

Utilization Review Agent (URA) Application

Type of Application (must check one)

- Original Application (Certified): **Fee - \$2,150**
- Original Application (Registered): **No Fee**
- Renewal Application (Certified): **Fee - \$545**, URA Number _____
- Renewal Application (Registered): **No Fee**, URA Number _____
- Update / Change to Application: **No Fee**, URA Number _____

Organizational Information

Name of Applicant _____ FEIN _____

Business Address (Do not use PO Box) _____

City _____ State _____ ZIP _____

Mailing Address (If different) _____

City _____ State _____ ZIP _____

Official Email Address _____ (Required by [28 TAC 1.1302](#))

Business Telephone Number _____ Fax Number _____

Toll-Free Number _____ (Required by [TIC Section 4201.004](#))

Normal Business Hours _____ (Required by [TIC Section 4201.004](#) – must provide business hours in both time zones in Texas - Central and Mountain time)

Applicant Organizational Category (Check one)

- Individual Corporation Partnership Association Limited Liability Corporation
- Other _____

Type of Utilization Review Performed (Check all that apply)

- Workers' Compensation Health Care Network
- WC Health Care Non-Network
- Health Utilization Review
- Specialty Utilization Review - Specialty Type _____

Check all that apply: WC Network WC Non-Network Health

Contact Information

Name of Primary Contact Person _____

Email _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Agent for Service of Process in Texas

Name _____

Email _____

Address (do not use PO Box) _____

City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

If not domiciled in Texas, select "NAIC Uniform Certificate of Authority Application forms (naic.org)" from the [Company Licensing and Registration Forms page](#), click on the "Expansion App" tab, and choose Form No. 12, "Uniform Consent to Service of Process (Expansion and Corporate Amendments Only)."

Primary Contact Person for Complaints

Name _____

Email _____

Address (do not use PO Box) _____

City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Certification

I, _____ (authorized representative), _____ (insert title) for _____ (name of applicant) being duly sworn, state that I have read and understood the URA application and attachments and that the answers are true and correct. I further attest that I am familiar and compliant with the Texas statutes and rules that relate to the type of utilization review that the applicant is performing in Texas (TIC Chapters 4201 and 1305, TDI rules, Texas Labor Code provisions, and DWC rules). I attest that the applicant has written policies and procedures that comply with all URA statutes and rules. I understand that TDI may request, at any time, copies of all written policies and procedures that were not submitted with the application.

Full Legal Name _____ Title _____

Signature _____ Date _____

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 URA application, and acknowledged to me that he or she executed the URA application for the purpose and consideration expressed.

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

Notary Public Signature _____

Affix Notary Seal Here

Original Application Only - Required Application Exhibits

Exhibit 1: Summary of the Utilization Review Plan

Attachment A: General Standards of Utilization Review

- Health: [28 TAC Section 19.1705](#)
- Specialty Health: [28 TAC Section 19.1705 \(b\)-\(f\)](#) and [28 TAC Section 19.1716\(d\)](#)
- Workers' Compensation: [28 TAC Section 19.2005](#)
- Specialty WC: [28 TAC Section 19.2005\(b\)-\(g\)](#) and [28 TAC Section 19.2016\(d\)](#)

Attachment B: Mental Health Process and Progress Notes

- Health, Specialty Health, WC, and Specialty WC
- Texas Insurance Code [Section 4201.203](#)

Attachment C: Notice of Determinations Made in Utilization Review

- (Include Adverse Determination Template Letters)
- Health and Specialty Health: [28 TAC Section 19.1709](#)
- WC and Specialty WC: [28 TAC Section 19.2009](#)

Attachment D: Requirements Prior to Issuing Adverse Determination

- Health: [28 TAC Section 19.1710](#)
- Specialty Health: [28 TAC Section 19.1716\(f\)](#)
- WC: [28 TAC Section 19.2010](#)
- Specialty WC: [28 TAC Section 19.2016\(g\)](#)

Attachment E: Independent Review of Adverse Determination

- Health and Specialty Health: [28 TAC Section 19.1717](#)
- WC and Specialty WC: [28 TAC Section 19.2017](#)

Attachment F: Preauthorization for Health Maintenance Organizations and Preferred Provider Benefit Plans

- Health and Specialty Health: [28 TAC Section 19.1718\(d\)-\(e\)](#)
- WC and Specialty WC: Not Applicable

Exhibit 2: Categories of Personnel

- Health and Specialty Health: [28 TAC Section 19.1706\(c\)](#) and [28 TAC Section 19.1706\(e\)](#)
- WC and Specialty WC: [28 TAC Section 19.2006\(c\)](#)

Exhibit 3: Appeal of Adverse Determinations

Include Appeal Acknowledgement and Appeal Determination Template Letters

- Health: [28 TAC Section 19.1711](#)
- Specialty Health: [28 TAC Sections 19.1716\(f\)-\(g\)](#) and [19.1711](#), **except** [19.1711\(a\)\(4\)-\(6\)](#)

- WC: [28 TAC Section 19.2011](#)
- Specialty WC: [28 TAC Sections 19.2016\(g\)-\(h\)](#) and [19.2011](#), **except** [19.2011\(a\)\(4\)-\(5\)](#)

Exhibit 4: Telephone Access

- Health and Specialty Health: [28 TAC Section 19.1712](#)
- WC and Specialty WC: [28 TAC Section 19.2012](#)

Exhibit 5: Organizational Information

- Written evidence that the applicant is doing business in Texas in accordance with the Texas Business Organizations Code, which may include a letter from the Texas Secretary of State indicating the entity has filed the appropriate paperwork to conduct business in this state.
- A chart showing the internal organizational structure of the applicant's executives, officers, and directors and the title of the position held by each.
- A letter of good standing from the Texas Comptroller of Public Accounts.

Exhibit 6: Biographical Information

- Completed biographical affidavit and fingerprints for each executive, officer, and director of the applicant as required under [28 TAC Sections 1.503, 1.504, and 1.509](#).
- Biographical Affidavit forms can be found from the following link: [NAIC Biographical Affidavit](#), selecting "**NAIC Uniform Certificate of Authority Application Forms,**" clicking on the "**Expansion App**" tab, and choosing Form No. 11, "**NAIC Biographical Affidavit.**"
- [Fingerprinting Instructions](#).

Renewal Application Only - Required Application Exhibits

Exhibit 1: Categories of Personnel

- Health and Specialty Health: [28 TAC Section 19.1706\(c\)](#) and [28 TAC Section 19.1706\(e\)](#)
- WC and Specialty WC: [28 TAC Section 19.2006\(c\)](#)

Exhibit 2: Template Letters

- Initial Adverse Determination Letter
- Appeal Acknowledgement Letter
- Appeal Determination Letter

Update Application Only - Required Application Exhibits

Exhibit 1: Report Material Changes

Provide a list and explanation, on company letterhead and signed by an authorized representative, of any material change to the information disclosed in an original or renewal application within 30 days of the change taking effect. [TIC Section 4201.107](#)

Exhibit 2: Provide Material Changes

Submit a redlined version of the material changes.

Questions

If you have questions or require assistance regarding completion of this form, please call 512-676-6400 and select Option 2 or email URAGrp@tdi.texas.gov.

Your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.