

RHODE ISLAND DEPARTMENT OF HEALTH
Application for Certification/Re-certification to Perform Utilization Review
Assurances*

Citations refer to the *Rules and Regulations for the Utilization Review of Health Care Services (R23-17.12-UR)*.

I am aware of Chapter 23-17.12 of the Rhode Island General Laws, as amended, and the standards, rules and regulations prescribed thereunder, which regulate the operation of utilization review agencies. If certification is granted, I, for, and on behalf of the utilization review applicant, hereby bind the review agency to the following:

1. That the review agency will comply with all statutory and regulatory requirements and adhere to any and all applicable state and federal laws; [2.9]
2. That the review agency or its reviewers shall not impede the provision of health care services; [3.2.12]
3. That no employee of, or other individual making an adverse determination for the review agency may receive any financial incentives based on the number of denials made; [3.2.13]
4. That the review agency has not entered into an agreement with its employees/agents that allows for compensation based on a reduction of services/length of stay/charges for the services/utilization of alternative treatment settings; [3.2.14]
5. That the decision to provide treatment or service to a patient is the responsibility of the attending provider and patient; [3.2.18]
6. That the determination of covered services and benefits is the responsibility of the payor; [3.2.19]
7. That the review agency shall monitor and evaluate the implementation of its operational policies and procedures on an annual basis; [3.2.5]
8. That all policies and procedures presented in this utilization review application comply with Chapter 23-17.12 of the Rhode Island General Laws and *R23-17.12-UR* and are approved by the governing body/CEO and incorporated into the review agency's operations throughout the certification period unless modified according to *R23-17.12-UR*, section 2.6; and [4.1 and 9.4]
9. Any proposed change to the application information, or that information on file at the Rhode Island Department of Health, will be provided for review prior to the implementation of such proposed change (such changes shall include the scope of services provided and changes in payors for which the review agency is performing utilization review in Rhode Island). [2.6]

Signature of person authorized by the utilization review agency to provide the above assurances in connection with the utilization review agency's application:

Signature: _____

Title: _____ **Date:** _____

State of (.....)

County of (.....)

In....., *in said county on this*.....*day of*.....*A.D.*

20....., *personally appeared before me*.....

Of..... *who, after signing the foregoing ownership report in my presence, made oath that the facts stated in said report are true.*

NOTARY PUBLIC

*Please do not re-format the *Assurances* form.