



Not intended as legal advice

STATES THAT RECOGNIZE URAC ACCREDITATION

February 2005

Alabama

- Health UM

Organizations that have a current accreditation from the Utilization Review Accreditation Commission (URAC) are not defined as utilization review agents. However, entities with current URAC accreditation shall file a URAC certification with the department annually, Ala. Code § 27-3A-3(5)(f) (2003) (Health Care Service Utilization Review Act), and the annual licensure fee is waived under Ala. Code § 27-3A-4(c)(d)(2003). Utilization review agents that have received accreditation by URAC are exempt from minimum standard requirements. Ala. Code § 27-3A-5(b) (2003)

Work Comp UM

Any utilization review entity who is accredited by URAC or the Alabama Department of Public Health shall be deemed to be qualified and shall be issued a utilization review entity certificate by the Department of Industrial Relations upon receipt of a copy of the entity's URAC or Department of Public Health certification. Ala. Admin. Code r. 480-5-5-.06-7(d) (2003). The Department of Industrial Relations may deny a utilization review certificate if the review entity fails to maintain policies and procedures that comply with URAC standards and prevailing adjudication rules used in Alabama for situations not specifically addressed in these rules. Ala. Admin. Code r. 480-5-5-.06-7(g)(5) (2003).

Arizona

- Health UM

URAC-accredited organization exempt from Ariz. Dept. of Insurance's application process. Ariz. Rev. Stat. Ann. § 20-2502(b)(1) (West 2003); One requirement for health care insurers who provide coverage in the state is that they be accredited by the Utilization Review Accreditation Commission/URAC, the national committee for quality assurance or any other nationally recognized accreditation process recognized by the director. Ariz. Rev. Stat. Ann. § 20-2510(A)(2) (2003), contract with a utilization review agent who is accredited by URAC, Ariz. Rev. Stat. Ann. § 20-2510(A)(4) (2003), and submit to the Director a signed and notarized statement that the health care insurer has submitted an application for accreditation to the Utilization Review Accreditation Commission, Ariz. Rev. Stat. Ann. § 20-2510(A)(5) (2003).

Arkansas

- Independent Review

Commissioner of Insurance may deem an independent review organization certified by URAC as certified to conduct external reviews. Ark. External Review Reg. (No. 76)Section 11(I) (Sept. 20, 2002).

California

- Health Call Center

As of Jan. 1, 2000, no in-state or out-of-state business entity shall engage in the business of providing telephone medical advice services to a patient at a California address unless the business is registered with the Calif. Dept. of Consumer Affairs. An entity can submit proof of accreditation by URAC to qualify for provisional registration. Cal. Bus. & Prof. Code 4999(b)(2003).

Colorado

- Health UM

As of July 1, 2000, an automobile insurer using a managed care arrangement (preferred provider organizations, health maintenance organizations) shall file internal grievance and review procedures with the Commissioner of Insurance. The managed care arrangement may use as a “guideline the standard established by one of the following nationally recognized accreditation standards organizations: the American Accreditation HealthCare Commission....” S.B. 138 (Mar. 31, 2000). Col. S.B. 00-138 codified to 10-4-706 (2). Now repealed. 10-4-701 to 10-4-726. (Repealed)

Delaware

- Independent Review

An independent utilization review organization “must possess accreditation by a nationally recognized private accrediting entity with established and maintained standards for independent review organizations, preference will be given for the specialty of ‘External Review Organization’ accreditation” by URAC. Del. Dept. of Health and Social Services RFP (PSC No. 526).

District of Columbia

- Work Comp UM

To allow for the performance of competent utilization review, a utilization review organization or individual used pursuant to this chapter shall be certified by the Utilization Review Accreditation Commission. D.C. Code Ann. § 1-623.23 (a-2)(1)(2001)(Disability Compensation-Physical Exams); To allow for the performance of competent utilization review, a utilization review organization or individual used pursuant to this chapter shall be certified by the Utilization Review Accreditation Commission. D.C. Code Ann. § 32-1507(b)(6)(A) (2001) (Workers’ Compensation-Medical Services, Supplies and Insurance); A utilization review organization or individual used pursuant to the Act shall be certified by the Utilization Review Accreditation Commission. D.C. Mun. Regs., tit. 7, § 119.2 (2003)(Disability Compensation-Utilization Review); D.C. Mun. Regs., tit. 7, § 232.2 (2003)(Private Sector Workers Compensation – Utilization Review).

Florida

- Credentialing

Approved for accreditation of credentialing verification organizations. Fla. Stat. ch. 456.047(2)(a) (2003), Fla. Stat. ch. 456.047(2)(k) (2003)

- Health Plan

Approved accreditation organization for HMOs.

Fla. Stat. ch. 641.512 (2003), Fla. Admin. Code Ann. ch. 59A-12.0072.672A (2003). (looking for written documentation in the file for this)

Georgia

- Health UM

Applications for certification renewal must provide documentation that the private review agent has received full accreditation or certification by the Utilization Review Accreditation Commission (URAC) or the National Committee for Quality Assurance (NCQA). Reason or reasons should be stated if the organization is not presently fully accredited or certified by (URAC) or NCQA. Ga. Comp. R. & Regs. r. 120-2-58-.03(6)(b) (2003); (Certification of Private Review Agents); Ga. Comp. R. & Regs. r. 120-2-58-.09 (2003) (Checklist of Application Documents for Certification of Private Review Agents); Patient Protection Act Application for Certification Form), Any agent providing utilization review services for a managed care plan must be certified as a Private Review Agent, or otherwise deemed compliant by the Commissioner only if such entity or contractor is an applicant that has been accredited or certified by the Utilization Review Accreditation Commission (URAC) or the National Committee for Quality Assurance (NCQA) and is operating as permitted by § 120-2-58-.03(2). Ga. Comp. R. & Regs. r. 120-2-80-07 (1) (2003) (Patient Protection Plan – Utilization Review).

- Health Network

- Health Plan (Medicaid)

Effective January 2005, URAC is recognized in the Georgia Department of Administrative Services (DOAS) and the Georgia Department of Community Health (DCH) through Request For Proposals (RFP) seek to obtain the services of qualified care management organizations (CMOs) to provide health care services in the Georgia Cares Program (GCS), a full-risk, capitated care management system. Bid Title: The Georgia Cares Program for Medicaid and PeachCare. Bid Number 41900-001-0000000027.

- Health Plan (Commercial)

URAC is included as an Approved Accrediting Organization under GA regulation 120-2-93-0.13-.01. (per letter from GA Insurance and Safety Fire Commissioner, dated January 31, 2005).

Hawaii

- Health Network

- Health Plan

The Commissioner of Insurance shall determine which national accreditation organization is appropriate for each type of plan. Haw. Rev. Stat. §432E-11(c)(2003).

Commissioner of Insurance has recognized as accreditation body for health plans for Haw. Rev. Stat. § 432E-10(c) (Hawaii Patient Bill of Rights and Responsibilities Act). Haw. Ins. Memo. 2000-15(H) (Oct. 31, 2000).

Illinois

- Health UM

Department of Public Health shall accept evidence of accreditation with regard to the health care network quality management and performance improvement standards of: the American Accreditation Healthcare Commission (URAC) or_ any other entity that the Director of Public Health deems has substantially similar or more stringent standards than provided for in the Quality Assessment Program Section of the Managed Care Reform Act. 215 Ill. Comp. Stat. 134/88 (2003);

No one may conduct a utilization review program in Illinois unless registered with Dept. of Insurance and either accredited by URAC or certified to be in compliance with URAC's accreditation standards sufficient to achieve URAC accreditation. 215 Ill. Comp. Stat. 134/85 (2003); Registration fee for Utilization Review Agents is waived if accredited by URAC. Ill. Admin. Code tit. 50, § 5420.130 (b)(2003), Utilization Review Organization must comply with URAC standards. Ill. Admin. Code tit. 50, § 5420.140 (2003), Ill. Admin. Code tit. 50, § 5420.EXH. D (2003)(Application form for Review Agents).

Indiana

- Health Network

Approved for accreditation of managed care providers of mental health and addictions services. Memo (June 27, 2001) from Norma Bradway, Assistant Deputy, Certification & Licensure, Division of Mental Health, Indiana Family & Social Services Administration.

- Health UM

URAC-accredited companies are considered to have met most of the state's requirements for utilization review. *See* "Utilization Review Agent Checklist for Members [*siz*] of URAC." Ind. Code § 27-8-17-14 (2003); Ind. Admin. Code tit. 760, r. 1-46 (2003); Ind. Admin. Code tit. 760, r. 1-49 (2003) (Deals with certification of Medical Review Agents. No mention of URAC)

Iowa

- Health UM

A third-party payer that performs utilization review must meet the accreditation requirements set by URAC or other national accreditation organizations recognized and approved by the Commissioner of Insurance. If the third-party payer delegates utilization review, other entity must meet the accreditation requirements set by URAC.... The Commissioner may approve a variance from URAC standards for good cause. Iowa Code § 514F.4 (2003); 1999 Iowa Acts 276 (S.F. 276) presently enacted; Iowa Admin. Code r. 191-70 *et seq.* (2003); An organized delivery system that provides health benefits to a covered individual residing in this state shall not conduct utilization review, either directly or indirectly, under a contract with a third party who does not meet the requirements established for accreditation by the Utilization Review Accreditation Commission (URAC) National Committee on Quality Assurance, or another national accreditation entity recognized and approved by the commissioner. Iowa Admin. Code r. 641-201.6(12) (2003).

Kansas

- Health Plan

Commissioner of Insurance has recognized URAC as an “independent quality review organization” for HMOs and Medicare provider organizations. Kan. Stat. Ann. § 40-3211(b) (2003); Kansas Insurance Dept.’s Quality of Care Assessment Guidelines (May 8, 1996); letter of Dec. 13, 1999 from Julie Gonzales, Accident & Health Policy Examiner, Kansas Insurance Department, to Larrie Ann Lower, Executive Director, Kansas Association of Health Plans.

- Health UM

URAC-accredited utilization review organizations are exempt from all of the state’s application requirements, including the certification fee. An applicant for a certificate as a utilization review organization accredited by URAC need only file a copy of the certificate of accreditation and complete the certification and verification on the final page of the application form. Kan. Stat. Ann. § 40-22a-06 (2003);

Kan. Admin. R. §§ 40-4-41 (2003) *et seq.*

Kentucky

- Health UM

URAC is a “nationally recognized accreditation organization” for purposes of utilization management. KY. Rev. Stat. 304.17A-600 (2002)

Maine

- Health UM

Bureau of Insurance treats URAC as “nationally recognized accrediting organization” and grants waivers from requirements pertaining to procedures for review decisions, requests for reconsideration, and appeals for adverse determinations under § 8, Code Me. R. § 02-031-850, and procedures for first level grievance review and second level grievance review under § 9, Code Me. R. § 02-031-850. (We will need some written verification from the Maine Bureau of Insurance to show this)

- Work Comp UM

An entity may only perform utilization review if accredited by URAC or has applied for URAC accreditation. Code Me. R. 90-351 Ch. 7, § 1 (2003); Code Me. R. 90-351 Ch. 7, § 5 (2003)

Maryland

- Health UM

The Maryland Insurance Administration has approved URAC as an Approved Accrediting Organization for Health UM under the terms of § 15-10B-03(d) of the Insurance Article and COMAR (MD. REGS. CODE) tit. 31 § 10.21.11(A) (2004) effective 1/31/2004. Regulations stem from H.B. 700 (May 13, 2003), which provides for certification of private review agents and would include recognition of accreditation organizations.

Massachusetts

- Health Network

- Health Plan

- Health UM

Recognized by Division of Insurance as “national accreditation organization” under. Mass. Gen. Laws. Ch. 176O § 1 (2003), Mass. Regs. Code tit. 211 CMR § 52.03 (2003). A carrier that applies for deemed accreditation may be deemed to be in compliance with the standards set forth in 211 CMR 52.00 and may be so accredited by the Bureau if it meets accreditation by URAC. Mass. Regs. Code tit. 211 CMR § 52.05 (2003), Mass. Regs. Code tit. 211 CMR § 52.06 (2003). (Managed Care Consumer Protection and Accreditation of Carriers).

Michigan

- Health Plan

The Michigan Department of Community Health has released a new Invitation to Bid that includes URAC accreditation. The Michigan Department of Community Health will newly recognize URAC for the Medicaid Health Plans starting October 1, 2004 for a period of two years based on the strength of URAC as an accrediting body.

Missouri

- Health Plan

A health carrier shall file with the Director of the Department of Insurance an "access plan" meeting statutory requirements for each managed care plan offered in Missouri. The Director shall deem a managed care plan's network as adequate if the managed care plan is offered by a health carrier that has received from URAC accreditation at the “level of ‘accredited’ or better, and such accreditation is in effect at the time the access plan is filed.” Mo. Rev. Stat. § 354.603.3 (4); Mo. Code Regs. tit. 20, § 400-7.095(2)(A)1B(IV)(2003)(HMO Access Plan); see also 2003 Mo. Legis. Service H.B. 121 (Managed Care Plan-Chiropractor Services adequate if accredited by URAC).

- Health UM

Health carrier may satisfy the requirement for a written utilization review program by implementing the most recent utilization review program it has submitted to URAC, if that program reflects current policies, processes, and procedures, and is supplemented to address any Missouri requirements not in the URAC accreditation standards. Mo. Code Regs. Ann. tit. 20, 400-10.010(2) (2003)

Nebraska

- Health UM

To be certified, utilization review agent must be accredited by URAC (or a similar organization with substantially similar standards, which the Director of Insurance has approved). (Utilization Review Act). Neb. Rev. Stat. Ann. § 44-5420 (2003)

Nevada

- Health Plan

Div. of Health has found URAC to be “nationally recognized to provide accreditation of health maintenance organizations,” specifically for the “quality of health care services” under Nev. Rev. Stat. 695C.310 (2003).

- Independent Review

Commissioner of Insurance must certify external review organizations. Under 2003 Nevada Laws Ch. 395 (S.B. 320) “(A)n external review organization that is certified or accredited by an accrediting body that is nationally recognized shall be deemed to have satisfied all the conditions and qualifications required for the external review organization to be issued a certificate pursuant to this section.”

New Hampshire

- Health UM

URAC’s standards are minimum acceptable standards for licensure unless Insurance Commissioner adopts rules establishing stricter standards. N.H. Rev. Stat. Ann. §§ 420-E:3 (2003). Each health carrier that does not contract with a utilization review entity shall establish written procedures for carrying out its utilization review processes and shall conform to URAC’s standards. N.H. Rev. Stat. Ann. §§ 420-J:6 (2003); N.H. Code Admin. R. Ann. Ins 2001.17(a) (2003); Health carriers shall ensure that all covered persons have access to a utilization reviewer to make prior approval or pre-authorization decisions in accordance with URAC or NCQA standards. N.H. Code Admin. R. Ann. Ins 2701.05(b) (2003);

See also, N.H. Code Admin. R. Ann. 2701.01 (2003)(URAC defined in Admin. Reg. for Managed Care-Network Advocacy), N.H. Code Admin. R. Ann. Ins 2001.03 (2003)(URAC defined in Admin. Reg. for Medical Utilization Review Entities);

- Work Comp UM

New Jersey

- Health Plan

Approved external quality review organization to perform quality audits of HMOs. N.J. Admin. Code tit. 8, § 38-7.2 (2003).

New York

- Work Comp UM

The general operating requirements for a Workers’ Compensation PPO mandates submission of a utilization review process to the Insurance Commissioner. This review process must be consistent with the utilization review requirements of article 49 of the State Insurance Law, article 49 of the Public Health Law or a generally accepted and nationally recognized utilization review accrediting entity acceptable to the commissioner, or be produced by an entity currently certified by the Utilization Review Accreditation Commission. N.Y. Comp. Codes R. & Regs. tit. 10, § 732-2.2(f)2 (2003).

North Carolina

- Health UM

If accredited by URAC, the Commissioner of Insurance shall deem an Accountable Health Carrier as meeting the regulatory requirements for utilization management. N.C. Admin. Code tit. 24, r. 5.0302(a)(3)(B)(ii) (2003).

N.C. Gen. Stat. § 143-629(b). Article 66.

Health Care Purchasing Alliance Act §§ 143-621 through 143-639: Repealed by Session Laws

2000-67, s. 21.2.

North Dakota

- Health UM

The Commissioner of Insurance may find that the standards in this section (i.e. minimum standards of utilization review agents) have been met if the utilization review agent has received approval or accreditation by a utilization review accreditation organization. N.D. Cent. Code 26.1-26.4-04 (2003). (Cannot find the state materials folder for North Dakota that shows URAC applies. Thus we need a written confirmation).

Ohio

- Case Management

Ohio Bureau of Workers' Compensation issued contract requiring managed care organizations (MCOs) providing medical management and return-to-work services for the "Health Plan Partnership" to receive URAC accreditation by Dec. 31, 2002.

- Health Network

A health insuring corporation may present evidence of compliance with the requirements of sections 1751.73 and 1751.74 of the Revised Code by submitting certification to the superintendent of insurance of its accreditation by an independent, private accrediting organization, such as the American Accreditation Healthcare Commission/Utilization Review Accreditation Commission. (Program Accreditation) Ohio Rev. Code Ann. § 1751.75 (2003). A health insuring corporation may present evidence of compliance with the requirements of sections 1751.77 to 1751.82 of the Revised Code by submitting evidence to the superintendent of insurance of its accreditation by an independent, private accrediting organization, such as the American Accreditation Healthcare Commission/Utilization Review Accreditation Commission. (Program Accreditation) Ohio Rev. Code Ann. § 1751.821 (2003);

Provider Credentialing

There is a presumption against negligence in credentialing if a hospital, health insuring corporation, or sickness and accident insurer can prove it was accredited by JCAHO, American Osteopathic Association, NCQA, or URAC at the time of an alleged negligent credentialing. Ohio Rev. Code Ann. § 2305.251 (B)(1) (2003).

Work Comp UM

In conducting an independent review of a medical dispute referred to the bureau by an MCO pursuant to rule 4123-6-16 of the Administrative Code, the bureau shall refer to the most recent editions of the Milliman and Robertson, Inc. healthcare management guidelines and such sources as the American Accreditation Healthcare Commission/URAC national workers' compensation utilization management standards. Ohio Admin. Code § 4123-6-161 (2003)

Oklahoma

- Health Plan

Okla. State Dept. of Health approved URAC as independent quality examiner for HMOs and certified workplace medical plans (CWMPs). Okla. Admin. Code 310:655-17-11 (2003) (Quality of

care examinations) applies to HMOs; Okla. Admin. Code 310:657-5-4 (2003) (Examinations) applies to CWMPs.

Rhode Island

- Health UM

Except involving substance abuse and mental health care, the Department of Health shall waive all the requirements for review agent certification for a review agent that has received, maintains and provides evidence of accreditation from URAC or other approved accreditation body. R.I. Gen. Laws § 23-17.12-8 (2003); R.I. Code R. § 14 000 016-4.1 (2003)

South Carolina

- Health Plan

Under S.C. Code Ann. § 38-33-170, HMOs and related providers must undergo “an examination concerning the quality of health care service” by the Dept. of Insurance at least once every three years, after the HMO’s third year of operations. As part of that review, HMOs may submit URAC accreditation status as evidence of meeting the quality standards. (No written verification of this in any of the file folders. I suggest we get a written confirmation from the state)

Tennessee

- Health UM

The Health Care Service Utilization Act ensures that utilization review agents maintain procedures and safeguards in accordance with applicable laws and requirements of nationally recognized review accreditation bodies such as the Health Insurance Portability and Accountability Act (HIPAA) and the utilization review accreditation commission (URAC). Tenn. Code Ann. § 56-6-702(5)(2003); Utilization review programs for the mental health and chemical dependency care must comply with the most recent requirements of nationally recognized utilization review accrediting bodies (i.e., utilization review accreditation commission (URAC)) if such agent is accredited and with all final security and privacy rules on protected health information as defined in the Health Insurance Portability and Accountability Act (HIPAA). Tenn. Code Ann. § 56-6-704(a)(2003); Any utilization review agent which has received accreditation by the utilization review accreditation commission (URAC) is exempt from filing fees. Tenn. Code Ann. § 56-6-704(c)(2003); See also, Any utilization review agent who receives accreditation by the utilization review accreditation commission is exempt from minimum standards requirements for utilization review agents. Tenn. Code Ann. § 56-6-705 (b)(2003).

- Work Comp UM

“The commissioner of labor and workforce development shall establish a system of utilization review of selected outpatient and inpatient health care providers to employees claiming benefits under the Workers' Compensation Law by providers qualified pursuant to law or the utilization review accreditation commission.” Tenn. Code Ann. § 50-6-124(a)(2003).

Texas

- Work Comp UM

The Advisory Committee on Regional Health Care Delivery Networks may also recommend additional standards over and above the statutory required minimum that require accreditation of the regional networks or a commitment to seek accreditation from a nationally recognized organization such as the American Accreditation HealthCare Commission or the National Committee for Quality Assurance. Tex. Lab. Code Ann. § 408.0221(g)5 (2003).

Utah

- Health Plan

Reviews of HMO's shall be conducted by the National Committee of Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Accreditation HealthCare Commission (URAC), formerly known as the Utilization Review Accreditation Commission, Health Insight, or other entities as approved by the commissioner Utah Admin. Code R590-76-9(1)(b)(iii) (2003). (Quality Assurance).

Vermont

- Case Management
- Health UM

Dept. of Banking, Insurance, Securities, and Health Care Administration has approved URAC as "independent accreditation organization" for purposes of Vt. Code R. 21-040-010(B)(2003) (Quality Assurance Standards and Consumer Protections for Managed Care Plans) Under § 10.204(B), "A managed care plan may fulfill the requirements of Vt. Stat. Ann. tit. 18 § 9414(d)(1) (2003) and Section 10.204(A) of this rule through an independent accreditation organization approved by the Division as capable of analyzing an in-depth manner, a managed care plan's provision of quality health and medical care to its members." (We need some written verification from Vermont on this)

Virginia

- Health Network
- Health Plan
- Health UM

Virginia defines URAC as a "Nationally recognized accrediting body" for setting national standards specifically governing healthcare quality assurance processes, utilization review, and provider credentialing for Managed Care Health Insurance Providers (MCHIP). 12 Va. Admin. Code 5-408-10 (2003). MCHIP licensees shall have a utilization review and management process that complies with the requirements of §§ 32.1-137.7 through 32.1-137.16 of the Code of Virginia and this chapter and shall utilize the applicable utilization review and management standards of the American Accreditation HealthCare Commission/URAC. 12 Va. Admin. Code 5-408-360(B)(2003), 12 Va. Admin. Code 5-408-360(B)(2003). C. The MCHIP licensee may demonstrate compliance with the utilization management and review requirements of this section by attaining accreditation or certification with the American Accreditation HealthCare Commission/URAC. 12 Va. Admin. Code 5-408-360(C)(2003).

Washington

- Health UM

Dept. of Corrections issued an RFP for “Utilization Review for Medical Treatment for Offenders” (No. CRFP5627, Mar. 6, 2002) that requires the contractor to be accredited by URAC no later than the start of the contract.

- Independent Review

Dept. of Health based rules on URAC standards.

- Work Comp UM

Dept. of Labor and Industry issued RFP requiring URAC accreditation. (I have not been able to locate anything in the state files. We may need some written confirmation)

West Virginia

- Health Plan

Dept. of Insurance treats as “national accreditation body” for purpose of reviews of HMOs. W.Va. Code § 33-25A-17a.

The secretary of the department of health and human resources and the insurance commissioner shall jointly establish an advisory committee to assist them in the development and implementation of the uniform credentialing process in this state. One member must represent a health maintenance organization accredited by URAC. W. Va. Code § 16-1A-3(a)(2003).