

(i) the specific criteria and standards to be used in conducting utilization review of proposed or delivered HEALTH CARE services;

(ii) those circumstances, if any, under which utilization review may be delegated to a hospital utilization review program; and

(iii) ~~the~~ IF APPLICABLE, ANY provisions by which patients, physicians, or hospitals may seek reconsideration [or appeal of adverse decisions by the private review agent];

(2) the type and qualifications of the personnel either employed or under contract to perform the utilization review;

(3) A COPY OF THE PRIVATE REVIEW AGENT'S INTERNAL GRIEVANCE PROCESS IF A CARRIER DELEGATES ITS INTERNAL GRIEVANCE PROCESS TO THE PRIVATE REVIEW AGENT IN ACCORDANCE WITH § 15-10A-02(L) OF THIS TITLE;

~~[(3)]~~ (4) the procedures and policies to ensure that a representative of the private review agent is reasonably accessible to patients and HEALTH CARE providers ~~[(5)]~~ 7 days a week ~~[(during normal business)]~~, 24 hours A DAY in this State;

~~[(4)]~~ (5) the policies and procedures to ensure that all applicable State and federal laws to protect the confidentiality of individual medical records are followed;

~~[(5)]~~ (6) a copy of the materials designed to inform applicable patients and providers of the requirements of the utilization review plan;

~~[(6)]~~ (7) a list of the third party payors for which the private review agent is performing utilization review in this State;

~~[(7)]~~ (8) the policies and procedures to ensure that the private review agent has a formal program for the orientation and training of the personnel either employed or under contract to perform the utilization review;

~~[(8)]~~ (9) a list of the ~~health care providers AS DEFINED IN § 15-10B-07 OF THIS SUBTITLE~~ PERSONS involved in establishing the specific criteria and standards to be used in conducting utilization review; and

~~[(9)]~~ (10) certification by the private review agent that the criteria and standards to be used in conducting utilization review are:

(i) objective;

(ii) clinically valid;

(iii) compatible with established principles of health care; and

(iv) flexible enough to allow deviations from norms when justified on a case by case basis.

(b) (1) At least ~~[(10)]~~ 30 days before a private review agent requires any revisions or modifications to ~~[(the)]~~ EXISTING specific criteria and standards to be