INDIANA INDEPENDENT REVIEW ORGANIZATION CHECKLIST
(Refer to citations for all requirements)
IC 27-13-10.1 (HMO); IC 27-8-29 (INSURERS); Bulletin 193

Complete entire checklist for a new application or only those sections changed since last renewal.
Fill in "Located" column with section and page number of supporting documentation.

***Company Name*_____** ***Date*_____**

STATUTE/REGULATION	*REQUIREMENTS*	*LOCATED*
Application	Complete application in its entirety with explanation for any "no" answers.	NA
Fee	$250.00 Initial application $200.00 Renewal application	NA
Accreditation Bulletin 193	Include copy of accreditation by a private, nationally recognized, accrediting organization	
Staffing Qualifications IC 27-13-10.1-8(c)(1)(A) or IC 27-8-29-19(c)(1)(A)	Review professionals assigned must be board certified in the specialty in which the insured's proposed service would be provided.	
IC 27-13-10.1-8(c)(1)(B) or IC 27-8-29-19(c)(1)(B)	Review professionals assigned must be knowledgeable about proposed service through actual clinical experience.	
IC 27-13-10.1-8(c)(1)(C) or IC 27-8-29-19(c)(1)(C)	Review professionals assigned must hold an unlimited license to practice in a state of the United States.	
IC 27-13-10.1-8(c)(1)(D) or IC 27-8-29-19(c)(1)(D) or	Review professionals assigned must have no history of disciplinary actions or sanctions including: loss of staff privileges, or restriction on participation.	
Quality Standards IC 27-13-10.1-8(c)(2)(A) or IC 27-8-29-19(c)(2)(A)	The IRO must have a quality assurance mechanism to ensure the timeliness and quality of reviews	
IC 27-13-10.1-8(c)(2)(B) or IC 27-8-29-19(c)(2)(B)	The IRO must have a quality assurance mechanism to ensure the qualifications and independence of medical review professionals	
IC 27-13-10.1-8(c)(2)(C) or IC 27-8-29-19(c)(2)(C)	The IRO must have a quality assurance mechanism to ensure the confidentiality of medical records and other review materials.	
IC 27-13-10.1-8(c)(2)(D) or IC 27-8-29-19(c)(2)(D)	The IRO must have a quality assurance mechanism to ensure the satisfaction of covered insureds with the procedures utilized by the IRO, including the use of covered individual satisfaction surveys.	
Review Procedures Bulletin 193 Section 1 (1-5)	*Refer to Bulletin 193 for all requirements under this section*.	
Cost Schedules Bulletin 193 Section 2 (1-3)	*Refer to Bulletin 193 for all requirements under this section.*	
Organizational Support Bulletin 193 Section 3 (1-14)	*Refer to Bulletin 193 for all requirements under this section.*	
Additional Info Submission Bulletin 193 Section 4 (1-3)	*Refer to Bulletin 193 for all requirements under this section.*	
Certifications	Submit the Following Certifications:	
Bulletin 193 Section 2 (3)	Statement that all fee schedules submitted with the request will not be increased during the one year certification period.	
Bulletin 193 Section 3 (10)	Statement that the organization agrees to accept all eligible cases referred to it on a rotating basis required to be used by insurers.	
Bulletin 193 Section 3 (11)	Statement that the organization accepts the rotational assignment procedure.	
Bulletin 193 Section 3 (12)	Statement that the Request for Certification designates agreement to comply with Indiana IRO laws.	
Standard Appeal Decision IC 27-13-10.1-4(a)(2) IC 27-8-29-15(a)(2)	**HMO Standard Appeal -** For a standard appeal filed under section 2(a)(2)(B) of this chapter, a determination is to be made within fifteen (15) business days after the appeal is filed. **Insurers Standard Appeal** - For a standard external grievance filed under section 13(a)(2)(B) of this chapter, a determination is to be made within fifteen (15) business days after the external grievance is filed.	

Standard Appeal Notification IC 27-13-10.1-4(c)(2) IC 27-8-29-15(d)(2)	**HMO Standard Appeal** – For a standard appeal filed under section 2(a)(2)(B) of this chapter, the HMO and enrollee are to be notified of the determination decision within seventy-two (72) hours after the appeal is filed. **Insurers Standard Appeal** - For a standard grievance, the insurer and the covered individual are to be notified of the determination decision within seventy-two (72) hours after making the determination.	
Expedited Appeal Decision & Notification IC 27-13-10.1-4(a)(1) & IC 27-13-10.1-4(c)(1) IC 27-8-29-15(a)(1) & IC 27-8-29-15(d)(1)	**HMO Expedited Appeal** - For an expedited appeal filed under section 2(a)(2)(A), both the decision and notification to the HMO and enrollee must be completed with seventy-two (72) hours after the appeal is filed. **Insurers Expedited Appeal** - For an expedited external grievance filed under section 13(a)(2)(B) of this chapter, both the decision and notification to the insurer and covered individual must be completed within seventy-two (72) hours after the appeal is filed.	