

## Utilization Review/Private Review Initial Application Checklist

Date of Submission: \_\_\_\_\_

Company Name: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

*\*Please complete and submit checklist with required documents.*

| Requirement                           | Code Reference                                 | Description of Requirement   | Requirement Complete                                     |
|---------------------------------------|--|--|--|
| NIPR Application                      |  | Complete Initial Application on NIPR.com   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Application Additional Questions Form | Section 38-70-20 (B)                           | Complete Initial Application Additional Questionnaire Form   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Licensing Fee                         | Section 38-70-50 (A)                           | Initial license fee is \$1200.00; every even year.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Certificate of Authority              |  | Provide Certificate of Authority from SC Secretary of State  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Utilization Review Program            | Section 38-70-20 (C)<br>Regulation 69-47 IV- X | <ul style="list-style-type: none"> <li>• Written Utilization Review program</li> <li>• Information upon which the utilization review and retrospective review is conducted.</li> <li>• Material designed to inform applicable patients of:                             <ul style="list-style-type: none"> <li>○ Adverse Decision</li> <li>○ Appeal and appeal process</li> <li>○ Rights and confidentiality</li> <li>○ Qualification of Personnel</li> </ul> </li> </ul> | Yes                  No                                  |

|                                 |                                      |                              |                              |
|---------------------------------|--------------------------------------|------------------------------|------------------------------|
| <b>SCDOI Official Use Only:</b> |                                      |                              |                              |
| Date Received: _____            | Reviewer Name: _____                 | Reviewer Signature: _____    |                              |
| Final Decision:<br>(Circle one) | Approved      Denied      Incomplete | License Number Issued: _____ | Date Review Completed: _____ |