

APPLICATION FOR UNCONDITIONAL CERTIFICATION OF AUTO INSURANCE UTILIZATION REVIEW PROGRAM (INITIAL, RENEWAL, OR REINSTATEMENT)

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

Send completed form to: DIFS-URCertification@michigan.gov

Pursuant to R 500.66, all insurers providing personal protection insurance under chapter 31 of the Insurance Code, MCL 500.3101 to 500.3179, and rules promulgated thereunder, must have in place a utilization review program to review records and bills for treatment, training, products, services, and accommodations provided to an injured person that are above the usual range of utilization based on medically accepted standards. An insurer that contracts with a medical review organization (MRO) remains responsible for complying with the Utilization Review Rules. See R 500.62(d). For additional information, please visit www.michigan.gov/AutoInsuranceUR.

I. TYPE OF APPLICATION (check as applicable)

- Initial (Must complete Sections I, II, III, and V)
- Renewal (Must complete Sections I, II, III, and V)
- Reinstatement (Must complete Sections I, II, IV, and V)

II. AUTO INSURANCE COMPANY INFORMATION

Today's Date:	NAIC Number:
Auto Insurance Company Name:	
Point of Contact Name and Title:	
Point of Contact Email Address:	
Point of Contact Phone Number:	Ext:
Mailing Address:	



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

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

III. REQUIRED DOCUMENTATION FOR APPLICATION FOR UNCONDITIONAL CERTIFICATION: INITIAL OR RENEWAL

- Documentation (e.g., policies, processes, or procedures created or used) for the insurer to conduct bill reviews to determine the appropriate reimbursement amount.
- Documentation (e.g., policies, processes, or procedures created or used) for the insurer to make determinations regarding the appropriateness of treatment, training, products, services, and/or accommodations based on medically accepted standards.
- Documentation (e.g., policies, processes, or procedures created or used) to ensure compliance with the requirements set forth in Rule 64 and 65 of DIFS' Utilization Review Rules for issuing determinations.
- Pursuant to the requirements in Rule 64, please submit a sample written notice of determination.
- Insurers who contract with an MRO may submit to DIFS copies of documentation (e.g., policies, processes, or procedures) detailing the utilization review program or forms created for the purposes of the insurer's UR program(s).

IV. REQUIRED DOCUMENTATION FOR APPLICATION FOR UNCONDITIONAL CERTIFICATION: REINSTATEMENT

- Documentation (e.g., policies, processes, or procedures created or used) for the insurer to conduct bill reviews to determine the appropriate reimbursement amount.
- Documentation (e.g., policies, processes, or procedures created or used) for the insurer to make determinations regarding the appropriateness of treatment, training, products, services, and/or accommodations based on medically accepted standards.
- Documentation (e.g., policies, processes, or procedures created or used) to ensure compliance with the requirements set forth in Rule 64 and 65 of DIFS' Utilization Review Rules for issuing determinations.
- Pursuant to the requirements in Rule 64, please submit a sample written notice of determination.
- Insurers who contract with an MRO may submit to DIFS copies of documentation (e.g., policies, processes, or procedures) detailing the utilization review program or forms created for the purposes of the insurer's UR program(s).
- Insurer's completed Corrective Action Plan with supporting documentation.



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V. AUTHORIZED SIGNATURE

By signing this Application for Unconditional Certification of Auto Insurance Utilization Review Program (FIS 2362), I understand and acknowledge that I will respond promptly to the Department's 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 non-acceptance of this application and may subject me to penalties as provided by law.

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



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