.

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
_ and _____ who, after being duly sworn, did depose and say that all
information contained in this application and all attachments thereto is, to the best of his/her knowledge, true,
complete and correct.

Signature of Witness

Signature of Applicant or Authorized Representative

Printed Name of Witness

Printed Name and Title of Authorized Representative

Signature of Witness

Signature of Authorized Representative of Applicant

Printed Name of Witness

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 20____.

Signature of Notary

Printed Name of Notary

My Commission Expires _____