

# Health Insurance Issuers Annual Certification

For  
Utilization Review Organizations

State of Louisiana

**Regulation 103, Section 6215. Confidentiality**

**All health insurance issuers must annually certify in writing that their utilization review program or the utilization review program of their designated URO complies with all state and federal laws regarding confidentiality and reporting. The certification is due by March 1 of each year.**



*James J. Donelon*  
*Commissioner of Insurance*



## Directions

### General Comments

- The Certification is due to the Louisiana Department of Insurance on **March 1, 2016**.
- The Certification may be found on the department's website at the following address: <http://www.lidi.la.gov/industry/regulatory-forms>.
- The Certification may be e-mailed to [hbuckley@ldi.la.gov](mailto:hbuckley@ldi.la.gov) or mailed to the attention of Holly Buckley, Office of Health Insurance, Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214.
- Refer to Louisiana Administrative Code Title 37, Part XIII, Chapter 62, Regulation 103, for requirements.

### Contact Information

Enter all contact information.

### Certification

Complete the certification. This form can be edited and/or reproduced for ease in completion of the certification.

### Please do the following after completing the pages:

1. Save file on your computer.
2. E-mail the file to [hbuckley@ldi.la.gov](mailto:hbuckley@ldi.la.gov).

**Louisiana Department of Insurance  
Health Insurance Issuers Annual Certification  
For  
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**Contact Information**

<b>DATE:</b>	
<b>COMPANY NAME:</b>	
<b>CONTACT NAME:</b>	
<b>CONTACT TITLE:</b>	
<b>ADDRESS:</b>	

**Telephone Numbers**

<b>LOCAL:</b>	
<b>TOLL FREE:</b>	

<b>FAX:</b>	
<b>E-MAIL:</b>	

**CERTIFICATION**

I, \_\_\_\_\_ (full name), in my capacity as  
\_\_\_\_\_  
\_\_\_\_\_ (title) and as a duly authorized  
representative of \_\_\_\_\_ (full name of health  
insurance issuer), hereby certify that [the utilization review program of  
\_\_\_\_\_  
\_\_\_\_\_ (full name of health insurance issuer)]  
and [the utilization review program of our designated utilization review organization(s)  
\_\_\_\_\_  
\_\_\_\_\_ (insert name(s) of designated  
utilization review organization(s))] complies with all state and federal laws regarding confidentiality  
and reporting.

Signed on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ , in the city of \_\_\_\_\_ and the  
state of \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)