Registration Instructions

1) Non-licensed Utilization Review Organizations (URO) must register with the Commissioner of Commerce and certify compliance with Minn. Stat. §62M. 01 – 62M.16. Non-licensed URO’s are defined in Minn. Stat. §62M.03, Subd. 2. Please include the certification language in your cover letter, i.e., “I certify that I have consulted the requirements of Minn. Stat. §62M.01 – 62M.16, and the filing is in compliance with all applicable requirements.”

2) Submit your written clinical criteria and/or Manual of Operations to the address listed above. See Statutory Requirements for registration of URO’s. Filing Fee: $1,000 (initial registration, and upon renewal). The registration is effective for two years and may be renewed for another two years by written request. Indicate which utilization review service you provide or plan to provide. Also include a list of names and addresses of all Minnesota businesses for which you provide utilization review services.

3) The application and all attachments are considered to be public information as defined in Minn. Stat. §13.01 through Minn. Stat. §13.09. If you believe that any information contained in the form or any attachment is not public, you must cite the specific legal basis for this belief in accordance with Minn. Stat. §13.37, Subd. 1(b).

4) The Commissioner of Commerce must receive the completed application in the manner set forth in the attachment. Incomplete applications may cause delay in the review and approval process. New Registrants: New Utilization Review Organizations may NOT perform utilization review services for Minnesota residents until approval has been granted.

5) Each utilization review organization registered under Minn. Stat. §62M shall notify the Commissioner of Commerce within 30 days of any change in the name, address, or ownership of the organization. This includes any post registration changes of information contained in this application or in your company.

(Annual report – repealed, 2012 c 247 art 1 s 32)

Questions – please contact Tuan Tran 651-539-1748
Statutory Requirements
Application For Nonlicensed Utilization Review Organizations (Uro’s)

In accordance with Minn. Stat. §62M.04 Subdivision 2 and 3, certify that you are in compliance with information upon which utilization review is conducted and with all data elements.

In accordance with Minn. Stat. §62M.05 (Procedures to Review Determination). Subdivision 1. Written procedures. A utilization review organization must have written procedures to ensure that reviews are conducted in accordance with the requirements of this chapter. Provide your written procedures for items listed:

Subdivision 2 Concurrent review; _______________________
Subdivision 3 Notification of determinations; _______________________
Subdivision 3a Standard review determinations; _______________________
Subdivision 3b Expedited review determinations; _______________________
Subdivision 4 Failure to provide necessary information; and _______________________
Subdivision 5 Notification to claims administrator. _______________________

In accordance with Minn. Stat. §62M.06 (Appeals of Determinations Not to Certify). Subdivision 1. Procedures for appeal. A utilization review organization must have written procedures for appeals of determinations not to certify. The right to appeal must be available to the enrollee and to the attending health care professional. Provide your written procedures for items listed:

Subdivision 2 Expedited appeal; _______________________
Subdivision 3 Standard appeal; _______________________
Subdivision 4 Notification to claims administrator. _______________________

In accordance with Minn. Stat. §62M.07 (Prior Authorization of Services) Utilization review organizations conducting prior authorization of services must have written standards that meet at a minimum the following requirements. Provide your written procedures for items listed under (1) through (5).

No. (1) Criteria used to determine whether care is appropriate, reasonable, or medically necessary; _______________________
(2) A system for providing prompt notification of determinations and appeal procedures under clause (4); _______________________
(3) Compliance with section 62M.05, Subd. 3a and 3b, regarding time frames for approving and disapproving prior authorization requests; _______________________
(4) Appeals of denials of prior authorization which specify the responsibilities of the enrollee and provider; _______________________
(5) Ensuring confidentiality of patient-specific information; _______________________

In accordance with Minn. Stat. §62M.08 (Confidentiality). Subdivision 1. Written procedures to ensure confidentiality. A utilization review organization must have written procedures for ensuring that patient-specific information obtained during the process of utilization review will be. Provide your written procedures for items (1) through (3).


STATE OF MINNESOTA
UTILIZATION REVIEW ORGANIZATION

OWNERSHIP DISCLOSURE FORM

Legal Name of Utilization Review Organization:
__________________________________________________________________________________________
__________________________________________________________________________________________

Doing Business As:
__________________________________________________________________________________________
__________________________________________________________________________________________

Type of Business Organization of Utilization Review Organization:
EIN # __________

☐ Sole Proprietorship

Name and address of owner:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

☐ Partnership

Name and address of partnership:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Name and Title of Partners                                   Address
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________
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__________________________________________________________________________________________
□ Corporation

Name: ________________________________________________________________

Address: ______________________________
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____________________________________
____________________________________

Officers Name and Title    Address
____________________________________
____________________________________
____________________________________
____________________________________

Directors Name and Title    Address
____________________________________
____________________________________
____________________________________
____________________________________

Identify any subsidiaries or other spin off organizations of your organization which performs utilization review in Minnesota:

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