

INDIANA INDEPENDENT REVIEW ORGANIZATION CHECKLIST

(Refer to citations for all requirements)

IC 27-13-10.1 (HMO); IC 27-8-29 (INSURERS); Bulletin 193

Complete entire checklist for a new application or only those sections changed since last renewal.

Fill in "Located" column with section and page number of supporting documentation.

Company Name _____

Date _____

| STATUTE/REGULATION | REQUIREMENTS | LOCATED |
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| Application | Complete application in its entirety with explanation for any "no" answers. | NA |
| Fee | \$250.00 Initial application \$200.00 Renewal application | NA |
| Accreditation Bulletin 193 | Include copy of accreditation by a private, nationally recognized, accrediting organization | |
| Staffing Qualifications IC 27-13-10.1-8(c)(1)(A) or IC 27-8-29-19(c)(1)(A) | Review professionals assigned must be board certified in the specialty in which the insured's proposed service would be provided. | |
| IC 27-13-10.1-8(c)(1)(B) or IC 27-8-29-19(c)(1)(B) | Review professionals assigned must be knowledgeable about proposed service through actual clinical experience. | |
| IC 27-13-10.1-8(c)(1)(C) or IC 27-8-29-19(c)(1)(C) | Review professionals assigned must hold an unlimited license to practice in a state of the United States. | |
| IC 27-13-10.1-8(c)(1)(D) or IC 27-8-29-19(c)(1)(D) or | Review professionals assigned must have no history of disciplinary actions or sanctions including: loss of staff privileges, or restriction on participation. | |
| Quality Standards IC 27-13-10.1-8(c)(2)(A) or IC 27-8-29-19(c)(2)(A) | The IRO must have a quality assurance mechanism to ensure the timeliness and quality of reviews | |
| IC 27-13-10.1-8(c)(2)(B) or IC 27-8-29-19(c)(2)(B) | The IRO must have a quality assurance mechanism to ensure the qualifications and independence of medical review professionals | |
| IC 27-13-10.1-8(c)(2)(C) or IC 27-8-29-19(c)(2)(C) | The IRO must have a quality assurance mechanism to ensure the confidentiality of medical records and other review materials. | |
| IC 27-13-10.1-8(c)(2)(D) or IC 27-8-29-19(c)(2)(D) | The IRO must have a quality assurance mechanism to ensure the satisfaction of covered insureds with the procedures utilized by the IRO, including the use of covered individual satisfaction surveys. | |
| Review Procedures Bulletin 193 Section 1 (1-5) | <i>Refer to Bulletin 193 for all requirements under this section.</i> | |
| Cost Schedules Bulletin 193 Section 2 (1-3) | <i>Refer to Bulletin 193 for all requirements under this section.</i> | |
| Organizational Support Bulletin 193 Section 3 (1-14) | <i>Refer to Bulletin 193 for all requirements under this section.</i> | |
| Additional Info Submission Bulletin 193 Section 4 (1-3) | <i>Refer to Bulletin 193 for all requirements under this section.</i> | |
| Certifications | Submit the Following Certifications: | |
| Bulletin 193 Section 2 (3) | Statement that all fee schedules submitted with the request will not be increased during the one year certification period. | |
| Bulletin 193 Section 3 (10) | Statement that the organization agrees to accept all eligible cases referred to it on a rotating basis required to be used by insurers. | |
| Bulletin 193 Section 3 (11) | Statement that the organization accepts the rotational assignment procedure. | |
| Bulletin 193 Section 3 (12) | Statement that the Request for Certification designates agreement to comply with Indiana IRO laws. | |
| Standard Appeal Decision IC 27-13-10.1-4(a)(2) | HMO Standard Appeal - For a standard appeal filed under section 2(a)(2)(B) of this chapter, a determination is to be made within fifteen (15) business days after the appeal is filed. | |
| IC 27-8-29-15(a)(2) | Insurers Standard Appeal - For a standard external grievance filed under section 13(a)(2)(B) of this chapter, a determination is to be made within fifteen (15) business days after the external grievance is filed. | |

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| <p>Standard Appeal Notification IC 27-13-10.1-4(c)(2)</p> <p>IC 27-8-29-15(d)(2)</p> | <p>HMO Standard Appeal – For a standard appeal filed under section 2(a)(2)(B) of this chapter, the HMO and enrollee are to be notified of the determination decision within seventy-two (72) hours after the appeal is filed.</p> <p>Insurers Standard Appeal - For a standard grievance, the insurer and the covered individual are to be notified of the determination decision within seventy-two (72) hours after making the determination.</p> | |
| <p>Expedited Appeal Decision & Notification IC 27-13-10.1-4(a)(1) & IC 27-13-10.1-4(c)(1)</p> <p>IC 27-8-29-15(a)(1) & IC 27-8-29-15(d)(1)</p> | <p>HMO Expedited Appeal - For an expedited appeal filed under section 2(a)(2)(A), both the decision and notification to the HMO and enrollee must be completed with seventy-two (72) hours after the appeal is filed.</p> <p>Insurers Expedited Appeal - For an expedited external grievance filed under section 13(a)(2)(B) of this chapter, both the decision and notification to the insurer and covered individual must be completed within seventy-two (72) hours after the appeal is filed.</p> | |