STATE OF ALASKA
DIVISION OF INSURANCE
INDEPENDENT REVIEW ORGANIZATION (IRO)
BIENNIAL REGISTRATION APPLICATION FORM

I. Application Type:

Original	Renewal	Update/Change

II. Entity Type:

Corporation	Partnership	Limited Liability Company	Other

If other, please explain: ____

III. Applicant Information:

Applicant Name:	Date of Inception:	FEIN
Primary Office Physical Address (Domicile State):		
City:	State:	Zip:
Primary Office Mailing Address (if different):		
City:	State:	Zip:
Alaska Office Physical Address (if one exists):		
City:	State:	Zip:
Alaska Office Mailing Address (if one exists):		
City:	State:	Zip:
Applicant's 24/7 toll-free telephone number:		
Administrative email address:		
EHR contact email:		Telephone/Fax:
Ultimate Controlling Owner or Person:	Telephone/Fax:	Email:
Address:	City/ State:	Zip:

Has the applicant ever had an IRO application denied or registration revoked?	Yes or No (check one)	If yes, attach an explanation and status.

Does the applicant own or control, or is the applicant owned or controlled (as a subsidiary or in any way) by, or exercise control with:
An insurance agency? (Yes No)*
A health care provider? (Yes No)*
A health care insurer? (Yes No)*
A trade association of health care insurers? (Yes No)*
A trade association of health care providers? (Yes No)*
*** If yes, attach listing with the name, principal domicile address, FEIN and NPN (as applicable) along with a description of the relationship for each entity type.**

IV. Required Documentation:

a. A copy of applicant's Alaska business license.
b. A list of state(s) in which the applicant is permitted to conduct external healthcare reviews.
c. A list of state(s) in which the applicant has been denied approval to conduct external reviews or has had the approval to conduct external reviews revoked.
d. Documentation of national accreditation or Director of Insurance approval (As outlined in 3 AAC 28.970(a) and (b) and 3 AAC 28.970(d)(6)
e. A copy of the applicant's written policies and procedures to demonstrate compliance with 3 AAC 28.970(d)(7) and 3 AAC 28.974(a)
f. A list of the reviewers retained by the applicant with a description of their areas of expertise and the types of cases each reviewer is qualified to review.
g. The name, title, e-mail address, telephone number and facsimile number of the physician or health care professional responsible for supervision of the independent review procedure.
h. A description of the fees to be charged to a health care insurer by the applicant.
i. Applicant's fee payment documentation ($1,000 Biennial Fee made payable to Alaska Division of Insurance).
j. Applicant's company name, contact person for external review questions, mailing address, email address, telephone and facsimile numbers for posting on the Division of Insurance website.

Submit application to:
Alaska Division of Insurance
550 W 7th Ave, Suite 1560
Anchorage, AK 99501

Official Use Only
Approved/Denied
IRO Number:
Effective Date:
ExpirationDate:

V. Certification:

I, ____, acting on behalf of the applicant:

____ , certify that the applicant is currently

accredited by ______________________________________or approved under 3 AAC 28.970(b),

effective as of __________________________, to conduct independent external reviews.

I certify that I have read and understand the requirements for conducting external reviews for health care insurance consumers of Alaska established in 3 AAC 28.950 – 3 AAC 28.984 and acknowledge that any fees associated with external reviews are the sole responsibility of the health care insurer whose covered person's medical condition is being reviewed.

I further certify that the applicant has no recourse against the Division of Insurance or the State of Alaska to the extent that a health care insurer fails to pay fees associated with the external review process.

I authorize the Director of the Alaska Division of Insurance to verify the information in this application and acknowledge the director has the sole discretion to add or remove the name of any IRO from the list of approved IROs, and that the director's decision to not approve any organization or remove any organization's approval is not subject to administrative appeal or judicial review.

This certification constitutes an agreement to maintain a system for required recordkeeping capable of allowing the director to access those records and that the independent review organization will reply in writing not later than five working days after receiving a records inquiry from the director.

The information provided in this application is truthful and complete.

____ ____________________

Signature Date

____

Printed or Typed Full Legal Name

____ ____________________

Title Telephone