

**REQUIREMENTS AND PROCEDURE FOR OBTAINING AN
UTILIZATION REVIEW AGENT’S CERTIFICATE
RESIDENT AND NONRESIDENT**

A utilization review agent may not conduct utilization review upon a covered person in this state unless the agent is granted a certificate by the director. Certificates granted under the Utilization Review Act shall be valid for two years from the date of issuance.

PROCEDURE

- 1) Submit Form DOI URA - Application for Certification to Transact Business as a Utilization Review Agent.
- 2) Also include the following documentation with the application:
 - a) Documentation that the applicant has received approval or accreditation by the American Accreditation HealthCare Commission/URAC, or a similar organization which has standards for utilization review agents that are substantially similar to the standards of the American Accreditation HealthCare Commission/URAC, and which has been approved by the director;
 - b) A list of the principal officers of the entity responsible for its operation, management, and control (page two of paper application).
- 3) Submit application fee.

LICENSE FEES – UTILIZATION REVIEW AGENT

Initial Fee.....	\$300.00
Two-Year Renewal Fee	\$100.00
Reinstatement Fee	\$300.00

**Checks should be made out to the Nebraska Department of Insurance.*

PRINTING LICENSES

The Nebraska Department of Insurance Licensing Division no longer mails out a hard copy of new or renewed licenses. A copy of your license can be downloaded or printed by going to:
<https://sbs.naic.org/solar-external-lookup/license-manager>.

DURATION OF LICENSE

Utilization review certificates are valid for two (2) years from the date they are issued. Certificates expire one day prior to the two year anniversary of the issue date.

LICENSE RENEWAL

Certificates may be renewed ninety (90) days prior to their expiration date by submitting the following to the Nebraska Department of Insurance:

- 1) Renewal fee of one hundred dollars (\$100).
- 2) A statement detailing any changes in the information or documentation that was filed with the initial application.

NOTIFICATION OF CHANGES

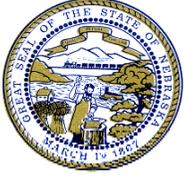
A utilization review agent shall notify the director within five working days of any change of the agent's approval or accreditation status or of any material change in the information contained in the agent's application or renewal or that the agent no longer meets the requirements of the Utilization Review Act.

For further information regarding the rules and requirements for obtaining the Utilization Review Agent's Certificate please see [Neb.Rev.Stat 44-5416](#).

Reasonable accommodations for disabled persons available upon request at (402) 471-2201. TDD users 800-833-7352 for relay to (402) 471-2201

**NEBRASKA DEPARTMENT OF INSURANCE
INSURANCE LICENSING DIVISION
P.O. BOX 82089
LINCOLN, NE 68501-2089**

**E-mail: DOI.Licensing@Nebraska.gov
Licensing Division: (402) 471-4913
DOI Main Line: (402) 471-2201
Toll Free: (833) 410-5609
Fax: (402) 471-6559**



STATE OF NEBRASKA
 DEPARTMENT OF INSURANCE
 PO Box 82089
 Lincoln, NE 68501
www.doi.nebraska.gov

For DOI Use Only

Identifier # _____
 Amount _____
 Dist # _____
 Check # _____

**APPLICATION FOR CERTIFICATE TO TRANSACT BUSINESS
 AS A UTILIZATION REVIEW AGENT**

TYPE OF ENTITY

Please check one: Corporation Partnership Other _____
 (Please Specify)

Business Entity Name: _____

Federal I.D. # _____ **Date Incorporated** _____

Business Address: _____

Street Address

 City State Zip Code Phone

Mailing Address: _____

Street Address

 City State Zip Code Business Email

Which classes or types of insurance will the applicant be conducting in Nebraska?

 (Please Specify)

Please submit with the application, proof that you have received approval or accreditation by the Utilization Review Accreditation Commission, Inc. or NCQA. Please also include a \$300.00 check for the license application fee.

Application and fees can be submitted to the Department at the address information below:

**NEBRASKA DEPARTMENT OF INSURANCE
 INSURANCE LICENSING DIVISION
 P.O. BOX 82089
 LINCOLN, NE 68501-2089**

**E-mail: DOI.Licensing@Nebraska.gov
 Licensing Division: (402) 471-4913
 DOI Main Line: (402) 471-2201
 Toll Free: (833) 410-5609
 Fax: (402) 471-4610**

Business Entity Name: _____

List below the principal officers responsible for the operations, management and control of the applicant name herein:

Officer 1

Name:	Title:
Business Address:	
Resident Address:	
Social Security Number:	

Officer 2

Name:	Title:
Business Address:	
Resident Address:	
Social Security Number:	

Officer 3

Name:	Title:
Business Address:	
Resident Address:	
Social Security Number:	

Officer 4

Name:	Title:
Business Address:	
Resident Address:	
Social Security Number:	

This application must be signed by all named principle officers listed above.

Officer 1: _____
Signature Date

Officer 2: _____
Signature Date

Officer 3: _____
Signature Date

Officer 4: _____
Signature Date

Subscribed to in my presence and duly sworn this _____ day of _____, 20_____.

Notary Public