

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

~~(7) The [policies and procedures to ensure that the private review agent has] CURRICULA AND PROCESSES FOR ONGOING IMPLEMENTATION OF 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.~~

~~19-1305.2.~~

~~(c) (1) Except as provided in paragraph (2) of this subsection, if a course of treatment has been preauthorized or approved for a patient, a private review agent may not retrospectively render an adverse decision regarding the preauthorized or approved services delivered to that patient.~~

~~(2) A private review agent may retrospectively render an adverse decision regarding preauthorized or approved services delivered to a patient if:~~

~~(i) The patient, on the date the services were rendered, was not insured by or an enrollee, subscriber, or member of the entity that the private review agent is affiliated with, under contract with, or acting on behalf of;~~

~~(ii) The information submitted to the private review agent regarding the services to be delivered to the patient was fraudulent or intentionally misrepresentative or critical information requested by the private review agent regarding services to be delivered to the patient was omitted such that the private review agent's determination would have been different had it known the critical information; OR~~

~~(iii) [Except for determinations of appropriateness or medical necessity of the covered services that were preauthorized, the services would not be covered in whole or in part under the policy or contract; or~~

~~(iv)] The planned course of treatment for the patient that was approved by the private review agent was not substantially followed by the provider.~~