



STATE OF ALASKA
 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
 DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
 BOARD OF CHIROPRACTIC EXAMINERS
 PO BOX 110806, JUNEAU, ALASKA 99811-0806
 (907) 465-3811 Fax (907) 465-2974
 Website: www.commerce.state.ak.us/occ/pchi.htm

CHI

FOR OFFICE USE ONLY

**APPLICATION FOR APPOINTMENT TO THE
 UTILIZATION REVIEW COMMITTEE**

INSTRUCTIONS: Please type or print in ink and forward to the above address. Complete and specific answers will aid in the processing of your application. You may attach additional paper if necessary. The board may, at its discretion, require applicants to participate in an interview:

Name: _____

Residence Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Business or Message Telephone: _____

CHIROPRACTIC PHYSICIAN APPLICANTS:

Yes No

Are you an active licensee in the State of Alaska?

License Number: _____

Number of Years of Practice in Alaska: _____

PUBLIC MEMBER APPLICANTS:

Yes No

Are you engaged in the chiropractic occupation?

Are you associated by legal contract with a member of the chiropractic occupation (except as a consumer of service)?

Do you have a direct financial interest in the chiropractic occupation?

ALL APPLICANTS:

1. Have you ever been convicted of a misdemeanor or felony?

2. Do you have any charges pending (other than minor traffic violations)?

3. Have you received any letters of reprimand from any professional organization?

If you answered "yes" to questions 1, 2, and 3, please explain on separate page.

4. Are you willing to participate in an interview?

Sec. 08.20.185. Peer review committee. (a) In addition to peer review authorized under AS 08.01.075, the board may establish a peer review committee to review complaints concerning the reasonableness or appropriateness of care provided, fees charged, or costs for services rendered by a licensee to a patient. A review conducted by a peer review committee under this section may be utilized by the board in considering disciplinary action against a licensee but the results or recommendations of a peer review committee are not binding upon the board. A member of a peer review committee established under this section who in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

(b) The board shall charge a complainant a fee, established under AS 08.01.065, for peer review under this section.

(c) Patient records presented to a peer review committee for review under this section that were confidential before their presentation to the committee are confidential to the committee members and to the board members and are not subject to inspection or copying under AS 09.25.110 - 09.25.125. A committee member or board member to whom confidential records are presented under this subsection shall maintain the confidentiality of the records. A person who violates this subsection is guilty of a class B misdemeanor.

ARTICLE 4. PEER REVIEW

400. Peer review committee

410. Term of appointments to peer review committee

420. Conduct of peer review

12 AAC 16.400. PEER REVIEW COMMITTEE. (a) For the purposes of AS 08.20.185, the board will, in its discretion, appoint a peer review committee that is advisory to the board.

(b) A peer review committee appointed by the board will consist of four individuals. Three members of the peer review committee must be chiropractic physicians licensed under AS 08.20, and one member must be a public member who meets the requirements of AS 08.01.025.

(c) A member of a peer review committee may not review a case if the member is in a direct business relationship with the chiropractic physician insurer, or patient in the case being reviewed.

(d) In this section, a "direct business relationship" includes an employer-employee relationship, doctor-patient relationship, and a legal contractual relationship.

12 AAC 16.410. TERM OF APPOINTMENTS TO PEER REVIEW COMMITTEE. (a) Except for the initial appointments to the peer review committee, members of the peer review committee are appointed for staggered terms of two years.

(b) The terms of the initial appointments to the peer review committee will be

(1) two chiropractic physicians, each appointed for a two-year term; and

(2) one chiropractic physician and one public member, each appointed for a one-year term.

(c) A member of the peer review committee may be removed by the board for cause.

(d) A member of the peer review committee may not serve on the committee for more than four consecutive years. The member may not be reappointed until two years have elapsed since the member last served on the committee.

12 AAC 16.420. CONDUCT OF PEER REVIEW. (a) A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for peer review with the board by submitting

(1) a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;

(2) the peer review fee established in 12 AAC 02.150; and

(3) if the peer review committee requires a patient's treatment records for review, a completed release, on a form provided by the department, signed by the patient.

(b) A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to the peer review committee the information required in (c) of this section.

(c) A licensee involved in a case submitted to the peer review committee shall submit to the peer review committee all necessary records and other information concerning the patient's treatment.

(d) The peer review committee shall examine each request for peer review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the peer review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and third-party payor involved in the case.

(e) The findings of the peer review committee must include a determination of whether the

(1) licensee provided or ordered appropriate treatment or services; and

(2) fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractors for the same or similar services.

(f) The peer review committee shall file with the department's investigative section a complaint against a licensee if it determines that reasonable cause exists to believe the licensee has violated any portions of AS 08.20 or this chapter for which a licensee may be disciplined. The peer review committee shall give all complaint information it has to the department.

(g) In this section,

(1) "appropriate treatment or services" means treatment or services performed, because of a substantiated and properly diagnosed condition, that are consistent with that diagnosis as reviewed by the peer review committee.

(2) "licensee" means a chiropractic physician licensed under AS 08.20.

(3) "reasonable and appropriate cost of treatment" means that charges submitted for services performed are necessary and reasonable charges in the judgment of the peer review committee.

Applicant Name: _____ License No.: _____

**CHIROPRACTIC PHYSICIAN APPLICANTS
UTILIZATION REVIEW QUESTIONNAIRE**

- | | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are you presently in active, full-time practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any pending chiropractic malpractice or negligence unsatisfied judgements against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of chiropractic malpractice negligence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past two years have you been accused or convicted of any felony or other crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you served on a peer review committee in another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you received any formal training in "File Reviews, Case Evaluations, Independent Medical Evaluations, etc?" | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to question 6; approximately how many of each of the following were performed at the request of and paid for by the insurance industry per month?

File Reviews: _____ Case Evaluations: _____

Independent Medical Evaluations: _____

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7. Currently or in the past two years have you received any professional care for chemical dependency (drugs, narcotics, alcohol, etc.) and/or psychological welfare issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there anything in your life that could possibly impair you from being a rational fair-minded member of the peer review committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If offered the opportunity would you accept devoting more than 50% of your professional time to performing independent medical evaluations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you subscribe to <u>Fee Facts</u> (or other fee related data information) or <u>Medicode</u> (Alaska Workers' Compensation fees)? | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you keep abreast of the "customary and reasonable" fees in Alaska? | | |
| 11. Do you subscribe to and read any peer reviewed journals such as the <i>Journal of Manipulative and Physiological Therapeutics (JMPT)</i> , <i>Spine</i> , etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. How do you keep yourself professionally informed on current issues relative to health care delivery outside of continuing education requirements? | | |

13. List any additional degrees or memberships.

- Post-Graduate specialty credentials (Chiropractic Radiologist, DACBR, etc.) or other degrees:

Issuing Association or Institution: _____

Date Degree Received: _____

- Honorary degrees such as Fellowships, etc.:

Issuing Association or Institution: _____

Date Degree Received: _____

- Membership in any local (state) or National Chiropractic Associations?

Association or Institution: _____

Member Since: _____

Please provide a brief summary of your immediate past two years of chiropractic practice.

Specifically Comment On:

- The hours per week that you professionally devote to patient care and other patient care related administrative and educational duties.

- The focus of your practice (if any) such as, “family practice, sports injuries, geriatric, pediatric, workers’ compensation, personal injury, etc.” Give a sense of an average week in your professional life.

- Your use of non-use of ancillary methodology (physiological therapeutic procedures such as electrical muscle stimulation, diathermy, therapeutic exercise, nutrition counseling, etc.).

- Your practical application of the terms “chiropractic adjustment, subluxation complex and primary health care provider” as defined in Alaska Chiropractic statutes.

CONTINUED ON NEXT PAGE

- Your usual and customary clinical protocol (procedures) such as, consultation (patient history), examination (diagnostic imaging), laboratory procedures, referral, consultation, and concurrent care with other licensed physicians or health care providers; report of findings (informed consent); healthful living practices (patient education) and ancillary methodology (physiological therapeutic procedures).

WARNING: The deliberate concealment or falsification of information on this application may result in the rejection of your application, removal from the list of eligible candidates, or removal from the position. Information supplied with this application is considered public, unless required to be kept confidential pursuant to state and federal law.

I certify under penalty of perjury that the information furnished in this application is true and correct.

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

SEAL

Notary Public

For the State of _____

My Commission Expires: _____

(or postmaster stamp if notary not available)

UTILIZATION REVIEW QUESTIONNAIRE
(For Public Member Applicants)

1. List any professional licenses, certificates, or registrations and dates obtained that may be used as qualifying criteria:

2. List both formal and informal education and training experiences:

3. List any community services, municipal government, and state positions held, and any awards received. Include both compensated and uncompensated positions (i.e., president of a service organization, mayor, etc.). Include length of time served:

4. Employment work history (paid, unpaid, or voluntary):

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I certify under penalty of perjury that the information furnished in this application is true and correct.

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

SEAL

Notary Public

For the State of _____

My Commission Expires: _____

(or postmaster stamp if notary not available)