APPLICATION FOR INITIAL CERTIFICATION OF NO-FAULT UTILIZATION REVIEW PROGRAM

Michigan Department of Insurance and Financial Services
Office of Research, Rules, and Appeals
Utilization Review Section
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Fax: 517-763-0305

I. INSURER INFORMATION

Today's Date:	NAIC No.:
Insurer Name:	
Point of Contact Name & Department:	
Email Address:	
Mailing Address:	
Mailing City, State, Zip Code:	

II. UTILIZATION REVIEW PROGRAM REQUIREMENTS

Pursuant to MAC R 500.66, all insurers providing personal protection insurance under chapter 31 of the Insurance Code, MCL 500.3101 to 500.3179, and rules promulgated thereunder, must have in place a utilization review program to review records and bills for treatment, training, products, services, and accommodations provided to an injured person that are above the usual range of utilization based on medically accepted standards. An insurer that contracts with a medical review organization remains responsible for complying with the Utilization Review Rules. See MAC R 500.62(d).

For initial certification, each insurer **must provide a brief description** of each of the following required components of its utilization review program:

- Its process for bill review, including whether provider charges for treatment, training, products, services, and accommodations comply with chapter 31 of the Insurance Code, MCL 500.3101 to 500.3179 and rules promulgated thereunder.

- Its process for making determinations regarding the appropriateness of treatment, training, products, services, and accommodations based on medically accepted standards.

- Its process for complying with the requirement to issue determinations under R 500.64.

- Its process for complying with its obligations under R 500.64 and R 500.65.

II. AUTHORIZED SIGNATURE

By signing this form, I understand and acknowledge that I will respond promptly to the Department's inquiries regarding the insurer's utilization review program. I certify that the information included on this form is correct and complete to the best of my knowledge. I also understand and acknowledge that submitting false or misleading information is cause for denial of this application and may subject me to penalties as provided by law.

Authorized Signature:	Printed Name / Title:	Date: