

**Title 15: Mississippi State Department of Health**

**Part 16: Health Facilities**

**Subpart 1: Health Facilities Licensure and Certification**

**CHAPTER 82        MINIMUM STANDARDS FOR UTILIZATION REVIEW AGENTS**

**Subchapter 4        APPLICATION FOR CERTIFICATION**

Rule 82.4.1    A private review agent who approves or denies payment or who recommends approval or denial of payment for hospital or medical services or whose review results in approval or denial of payment for hospital or medical services on a case by case basis, may not conduct utilization review in this state unless the Mississippi Department of Health has granted the private review agent a certificate.

*SOURCE: Miss. Code Ann. §41.83.1*

Rule 82.4.2    The Mississippi Department of Health shall issue a certificate to any applicant that has met all the requirements and all applicable regulations of the department.

*SOURCE: Miss. Code Ann. §41.83.1*

Rule 82.4.3    A certificate is not transferable. When there is a change of ownership of the Certified Organization, a new application will be required and a new number will be issued.

*SOURCE: Miss. Code Ann. §41.83.1*

Rule 82.4.4    Any information required by the Department with respect to customers, patients or utilization review procedures of a private review agent shall be held in confidence and not disclosed to the public.

*SOURCE: Miss. Code Ann. §41.83.1*

Rule 82.4.5    A Private Review Agent applying for a certificate shall submit the following documentation to the Department:

1. A completed application, signed and verified by the applicant;
2. An fee, as set by the Mississippi State Board of Health, made payable to Mississippi State Department of Health, either by business check, money order, or by electronic means; and
3. A utilization review plan which shall include all of the following components used by the private review agent to approve or deny payment or recommend

approval or denial of payment in advance for proposed or delivered inpatient or outpatient care or retrospectively approve or deny under certain circumstances:

- a. Elements of review for:
  - i. Preadmission
  - ii. Admission
  - iii. Preauthorization
  - iv. Second Surgical Opinion
  - v. Discharge Planning
  - vi. Concurrent Review
  - vii. Retrospective Review
  - viii. Readmission Review
- b. Procedures for review, including:
  - i. Any form used during the review process;
  - ii. Time frames that shall be met during the review; and
  - iii. A written protocol describing every aspect of the review process;
  - iv. A description and examples of review criteria to be used for the review;
  - v. The provisions, procedures, and time frames by which patients, physicians, and hospitals may seek reconsideration or appeal of adverse decisions by the private review agent, including:
    4. A written protocol describing the appeals procedure;
    5. Any form which shall be completed during the appeals procedure;
    6. Time frames that shall be met during the appeal procedure; and
    7. The names and qualifications of personnel making final appeal determinations;
      - a. The number, type, and qualification or qualifications of the personnel either employed or under contract to perform the utilization review;

- b. The policies and procedures to ensure that a representative of the private review agent is accessible to patients and providers five (5) days a week during normal business hours in this state, 9 A.M. to 5 P.M.; and that a free telephone number be provided with adequate lines available and staffed. The procedure for handling after-hours inquiries shall be specified.
- c. The policies and procedures to ensure that all applicable state and federal laws to protect the confidentiality of individual medical records are followed;
- d. A copy of the materials designed to inform applicable patients and providers of the requirements of the utilization review plan; and
- e. A list (names and addresses) of the third party payors for which the private review agent is performing utilization review in this state.

*SOURCE: Miss. Code Ann. §41.83.1*

#### **Subchapter 5 RENEWAL OF CERTIFICATION**

Rule 82.5.1 A certificate expires on the second anniversary of its effective date unless certification has been renewed for a two (2) year term.

*SOURCE: Miss. Code Ann. §41.83.1*

Rule 82.5.2 Before the certification expires, the certified private review agent may renew its certification for an additional two (2) year term, if the certified private review agent:

- 1. Is otherwise entitled to be certified;
- 2. Pays to the Department the renewal fee as set by the Board of Health, made payable to the Mississippi State Department of Health, either by business check, money order, or by electronic means; and
- 3. Submits to the Department:
  - a. A renewal application on the form that the Department requires
  - b. An update of information as required under Part IV of these rules and regulations
  - c. An annual report.

*SOURCE: Miss. Code Ann. §41.83.1*

Rule 82.5.3 The Department shall renew the certification of each certified private review agent, if the requirements of these regulations are met.

*SOURCE: Miss. Code Ann. §41.83.1*

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Rule 82.4.4 Any information required by the Department with respect to customers, patients or utilization review procedures of a private review agent shall be held in confidence and not disclosed to the public.

*SOURCE: Miss. Code Ann. §41.83.1*

Rule 82.4.5 A Private Review Agent applying for a certificate shall submit the following documentation to the Department:

1. A completed application, signed and verified by the applicant;

2. An Application fee, of \$1,000.00 as set by the Mississippi State Board of Health, made payable to Mississippi State Department of Health, either by business check, money order, or by electronic means; and
3. A utilization review plan which shall include all of the following components used by the private review agent to approve or deny payment or recommend approval or denial of payment in advance for proposed or delivered inpatient or outpatient care or retrospectively approve or deny under certain circumstances:
  - a. Elements of review for:
    - i. Preadmission
    - ii. Admission
    - iii. Preauthorization
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    - vi. Concurrent Review
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  - b. Procedures for review, including:
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4. A written protocol describing the appeals procedure;
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7. The names and qualifications of personnel making final appeal determinations;
  - a. The number, type, and qualification or qualifications of the personnel either employed or under contract to perform the utilization review;
  - b. The policies and procedures to ensure that a representative of the private review agent is accessible to patients and providers five (5) days a week during normal business hours in this state, 9 A.M. to 5 P.M.; and that a free telephone number be provided with adequate lines available and staffed. The procedure for handling after-hours inquiries shall be specified.
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1. Is otherwise entitled to be certified;
2. Pays to the ~~Director~~ Department the renewal fee of ~~\$1,000.00~~ as set by the Board of Health, made payable to the Mississippi State Department of Health, either by business check, money order, or by electronic means; and
3. Submits to the ~~Director~~ Department:
  - a. A renewal application on the form that the ~~Director~~ Department requires

- b. An update of information as required under Part IV of these rules and regulations
- c. An annual report.

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