

VETOES

(3) THE PROCEDURES BY WHICH PATIENTS, PHYSICIANS OR HOSPITALS MAY SEEK RECONSIDERATION OR APPEAL OF ADVERSE DECISIONS BY THE PRIVATE REVIEW AGENT.

(C) THE APPLICANT SHALL ALSO INFORM THE DEPARTMENT OF:

(1) THE TYPE AND QUALIFICATIONS OF THE PERSONNEL EITHER EMPLOYED OR UNDER CONTRACT TO PERFORM THE UTILIZATION REVIEW;

(2) THE PROCEDURES AND POLICIES USED TO ENSURE THAT A REPRESENTATIVE OF THE PRIVATE REVIEW AGENT IS REASONABLY ACCESSIBLE TO PATIENTS AND PROVIDERS 5 DAYS A WEEK DURING NORMAL BUSINESS HOURS IN THIS STATE;

(3) THE POLICIES AND PROCEDURES USED TO ENSURE THAT ALL APPLICABLE STATE AND FEDERAL LAWS TO PROTECT THE CONFIDENTIALITY OF INDIVIDUAL MEDICAL RECORDS ARE FOLLOWED; AND

(4) THE THIRD PARTY PAYORS FOR WHICH THE PRIVATE REVIEW AGENT IS PERFORMING UTILIZATION REVIEW IN THIS STATE.

(D) THE APPLICANT SHALL PROVIDE THE DEPARTMENT WITH A COPY OF THE MATERIALS THAT WILL BE USED TO INFORM APPLICABLE PATIENTS AND PROVIDERS OF THE REQUIREMENTS OF THE UTILIZATION REVIEW PLAN REQUIRED UNDER THIS SUBTITLE.

19-1306.

(A) A CERTIFICATION EXPIRES ON THE SECOND ANNIVERSARY OF ITS EFFECTIVE DATE UNLESS THE CERTIFICATION IS RENEWED FOR A 2-YEAR TERM AS PROVIDED IN THIS SECTION.

(B) ~~AT LEAST 1 MONTH BEFORE A CERTIFICATION EXPIRES, THE DEPARTMENT SHALL SEND TO THE CERTIFIED PRIVATE REVIEW AGENT, BY FIRST CLASS MAIL TO THE LAST KNOWN ADDRESS OF THE PRIVATE REVIEW AGENT, A RENEWAL NOTICE THAT STATES:~~

~~(1) THE DATE ON WHICH THE CURRENT CERTIFICATION EXPIRES;~~

~~(2) THE DATE BY WHICH THE RENEWAL APPLICATION MUST BE RECEIVED BY THE DEPARTMENT FOR THE RENEWAL TO BE ISSUED AND MAILED BEFORE THE CERTIFICATION EXPIRES; AND~~

~~(3) THE AMOUNT OF THE RENEWAL FEE.~~

(e) BEFORE THE CERTIFICATION EXPIRES, THE CERTIFIED PRIVATE REVIEW AGENT MAY RENEW ITS CERTIFICATION FOR AN ADDITIONAL 2-YEAR TERM IF THE CERTIFIED PRIVATE REVIEW AGENT:

(1) OTHERWISE IS ENTITLED TO BE CERTIFIED;