



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

INSTRUCTIONS FOR INDEPENDENT REVIEW ORGANIZATION APPLICATION

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing this application in complying with the statutory and administrative requirements and to facilitate review of the application by the Louisiana Department of Insurance (LDI). Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing
P.O. Box 94214
Baton Rouge, LA 70804-9214
OR
1702 N. 3rd St.
Baton Rouge, LA 70802
Phone: (225) 219-0565
Fax: (225) 219-9322
E-Mail Address: companyapps@ldi.la.gov

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application via email. An application submitted in this manner must be submitted to companyapps@ldi.la.gov to assure receipt and prompt processing by the LDI. After submission of the application electronically, the payment of the fees must be submitted with a hard copy to address above. All payments must be made payable to the Louisiana Department of Insurance.
- 2) If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of Company Licensing to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

- 5) All original items submitted become the property of the LDI and will not be returned.
- 6) All certified documents required in the application must be dated within six (6) months of submittal of the application. If an application is submitted hard copy rather than electronically, all certifications must be original.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with this individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.
- 9) The applicant must notify the LDI of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and changes to the financial statements submitted in support of this application. Failure to notify the LDI of such changes may result in disapproval of the application.

REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE

Submitting this application to the Louisiana Department of Insurance does not dismiss a corporation from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the corporation to contact the Office of the Secretary of state to make necessary arrangements. The address and telephone number are given below.

Louisiana Secretary of State
Corporations Division
P.O. Box 94215
Baton Rouge, LA 70804-9215
(225) 925-4704

SPECIAL INSTRUCTIONS REGARDING THIRD PARTY VERIFICATION REPORTS

In association with this application, the LDI requires that all LOUISIANA DOMICILED APPLICANTS make arrangements for third party verification reports for all persons for whom biographical affidavits are required. This must include all officers, all directors, all individuals who own ten percent or more of the applicant and all other persons responsible for the conduct of affairs of the applicant.

The reports must be prepared by one of the firms approved by the National Association of Insurance Commissioners. A list of those approved firms is available at http://naic.org/documents/industry_ucaa_third_party.pdf. The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment.

WAIVER OF THIRD PARTY VERIFICATION REPORTS

In certain cases the investigative report may be waived for specific individuals. The requirements for this waiver are as follows:

- 1) A report for the individual has been supplied to the LDI within one year prior to the date of submittal of the complete application packet. OR
- 2) The individual in question has been the officer or director of an insurer licensed to do business in Louisiana for a period of not less than 10 years. This exception will not apply when the company has undergone a change of control at any time in the 10 year period.

SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

The signatures which appear on the final page of the application are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

IF THE APPLICANT IS A(N)...	THE APPLICATION SHOULD BE SIGNED BY...
Individual	the applicant
Corporation	the president and secretary
Association	the president and secretary
Partnership	two partners
Trust	two trustees
Any other	Contact the Department for instructions

Each signature must be witnessed by two individuals and notarized. The same two individuals may witness both signatures but a signatory of the document may not also act as a witness. The Attestation Page may also be signed in codicil by reproducing the form.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing independent review organizations in Louisiana?

A: The laws governing Independent review organizations can be found in Chapter 18 of Title 22 of the Louisiana Revised Statutes (La. R.S. 22:2391 et seq.). The statutes and rules are available on the Department of Insurance's web page at www.ldi.la.gov.

Q: What is the time frame for the review of an application?

A: This Department reviews all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Can we meet with the Department for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

**APPLICATION TO ACT AS A
INDEPENDENT REVIEW ORGANIZATION
IN THE STATE OF LOUISIANA**

GENERAL INFORMATION (Type or Print)	
APPLICANT NAME: _____	
TRADE NAME: _____	
FEI OR SOCIAL SECURITY NO.: _____	DOMICILE: _____
HOME OFFICE ADDRESS: _____ _____ _____	
CONTACT † _____	CONTACT TITLE: _____
CONTACT ADDRESS: _____ _____ _____	
PHONE: _____	FACSIMILE: _____
E-MAIL: _____	
† This Office will only communicate with the named contact person.	
FEES	
Application	\$ 500.00

APPLICATION TYPE
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal

SECTION 2 - INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS

1) Has the applicant ever had an application denied by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever been subject to any regulatory action including cease and desist orders, revocation of license or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Within the last five years, has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Within the last five years, has the applicant undergone a change in ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Is the applicant presently negotiating or inviting negotiations or acting as party to a counterletter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Is the applicant a plaintiff or defendant or subject in any legal action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Does the applicant own or control a health insurance issuer, health benefit plan, a national, state or local trade association of health benefit plans, or a national, state, or local trade association of health care providers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Is the applicant a party to any agreement or understanding with any insurer in which the effect of the agreement is to make the amount of the applicant's commission, fees, or charges contingent upon savings realized in the adjustment, settlement, and payment of losses covered by the insurer's obligations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the applicant accredited by URAC? If Yes, provide a copy of the certificate or other document verifying this accreditation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Has any person who is presently an officer, director or owner of ten percent or more of the applicant ever been convicted of or pleaded guilty or nolo contendere in any jurisdiction to a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Has any person who will be performing peer review for the applicant ever been the subject of or currently have pending any disciplinary actions including loss of staff privileges or participation restriction by any hospital, governmental agency or unit which would raise a substantial question as to the individual's physical, mental or professional competence or moral character?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 4 - SPECIALTIES

Indicate all of the specialties for which the applicant has available peer review personnel.

Aerospace Medicine

Allergy and Immunology

Anesthesiology

Clinical Biochemical Genetics

Clinical Cytogenetics

Clinical Genetics (MD)

Colon and Rectal Surgery

Dermatology

Diagnostic Radiology

Emergency Medicine

Family Medicine

Internal Medicine

Interventional Radiology and
Diagnostic

Medical Genetics and
Genomics

Medical Physics

Neurological Surgery

Neurology

Neurology / Child Neurology

Nuclear Medicine

Obstetrics and Gynecology

Occupational Medicine

Ophthalmology

Orthopaedic Surgery

Otolaryngology

Otolaryngology

Pathology

Pathology - Anatomic

Pathology - Clinical

Pediatrics

Physical Medicine and
Rehabilitation

Plastic Surgery

Preventative Medicine

Psychiatry

Psychiatry and Neurology

Public Health and General
Preventative Medicine

Radiation Oncology

Radiology

Surgery

Thoracic and Cardiac Surgery

Urology

Vascular Surgery

SECTION 5 - EXHIBITS

EXHIBIT A - Copy of the Articles of Incorporation, Articles of Association, partnership agreement or other such organizational documents and all amendments thereto of the applicant certified by the proper domiciliary official. The certification must be dated within ninety (90) days of submission.

EXHIBIT B - Copy of the by-laws, operating agreement, rules, regulations or similar document of the applicant certified as true and correct by the secretary of the applicant. The certification must be dated within ninety (90) days of submission.

EXHIBIT C - Trade name certificate issued by the Secretary of State of Louisiana confirming registration of any trade name with that Office. This item must be supplied by any applicant utilizing a trade name in Louisiana.

EXHIBIT D - Biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This shall include all officers, directors, partners (in the case of a partnership), trustees, executive committee members, the medical director and any person who owns, directly or indirectly, ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. The National Association of Insurance Commissioners biographical affidavits should be used. The proper form is available at http://www.naic.org/documents/industry_ucaa_form11.pdf.

EXHIBIT E – Copy of the procedures manual of the applicant which meets the statutory requirements for making performing external independent reviews. Required only from applicants which are not accredited by URAC.

EXHIBIT F - A detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages for any persons owning ten percent or more of all affiliated entities up to and including the ultimate controlling party. You may view a sample chart at <http://www.lldi.state.la.us/Documents/Licensing/Company/SampleOwnershipChart.pdf>.

The following exhibits are required ONLY FOR LOUISIANA DOMICILED APPLICANTS.

EXHIBIT G - Fingerprint cards for all persons responsible for the conduct of affairs of the applicant. This will include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. The FBI/NCIC standard cards should be used and may be obtained from most local law enforcement offices.

EXHIBIT H - Third party verification reports for all persons for whom biographical affidavits were supplied. See the application instructions for more information regarding the procedure for obtaining these reports.

SECTION 6 - GENERAL INFORMATION

1) Below provide the exact location of the principal place of business where the applicant will be operating.

2) Give the name, address, telephone number and e-mail address of the person to whom notice of assignment of external review requests should be sent.

Phone _____ E-mail _____

3) Give the name, address, license number, state of issuance of the license and specialty of the medical director of the applicant.

License Number: _____ State of Issuance _____

Specialty _____

4) Provide the toll-free telephone number designated to receive information related to external reviews on a twenty-four-hour-a-day, seven-day-a-week basis.

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____

and _____ who, after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct and that the independent review program of the applicant complies with applicable state and federal laws .

The undersigned do further attest and affirm all of the following;

- 1) The applicant does not own or control and is not a subsidiary of a health insurance issuer, health benefit plan, a national, state or local trade association of health benefit plans, or a national, state, or local trade association of health care providers.
- 2) The applicant can shall not accept assignment of any external review case in which it or any clinical peer assigned to conduct the external review has a material, professional, familial or financial conflict of interest with the health insurance issuer, covered person, any officer, director or management employee of the health insurance issuer, the health care provider (including the medical group or independent practice association of the provider) the facility at which the recommended health care service or treatment would be provided nor the developer or manufacturer of the principal drug, device, procedure or other therapy being recommended for the covered person.
- 3) The applicant agrees to maintain and provide to the Commissioner of Insurance of Louisiana the information and reports required pursuant to La. R.S. 22:2443.

ATTESTATION

- 4) No person any person who will be performing peer review for the applicant has ever been the subject of or currently have pending any disciplinary actions including loss of staff privileges or participation restriction by any hospital, governmental agency or unit which would raise a substantial question as to the individual's physical, mental or professional competence or moral character.

Signature of Witness

Signature of Applicant or Authorized Representative

Printed Name of Witness

Printed Name and Title of Authorized Representative

Signature of Witness

Signature of Authorized Representative of Applicant

Printed Name of Witness

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 20__.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____