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APPLICATION FOR CERTIFICATION OF A CARRIER'S PROFESSIONAL HEALTH CARE REVIEW PROGRAM

Michigan Department of Labor and Economic Opportunity
Workers' Disability Compensation Agency
Health Care Services Division
PO Box 30016, Lansing, Michigan 48909

Date of Application	Initial ☐	Renewal ☐
Note: A new application must be submitted whenever there is a change in carrier, service company, or review company.		

This form is required in accordance with Part 12, R 418.101206 of the Workers' Compensation Health Care Services Rules to receive certification of a carrier's professional review program.

I. CARRIER

Carrier	Service Company	Review Company
NAIC No., Self-Insured No., or FEIN	Agency Assigned Number	Employer Identification
Name	Name	Name
Address (Street)	Address (Street)	Address (Street)
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone No. (Include area code)	Telephone No. (Include area code)	Telephone No. (Include area code)
Contact Person and Email Address	Contact Person and Email Address	Contact Person and Email Address

II. METHODOLOGY/REVIEW STAFF AND CREDENTIALS

Attach methodology, according to the Workers' Disability Compensation Agency procedure, used to perform a carrier's professional review.

R 418.101204(5)(a)-(c) requires that medical appropriateness of services shall be determined through one of the following approaches:

1) Review by licensed, registered, or certified health care professionals.
2) The application by others of criteria developed by licensed, registered, or certified health care professionals.
3) A combination of (1) and (2) according to the type of covered injury or illness.

The methodology should include a list of all licensed, registered, or certified health care professionals reviewing case records and medical bills for the above carrier. Provide current licensure information (license #, state of issue, date of expiration and restrictions) and qualifications for medical bill review. In addition, include a list of all peer reviewers with current license information and specialty.

*When a service company submits applications for numerous self-insured employers, and the methodology is identical, it is not necessary to submit the professional review methodology more than once. The Workers' Disability Compensation Agency will maintain on file, the review methodology for each service company.

~~**Methodology for professional certification must be submitted once every three years or whenever changes occur.~~

III. AUTHORIZED SIGNATURE

By signing this form, I certify that the information included on this form is correct and complete to the best of my knowledge and that the professional review methodology is attached or has already been submitted by the service company and/or their designated agent. I understand that submitting false information is cause for denial of the application or will subject me to penalties as provided by law.

Authorized Signature (In Ink)	Authorized Name and Email Address (Typed)	Date
Alternate Person Name	Alternate Email Address	Alternate Telephone Number

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: R418.101206 (Part 12) Completion: Required Penalty: None