

AUTO INSURANCE UTILIZATION REVIEW INSURER ANNUAL REPORT

Michigan Department of Insurance and Financial Services
Office of Appeals, Legal Research, and Market Regulation
Utilization Review Section

DIFS-URCertification@michigan.gov
Michigan.gov/AutoInsuranceUR

Pursuant to R 500.68, auto insurers must submit an annual report to the Michigan Department of Insurance and Financial Services regarding utilization review activities during the previous calendar year. Each insurer must submit an annual report. DIFS will not accept one annual report on behalf of multiple insurers. Insurers must also provide information about any material changes made to their utilization review program in the annual report.

A **material change** is a modification made to an insurer’s utilization review program that is vital to the successful operation of its program. A *material change could include but is not limited to* a new or discontinued MRO, a new company compliance leader, an adjustment to the scope of utilization review referrals, procedural updates relating to implementation of a DIFS-approved corrective action plan, and all significant updates to policies, processes, procedures, and forms impacting the utilization review program. If an insurer has a question about whether a change is “material,” please contact the Utilization Review Section at the email address above.

How to Submit: This completed form must be signed by an authorized representative of the insurer and submitted no later than March 31 of each year to DIFS-URCertification@michigan.gov. The insurer will receive a notice of receipt following submission.

I. INSURER INFORMATION

Insurer Name:	
Mailing Address:	NAIC Number:
	Phone Number:
	Fax Number:

II. MEDICAL REVIEW ORGANIZATION (MRO) INFORMATION

Please list all Medical Review Organization(s) (MROs) the insurer is currently using, or has used in the previous calendar year, for its Auto Insurance Utilization Review Program. Leave this section blank if an MRO is not currently being used or was not used in the previous calendar year. Attach an additional page if needed.



Michigan Department of Insurance and Financial Services

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Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

MRO Name:	Currently Used? Yes <input type="checkbox"/> No <input type="checkbox"/>
Review Type (select one or both): Medical Necessity <input type="checkbox"/> Bill Review <input type="checkbox"/>	

MRO Name:	Currently Used? Yes <input type="checkbox"/> No <input type="checkbox"/>
Review Type (select one or both): Medical Necessity <input type="checkbox"/> Bill Review <input type="checkbox"/>	

MRO Name:	Currently Used? Yes <input type="checkbox"/> No <input type="checkbox"/>
Review Type (select one or both): Medical Necessity <input type="checkbox"/> Bill Review <input type="checkbox"/>	

III. UTILIZATION REVIEW PROGRAM DATA AND ACTIVITIES

Compile and provide the data for each question. Answers to all questions are required. Do not leave blank responses.

1. Total number of provider bills referred for utilization review under the insurer's utilization review program.	
2. Total number of written requests for explanation that were sent to a provider pursuant to R 500.63.	
3. Total number of determinations issued pursuant to R 500.64(1) following receipt of a provider's written explanation.	
4. Total number of written complaints received by the insurer from providers regarding the insurer's utilization review program.	

IV. UTILIZATION REVIEW PROGRAM UPDATES

Complete **Option A** or **Option B** by checking only the box that applies. If Option B is checked, the insurer must attach a detailed description of all material changes to its utilization review program.

Select Option A or Option B. Check only the box that applies.

Option A. No Material Change to Insurer's Utilization Review Program

I affirm, by signing this form, that the above listed insurer's utilization review program remains in force and there have been no material changes to the program.

Option B. Material Change(s) to Insurer's Utilization Review Program

I affirm that material changes were made to the insurer's utilization review program during the previous calendar year. **A detailed description of all changes is attached.**



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V. AUTHORIZED SIGNATURE

By signing this form, I understand and acknowledge that I will respond promptly to the Michigan Department of Insurance and Financial Services' inquiries regarding the insurer's utilization review program. I certify that the information included on this form is correct and complete to the best of my knowledge. I also understand and acknowledge that submitting false or misleading information is cause for revocation of certification and may subject me to penalties as provided by law.

Authorized Signature:	Date:
Printed Name and Title:	Email Address:

The Michigan administrative rules referenced on this form can be found at Michigan.gov/AutoInsuranceUR.



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