



*Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)*

2009 Wisconsin Act 28 modified s. 632.835, Wis. Stat., to allow an insured individual to request an independent review of a preexisting condition exclusion denial determination and a rescission of a policy or certificate.

This packet summarizes the procedures for an Independent Review Organization (IRO) **currently certified in Wisconsin** under s. 632.835, Wis. Stat., to amend its Certificate of Authority prior to its next recertification in order to allow it to provide independent reviews of preexisting condition exclusion denial determinations and rescissions.

Applicants should carefully review all requirements for performing and licensing of independent review organizations as delineated in s. 632.835, Wis. Stat., and ch. Ins 18, Wis. Adm. Code.

In addition to the Supplemental Application for Certification as an Independent Review Organization form, the application should include the material identified below in the following order:

**I. Quality Assurance Plan:**

- A. Description of any changes to the quality assurance plan.
- B. Description of any changes to procedures to protect confidentiality of medical records and review materials, including when review panel includes legal or actuary reviewers.

**II. Legal Reviewers:**

- A. Procedures to include legal counsel with experience in health insurance policies and certificates in review panels when appropriate, per s. 18.13 (2), Wis. Adm. Code.
- B. Procedures to ensure that legal reviewers are appropriately licensed in Wisconsin, are trained in IRO standards, and are knowledgeable about the issue that is the subject of review.
- C. Procedures to ensure suitable matching of reviewers to specific cases and to ensure that each reviewer assigned to a review does not have a conflict of interest.
- D. Method for recruiting and selecting legal reviewers and for verifying qualifications at least every two years.
- E. Procedures to conduct appropriate training, monitor performance on an ongoing basis and evaluate, no less than annually, each of the legal reviewers.

**III. Actuary Reviewers:**

- A. Procedures to include an actuary reviewer in reviews of an underwriting determination when appropriate, per s. Ins 18.13 (2), Wis. Adm. Code.
- B. Procedures to ensure that actuary reviewers be members in good standing of the American academy of actuaries.
- C. Procedures to ensure suitable matching of reviewers to specific cases and to ensure that each reviewer assigned to a review does not have a conflict of interest.
- D. Method for recruiting and selecting actuary reviewers and for verifying qualifications at least every two years.
- E. Procedures to conduct appropriate training, monitor performance on an ongoing basis and evaluate, no less than annually, each of the actuary reviewers.

**IV. Procedures for Handling Independent Review Requests:**

- A. Description of all aspects of the independent review process regarding a review of a preexisting



## **SUPPLEMENTAL APPLICATION FOR CERTIFICATION AS AN INDEPENDENT REVIEW ORGANIZATION**

Ref: s. 632.835, Wis. Stat.

condition exclusion denial determination or a rescission of a policy or certificate.

- B Procedures to determine when a legal and/or actuary review of a review request is appropriate.

- C. Procedures to ensure clinical peer, legal, and actuary reviewers consider all pertinent information as described in s. Ins 18.12 (1) (e) and (f), Wis. Adm. Code.
- D. Procedures to ensure that the decision of the IRO is consistent with the terms of the health benefit plan as required by s. 632.835 (3m), Wis. Stat., and with applicable laws and regulations.

**V. Fee schedule**

Section 632.835 (4) (ap), Wis. Stat., requires an IRO to establish reasonable fees that it will charge for independent reviews and to submit its fee schedule to the Commissioner for approval. An IRO may not change any fees approved by the Commissioner more than one time per year and shall submit any proposed fee changes to the Commissioner for approval. **Note: If your company has modified its fees for adverse determinations or experimental treatment determinations in the last year, you may not modify these fees at this time. However, the entire fee schedule should be completed.**

Submit fee schedule in following format:

	Standard Review	Expedited Review
Adverse Determination – High complexity		
Adverse Determination – Moderately complex		
Adverse Determination – Low complexity		
Experimental Treatment Determination – High complexity		
Experimental Treatment Determination – Moderately complex		
Experimental Treatment Determination – Low Complexity		
Preexisting Condition Exclusion Denial Determination – High complexity		
Preexisting Condition Exclusion Denial Determination – Moderately complex		
Preexisting Condition Exclusion Denial Determination – Low complexity		
Rescission of a Policy or Certificate		
Review Terminated – insurer voluntarily reverses decision		

Definitions of Categories:

High Complexity: highly technical reviews involving terminally or seriously ill individuals, complex diagnoses or controversial medical treatment; may require more than one peer reviewer

Moderately Complex: reviews involving appropriateness of specific treatment plan; less complex, but requires review of medical literature; generally one peer reviewer

Low Complexity: reviews involving site of care, duration of care, cosmetic or custodial care versus medical necessity, physical, occupational or speech therapies

Review Terminated: insurer voluntarily reverses its decision

Questions about the certification process should be addressed to:

Barbara Belling  
 Managed Care Specialist  
 (608) 264-622



**SUPPLEMENTAL APPLICATION FOR CERTIFICATION  
AS AN INDEPENDENT REVIEW ORGANIZATION**

Ref: s. 632.835, Wis. Stat.

**Company Information**

Legal Name		Federal Employer ID No.	
DBA/Trade Name			
Business Address		City	State Zip + 4
Mailing Address		City	State Zip + 4
Telephone	Fax	Web Address	
Name of Chief Executive Officer			
Contact Person		Telephone	E-mail Address

Type of Organization

Corporation   
  Partnership   
  Sole Proprietorship   
  LLC   
  LLP

Other (list) \_\_\_\_\_

**Type of Reviews**

Adverse Determinations and Experimental Treatment Determinations	
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> List Exceptions _____
<input type="checkbox"/> Limited	<input type="checkbox"/> List Type Offered _____
<input type="checkbox"/> Preexisting Condition Exclusion Denial Determinations	
<input type="checkbox"/> Rescission of a Policy Certificate	

\_\_\_\_\_ (IRO) hereby applies for certification as an independent review organization in Wisconsin. The undersigned attests to the accuracy of this application.

Signature of CEO/Officer and Title	Date
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Subscribed and sworn before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)



Wisconsin Office of the  
**COMMISSIONER**  
**OF INSURANCE**

## **SUPPLEMENTAL APPLICATION FOR CERTIFICATION AS AN INDEPENDENT REVIEW ORGANIZATION**

Ref: s. 632.835, Wis. Stat.

My commission expires: \_\_\_\_\_