

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

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

(6) A list of the third party payors for which the private review agent is performing utilization review in this State; ~~AND~~

(7) 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) A LIST OF THE HEALTH CARE PROVIDERS INVOLVED IN ESTABLISHING THE SPECIFIC CRITERIA AND STANDARDS TO BE USED IN CONDUCTING UTILIZATION REVIEW; AND

(9) 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) AT LEAST 10 DAYS BEFORE A PRIVATE REVIEW AGENT REQUIRES ANY REVISIONS OR MODIFICATIONS TO THE SPECIFIC CRITERIA AND STANDARDS, ~~INCLUDING INTERPRETIVE GUIDELINES~~, TO BE USED IN CONDUCTING UTILIZATION REVIEW OF PROPOSED OR DELIVERED SERVICES, THE PRIVATE REVIEW AGENT SHALL SUBMIT THOSE REVISIONS OR MODIFICATIONS TO THE SECRETARY.

(C) ON THE WRITTEN REQUEST OF ANY PERSON OR HEALTH CARE FACILITY, THE PRIVATE REVIEW AGENT SHALL PROVIDE 1 COPY OF THE SPECIFIC CRITERIA AND STANDARDS, ~~INCLUDING THE INTERPRETIVE GUIDELINES~~, TO BE USED IN CONDUCTING UTILIZATION REVIEW OF PROPOSED OR DELIVERED SERVICES AND ANY SUBSEQUENT REVISIONS OR MODIFICATIONS TO THE SPECIFIC CRITERIA AND STANDARDS, ~~INCLUDING INTERPRETIVE GUIDELINES~~, TO BE USED IN CONDUCTING UTILIZATION REVIEW OF PROPOSED OR DELIVERED SERVICES TO THE PERSON OR HEALTH CARE FACILITY MAKING THE REQUEST.