

Instructions

Utilization Review Agent includes any insurer subject to Article 32 or 43 of the Insurance Law (“insurers”) and any municipal cooperative health benefit plan certified pursuant to Article 47 of the Insurance Law performing utilization review (“UR”) on their own behalf and any independent utilization review agent performing UR under contract with such insurer or municipal cooperative health benefit plan. An independent utilization review agent must file a report with the Department of Financial Services (“DFS”) prior to contracting with any such insurer or municipal cooperative health benefit plan. All UR agents, including insurers and municipal cooperative health benefit plans and any entity that has contracted to perform UR with any insurer or municipal cooperative health benefit plan, must file a UR report with DFS every two years pursuant to Article 49 of the Insurance Law. UR Agents intending to contract with managed care organizations certified pursuant to Article 44 of the Public Health Law, or Workers’ Compensation Preferred Provider Organizations as provided by 10 NYCRR Part 732, must register with the New York State Department of Health pursuant to Article 49 of the Public Health Law.

This application may be used for new reports; renewals; modification to documentation on file or change of UR functions performed; and change of Agent’s name. Answer all questions on the application. Attach additional pages and requested documentation as necessary. The Attestation is to be signed by the Chief Executive Officer.

Agents must submit all utilization review policy and procedures demonstrating compliance with applicable federal law and regulation, Insurance Law and state regulation requirements. These procedures must meet the minimum requirements as described on Attachment A. Note that by accepting delegation to conduct utilization review of appeals on behalf of an insurer or municipal cooperative health benefit plan, the Agent must comply with health plan requirements of 11 NYCRR Part 410 for processing final adverse determinations and responding to external appeal agents.

The signed Application and Attestation, if in PDF format, and supporting documentation may be submitted electronically to URAgentReport@dfs.ny.gov or a hard copy or CD may be mailed to:

NYS Department of Financial Services
 Insurance Division, Health Bureau
 One Commerce Plaza
 Albany, New York 12257
 Attn: UR Agent Report
 Questions? Call Thomas Fusco at (716) 847-7619

Submission Checklist

<input type="checkbox"/>	Completed and signed Application and Attestation, original submitted in hardcopy, CD or PDF format
<input type="checkbox"/>	Complete set of UR policies and procedures, including UR plan, demonstrating Agent’s ability to carry out the relevant requirements of Article 49 of the Insurance Law; 11 NYCRR Part 410; 42 USC § 300gg-19; 45 CFR Part 147.136; and 29 CFR Parts 2560.503-1 and 2590.715-2719 (or, for renewals and modifications, policies and procedures that have been materially changed since last submission, highlighted to show revisions).
<input type="checkbox"/>	Certificate of Incorporation in New York State or other documentation that the Agent has been approved by the Secretary of State to do business in New York State.
<input type="checkbox"/>	Corporate organization chart demonstrating the position of the Agent, subsidiaries and any parent organizations in the corporate structure (an internal organization chart is not required).
<input type="checkbox"/>	List of all insurers and/or municipal cooperative health benefit plans for which the Agent is performing utilization review in New York State and/or anticipated contract date
<input type="checkbox"/>	URAC Certificate, if applicable
<input type="checkbox"/>	Template notice letters

Reference Materials

- NY Insurance Law Article 49
- 11 NYCRR Part 410
- 42 USC § 300gg-19
- 45 CFR Part 147.136
- 29 CFR Parts 2560.503-1 & 2590.715-2719
- External Appeal Standard Description and Application: <http://www.dfs.ny.gov/insurance/extapp/extappqa.htm>