



All independent review organizations seeking to conduct independent reviews in Wisconsin must first be certified by the Office of the Commissioner of Insurance (OCI).

This packet summarizes the procedures for certifying Independent Review Organizations (IRO) in Wisconsin under s. 632.835, Wis. Stat. 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.

The following documents must be completed and returned with the application for certification:

1. Application for Certification as an Independent Review Organization
2. Conflict of Interest Statement
3. Certification of Impartiality of Marketing Practices
4. Biographical sketches for all directors, officers, executives, owners, and the medical director (or clinical director)

In addition to the items included in this packet, the application should include a letter of transmittal with an index using the identification system in this letter. An explanation for the omission of any material should accompany the application.

A statutory fee of \$400 must be filed with the initial application for certification

Please file the materials identified below with OCI in the following order:

I. Organizational Structure:

- A. Copy of the articles of incorporation, articles of organization and bylaws or operating agreement for the IRO, holding company or parent company.
- B. Organizational chart.
- C. Names of all corporations and organizations owned or controlled by the IRO, or which owns or controls the IRO, and nature and extent of such ownership or control.
- D. List and describe the scope and relationship of all agreements between the IRO and insurance companies, claims administrators, health care services entities, health care providers and management service organizations.

II. Regulatory Compliance Program:

- A. Procedures to track and to ensure compliance with applicable laws and regulations.
- B. Procedures to maintain a current list of potential conflicts of interest.

- C. Copy of the current list of potential conflicts of interest as described in s. 632.835 (6), Wis. Stat.
- D. Copy of informational materials provided to insurers, providers or consumers, if any.
- E. If any review functions are delegated, procedures to ensure that subcontractor is in compliance with all applicable laws and regulations, as described in s. Ins 18.12 (7), Wis. Adm. Code.

III. Quality Assurance Plan:

- A. Procedures to identify and resolve potential and actual problems.
- B. Procedures to protect confidentiality of medical records and review materials.
- C. Description of medical director's or clinical director's role.
- D. Procedures to ensure that management reports are adequate to track and monitor all aspects of the quality assurance plan.

IV. Peer Reviewers:

- A. Procedures to ensure that the IRO has a sufficient number and types of clinical peer reviewers for the types of reviews it intends to conduct.
- B. Procedures to ensure that clinical peer reviewers are appropriately licensed, registered or certified, are trained in IRO standards, and are knowledgeable about the health care service that is subject of review.
- C. Procedures to ensure suitable matching of reviewers to specific cases and to ensure that clinical peer reviewer assigned to a review does not have a conflict of interest.
- D. Methods for recruiting and selecting peer 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 reviewers and nonclinical staff.

V. Procedures for Handling Independent Review Requests:

- A. Description of all aspects of the independent review process and chart or diagram of sequence of steps from receipt of independent review request through notification of determination.
- B. Procedures to ensure peer reviewer considers all pertinent information as described in s. Ins 18.12 (1) (e) and (f), Wis. Adm. Code.
- C. 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.
- D. Procedures to ensure reviews are conducted and required notices provided within statutory and regulatory timeframes for both standard and expedited reviews.
- E. Toll-free telephone number and procedures for ensuring adequate means to services.
- F. Procedures for maintaining records and annual reporting, as required by s. Ins 18.16, Wis. Adm. Code.

VI. 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.

- A. Provide documentation to demonstrate that the proposed fees are based on prevailing rates in the industry including actual costs for conducting the reviews.
- B. Submit fee schedule in following format:

	Standard Review	Expedited Review
High Complexity - adverse determination		
Moderately Complex – adverse determination		
Low Complexity – adverse determination		
High Complexity – experimental treatment determination		
Moderately Complex – experimental treatment determination		
Low Complexity – experimental treatment determination		
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; 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

VII. Financial Statement

Submit audited financial statement for the IRO’s most recently completed fiscal year, prepared on a generally accepted accounting basis including: assets, liabilities, and net worth; the results of operations; and the changes in net worth for the fiscal year on the accrual basis.

The Office will conduct a review of all submitted documents and other material and it may request clarification or additional documents prior to rendering its determination on certification.

Questions about the certification process should be addressed to:

Barbara Belling
 Managed Care Specialist
 (608) 264-6224

125 South Webster Street, P.O. Box 7873 | Madison, WI 53707-7873
 p: 608-266-3585 | p: 1-800-236-8517 | f: 608-266-9935
ociinformation@wisconsin.gov | oci.wi.gov

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

Ref: s. 632.835, Wis. Stat.

New Certification Renewal

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	E-mail Address	
Name of Chief Executive Officer			
Contact Person		Telephone	

Type of Organization

Corporation Partnership Sole Proprietorship LLC LLP

Other (list) _____

Type of Reviews

Comprehensive List Exceptions _____

Limited List Type Offered _____

List all states in which your company is licensed or certified as an independent review entity and indicate the date you received such license or certification:

_____ (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)

My commission expires: _____



Name of Independent Review Organization

Under s. 632.835 (6) (a), Wis. Stat., an Independent Review Organization (IRO) may not be affiliated with any of the following:

1. A health benefit plan.
2. A national, state or local trade association of health benefit plans, or an affiliate of any such association.
3. A national, state or local trade association of health care providers, or an affiliate of any such association.

Under s. 632.835 (6) (b), Wis. Stat., an IRO appointed to conduct an independent review and a clinical peer reviewer assigned by an IRO to conduct an independent review may not have a material professional, familial or financial interest with any of the following:

1. The insurer that issued the health benefit plan that is the subject of the independent review.
2. Any officer, director or management employee of the insurer that issued the health benefit plan that is the subject of the independent review.
3. The health care provider that recommended or provided the health care service or treatment that is the subject of the independent review, or the health care provider’s medical group or independent practice association.
4. The facility at which the health care service or treatment that is the subject of the independent review was or would be provided.
5. The developer or manufacturer of the principal procedure, equipment, drug or device that is the subject of the independent review.
6. The insured or his or her authorized representative.

I, _____(CEO/Officer), hereby certify that I have authority to bind and obligate the company by filing this application. I further certify, pursuant to s. 632.835 (6), Wis. Stat., that, _____ (IRO) is not affiliated with any of the entities listed in subsection s. 632.835 (6) (a), Wis. Stat., and will comply with subsection s. 632.835 (6) (b), Wis. Stat., in accepting independent review requests.

Signature of CEO/Officer	Title	Date
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**CERTIFICATION OF IMPARTIALITY
OF MARKETING PRACTICES**

Ref: s. 632.835, Wis. Stat.

Name of Independent Review Organization

I hereby certify that, as an officer of the above company, I have the authority to bind and obligate the company by filing this certification. I further certify, pursuant to s. Ins 18.12 (8), Wis. Adm. Code, that, to the best of my knowledge, information and belief, the company has established and maintains procedures to ensure that it is unbiased, and that:

1. It does not provide incentives of any kind, including financial incentives, to providers or consumers as inducements for selection as the independent review organization.
2. It does not directly or indirectly receive any compensation, in any form, related to a review, other than the compensation permitted under s. Ins 18.18, Wis. Adm. Code, and s. 632.835, Wis. Stat.
3. It does not promote, to providers, consumers or insurers any of the following:
 - a. A pattern of favorable results or a pattern of favorable results on a particular treatment or subject.
 - b. An association with a class of providers, consumers or insurers.
 - c. A bias favorable to a class of providers, consumers or insurers.

Name and Title	Date
Company Address	Telephone



To be filled out by all directors, officers, executives, owners, and the medical or clinical director

Personal information:

Name			Date of Birth		
Street Address (residence)			Business Name and Address		
City	State	Zip + 4	City	State	Zip + 4
Telephone			Telephone		
Current or Proposed Position with IRO					

Individual employment history (last 10 years):

Name and Address of Employer	Type of Business	Title of Position and Main Responsibilities	Starting Date	Termination Date	Reason for Termination

License history:

Type of License	Date Received	Name and Address of Institution Granting License	Expiration Date

Education history:

Name of Institution	Address	Dates of Attendance	Degree	Date Received

History of any legal actions:

1. Have you ever changed your name or used an alias?

Yes _____ No _____

2. Have you ever been convicted of a felony?

Yes _____ No _____

3. Are there any criminal actions pending against you?

Yes _____ No _____

4. Have you ever been named as a defendant in any criminal or civil action in which fraud or breach of fiscal responsibility was an issue?

Yes _____ No _____

5. Have you ever been an owner, officer, trustee, management employee or controlling stockholder of an entity that, while you occupied any such position: suffered the suspension or revocation of its certificate of authority or license to do business in any state, or was denied a certificate of authority, license or contract to do business in any state?

Yes _____ No _____

Attach a complete explanation for any "yes" answers.

Affiliation with other health care organizations:

For this section, affiliation includes serving as an officer, director, member of the management staff, stockholder of 10% or more of stocks or key advisor for health care operation.

1. For the past 10 years, have you owned or operated or been affiliated with any health care or health related operations?

Yes _____ No _____

If "yes," list the name(s) and address(es) of health care operation, your affiliation dates, the nature of the affiliation, the agency that licenses the health care operation, and the license number.

2. Are/were these health care operations in compliance with applicable laws and regulations during your affiliation?

Yes _____ No _____

If “no,” provide a complete explanation of each violation, including the nature of the violation, the name and address of the agency enforcing the violation, the steps taken by the health care operation to remedy the violation, and indicate whether any suspension, revocation or accreditation has since been restored.

Personal financial involvement:

1. Financial support for the proposed IRO

Do you intend to provide capital for use in owning, organizing or operating the proposed IRO?

Yes _____ No _____

If “yes,” provide the following:

- Personal financial statement
- Percent and value of the business you control
- Any additional information pertinent to determination of either the applicant’s financial capabilities or the project’s feasibility

2. Transactions with the proposed IRO or holding company

For this section, transaction is any business transaction of \$500 or more that during any one fiscal year, represents 5% of the total annual operating expenses of any of the parties to the transaction. Transactions include any sale or leasing of any property but do not include salaries paid to employees for services provided in the normal course of their employment.

Have any transactions involving money, extension of credit, liens, notes, bonds or mortgages occurred or are such transactions anticipated between the proposed IRO and you or any of your relatives or between the holding company and you or any of your relatives?

Yes _____ No _____

If “yes,” provide information on the transaction, including the parties to the transaction, the type of transaction, the value of the transaction (dollar value and percent of operating costs), the percent interest rate, the reason for the transaction, and the method of repayment.