



Texas Department of Insurance

Health and WC Network Certification & QA, Mail Code 103-6A • 512-490-1013 fax
IRO, MC 103-5A • 512-490-1011 fax; WC Networks, MC 103-5B • 512-490-1028 fax
333 Guadalupe • P.O. Box 149104, Austin, Texas 78714-9104
866-554-4926 toll free • 512-322-4266 telephone • www.tdi.texas.gov

UTILIZATION REVIEW AGENT (URA) APPLICATION

1. Type of Application (Must Check One):

- Original Application (Certified) & Fee (\$2,150.00)
Renewal Application & Fee (\$545.00)
Update/Change to Original Application (No Fee)
Original Application (Registered) No Fee
URA Certification Number:
URA Certification Number:

2. Name of Applicant: FEIN:

Business Address (Do Not Use P.O. Box) City State ZIP

Mailing Address (if different) City State ZIP
Business Telephone Number: Fax Number:
Toll Free Number: (Required per TIC §4201.004)
Normal Business Hours (Required per TIC §4201.004)
In both time zones in Texas (Central & Mountain)

3. Applicant Organizational Category (Check One):

- Individual Corporation Partnership Association Limited Liability Corporation
Other

4. Type of Utilization Review Performed (Check all that apply):

- Workers' Compensation Health Care Network Health Utilization Review
Workers' Compensation Health Care Non-Network Specialty Utilization Review
Type of Specialty:
(WC Network WC Non-Network Health)

5. Type of Utilization Review Agent (Check one):

- Certified
Registered - Only applicable to licensed health maintenance organization (HMO) or insurance company that performs utilization review for its own enrollees/insureds only. NOTE: Application fee not required.

6. Primary Contact Person:

Email Address:

Mailing Address City State ZIP
Telephone Number: Fax Number:

7. Agent for Service of Process in Texas (Name):

Address (Do Not Use P.O. Box) City State ZIP
If not domiciled in Texas, complete "Agent for Service of Process" form: http://www.tdi.texas.gov/forms/fincolicense/fin312attyserv.pdf.

8. Primary Contact Person for Complaints:

Address City State ZIP
Telephone Number: Fax Number:



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CERTIFICATION

I, _____ (*authorized representative*), _____ (*insert title*) for
_____ (*name of Applicant*) being duly sworn, state that I have read and understood
the foregoing application and attachments and that the answers are true and correct and further that I am familiar with the
Texas statutes and rules that relate to the type of utilization review that Applicant is performing in Texas (Texas Insurance
Code Chapter 4201; Texas Insurance Code Chapter 1305; Department rules and applicable Texas Labor Code
provisions and rules of the Division of Workers' Compensation).

Print or Type Full Legal Name

Signature

Title

THE STATE OF _____

COUNTY OF _____

Before me, _____, a notary public in and for the State of _____,
on this day personally appeared _____, known to me (or proved to
me on the oath of _____, or through _____, to be
the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the
same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____

Notary Public Signature: _____

Affix Notary Seal Here



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INSTRUCTIONS TO UTILIZATION REVIEW AGENTS (URAs) FOR FILING A URA APPLICATION (INCLUDING ORIGINAL, RENEWAL AND UPDATES)

I. APPLICATION FORM

Type of Application –The application form will be utilized for the purposes listed below. The URA must indicate what type of application being filed:

Original Application: Entity is applying for initial certification/registration as a URA.

- Applicant must complete **all items** of the application Form. Do not leave any spaces blank and indicate “NA” if appropriate.
- Use the Required URA Checklists: Summary of UR Plan, Appeal/Reconsideration Procedures, and Complaint System, to indicate the page number & line number where each requirement is located.
- Filing fee of \$2,150.00 must be included and must be made payable to the Texas Department of Insurance (Department). **The fee is not refundable.** Filing fee for original *registration* is not required.
- Special Instructions Regarding Biographical Affidavits and Addendum: Applicant is required to submit a biographical affidavit and addendum for each director, officer and executive of the Applicant. The forms are available on the Department’s website at www.tdi.texas.gov.
- All applicants for licensure must comply with 28 TAC §§1.501-1.509, including 28 TAC §1.504, Fingerprint Requirement. See <http://www.tdi.state.tx.us/wc/wcnet/documents/fingerprintinstructi.pdf> for additional information.

Renewal (Not applicable to Registered URA’s): URA is applying for renewal of its certification. A URA must apply for renewal of the certificate every two years after the date of certification. **Please remember that if the renewal application is not received by the Department before or on the date of expiration, the certification will automatically expire and the URA must submit a new original application and the filing fee for an original application.**

- Applicant must complete **all items** of the application Form. Do not leave any spaces blank and indicate “NA” if appropriate.
- If applicable, use the appropriate checklist to indicate any updates or changes. Indicate page number and line number of any requirement being changed or updated.
- If there are no changes/updates to the previously submitted application, you must submit a statement signed by an authorized representative of the company certifying that all information previously submitted is true and correct and all changes have been previously filed and approved by the Department.
- Include a description of the current screening criteria used by the URA.
- Filing fee of \$545.00 must be included and must be made payable to the Texas Department of Insurance (Department). **The fee is not refundable.**
- Special Instructions Regarding Biographical Affidavits and Addendum: **URA** is required to submit a biographical affidavit and addendum for each new director, officer and executive appointed since its last renewal or update. The forms are available on the Department’s website at www.tdi.texas.gov.
- All applicants for licensure must comply with 28 TAC §§1.501-1.509, including 28 TAC §1.504, Fingerprint Requirement. See <http://www.tdi.texas.gov/wc/wcnet/documents/fingerprintinstructi.pdf> for additional information.

Updates/Changes to Original Application: After issuance of a URA’s certification/registration, the URA must file with the Department material changes in the information in the application or the last renewal application not later than the 30th day after the date on which the change takes effect. For example: new officers and directors; changes in the organizational structure; changes in contractual relationships; changes in the utilization review plan; and adding a new line of utilization review, require filings.



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- URA should identify which items in the application form are being updated or changed (i.e., contact name has changed since issuance of certificate).
- If applicable, use the appropriate checklist to indicate any updates or changes. Indicate page number and line number of any requirement being changed or updated. **There is no fee for updates/changes to original application.**
- All applicants for licensure must comply with 28 TAC §§1.501-1.509, including 28 TAC §1.504, Fingerprint Requirement. See <http://www.tdi.texas.gov/wc/wcnet/documents/fingerprinstructi.pdf> for additional information.

Department's Address: Return the application and all required attachments to:

Texas Department of Insurance
 Health and WC Network Certification & QA Division, Mail Code 103-6A
 P.O. Box 149104
 Austin, Texas 78714-9104

II. FORMAT OF APPLICATION & REQUIRED URA CHECKLIST(S)

1. The Department will only accept the application in the format described here, and we appreciate your cooperation in this respect. If the applicant submits a URA application in any other format, the applicant will be asked to resubmit the information in the required format.
2. To facilitate the imaging process:
 - Use *white* and *letter-sized* paper only;
 - Do not highlight any areas; and
 - The information must be typed (use black ink only).
3. Submit only one copy of application and required attachments.
4. Attach the application and required attachments list at the top of your submission.
5. The URA application does not need to be submitted in a binder as long as each attachment is tabbed accordingly.
6. Each attachment must be separated by a tab that identifies the attachment.
7. All pages must be numbered sequentially from beginning to end. Numbering the pages in each attachment will assist the Department to quickly identify the attachment and to effectively communicate to the Applicant/URA about any information in the pages that may need correction(s) by the Applicant/URA.

Available URA checklists (Form Number - Title - Hyperlink)

Available URA checklists (Form Number - Title - Hyperlink)		
LHL550	Summary of UR Plan - Health	http://www.tdi.texas.gov/forms/lhlhmo/lhl550hlthsumcklst.pdf
LHL551	Summary of UR Plan - Specialty	http://www.tdi.texas.gov/forms/lhlhmo/lhl551spclsumcklst.pdf
LHL552	Summary of UR Plan - Workers' Compensation	http://www.tdi.texas.gov/forms/lhlhmo/lhl552wcsumcklst.pdf
LHL553	Appeal & Reconsideration Procedures - Health & Specialty	http://www.tdi.texas.gov/forms/lhlhmo/lhl553hsaprecccklst.pdf
LHL554	URA Complaint System - ALL	http://www.tdi.texas.gov/forms/lhlhmo/lhl554uracompsyscklst.pdf
LHL555	URA Appeal & Reconsideration Procedures - Workers' Comp	http://www.tdi.texas.gov/forms/lhlhmo/lhl555wcaprecccklst.pdf



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REQUIRED ATTACHMENTS

Attachment Number	Attachment	Requirement	Citation
1	Summary of UR Plan	<p><i>Applicant must submit a completed Summary of UR Plan checklist along with the UR Plan Summary.</i></p> <p>Use these links to access the Summary of UR Plan checklist for:</p> <p style="text-align: center;">HEALTH</p> <p>http://www.tdi.texas.gov/forms/lhlhmo/lhl550hlthsumcklst.pdf</p> <p style="text-align: center;">SPECIALTY</p> <p>http://www.tdi.texas.gov/forms/lhlhmo/lhl551spclsumcklst.pdf</p> <p style="text-align: center;">WORKERS' COMPENSATION</p> <p>http://www.tdi.texas.gov/forms/lhlhmo/lhl552wsumcklst.pdf</p>	TIC §4201.104
2	Complaint procedures	<p><i>Applicant must submit a completed Complaint System checklist along with the copy of procedures.</i></p> <p>Use this link to access the URA Complaint System checklist:</p> <p>http://www.tdi.texas.gov/forms/lhlhmo/lhl554uracompsyscklst.pdf</p>	TIC §4201.204
3	Appeal procedures	<p><i>Applicant must submit a completed Appeal Procedures checklist along with the copy of procedures.</i></p> <p>Use these links to access the checklist for:</p> <p style="text-align: center;">HEALTH & SPECIALTY</p> <p>http://www.tdi.texas.gov/forms/lhlhmo/lhl553hsapreccklst.pdf</p> <p style="text-align: center;">WORKERS' COMPENSATION</p> <p>http://www.tdi.texas.gov/forms/lhlhmo/lhl555wcaplreccklst.pdf</p>	<p>HEALTH & SPECIALTY</p> <p>TIC §4201.104</p> <p>TIC §§4201.351 – 360</p> <p>TIC §§4201.401 – 402</p> <p>WC NETWORK & NON-NETWORK</p> <p>TIC §§4201.351 – 356</p> <p>TIC §§1305.354 – 355</p> <p>28 TAC §134.600</p> <p>28 TAC §133.308</p>
4	Biographical Information and Fingerprints	<p><i>Applicant must submit required biographical forms and fingerprint cards or proof of submission of electronic fingerprints as applicable.</i></p> <p>See http://www.tdi.texas.gov/wc/wcnet/documents/fingerprintinstructi.pdf for additional information</p> <p>For biographical forms click on the following links:</p> <p>http://www.tdi.texas.gov/forms/form9ura.html</p> <p>http://www.tdi.texas.gov/hmo/indexura.html</p>	<p>28 TAC §19.1704 and 28 TAC §19.2004 (Biographical)</p> <p>28 TAC §§1.501-1.509 (Fingerprints)</p>



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Attachment Number	Attachment	Requirement	Citation
5	Letter of Good Standing	<i>Issued by the Texas State Comptroller of Public Accounts Office. You may call that agency at 1-800-252-5555 to obtain a letter of good standing and to determine whether this requirement is applicable to the URA Applicant.</i> NOTE: Not required for renewal or update/change.	