



**JOHN W. OXENDINE
OFFICE OF COMMISSIONER OF INSURANCE**

**STATE OF GEORGIA
ATLANTA, GEORGIA**

**CHECKLIST OF APPLICATION DOCUMENTS
FOR RECERTIFICATION OF PRIVATE REVIEW AGENTS**

Name of organization: _____

(Please file your documents in the same order as the checklist)

(✓ or n/a)

- ___ 1. Are all applicable organizational documents (original copy or certified copy of the original) including all amendments to those documents attached?
- ___ a. Partnership Agreement
 - ___ b. Articles of Incorporation (certified by your Secretary of State)
 - ___ c. Trade Name Certificate
 - ___ d. Trust Agreement
 - ___ e. Other _____
- ___ 2. Are the bylaws, rules and regulations or similar documents regulating the affairs of the private review agent certified by the principal partners or the president and secretary and containing the corporate seal attached?
- ___ 3. Is one copy of the Biographical Affidavit (GID-65(UR)) for each of the individuals responsible for the conduct of the affairs of the private review agent attached?
- ___ 4. Is the private review agent using a fictitious or "dba" name? If so, is a certified copy of the recorded application received from the Clerk of the Superior Court in the county where doing business attached?
- ___ 5. Was the private review agent operating in Georgia prior to the effective date of this Regulation?
- ___ yes _____ no
- If so, was the certification applied for within sixty (60) days of such effective date?
- ___ yes _____ no
- ___ 6. Have the original license or certificate fee and application fee been enclosed? (Please make checks payable to the Commissioner of Insurance)
- ___ 7. If a renewal, was it applied for no sooner than ninety (90)

days prior to the certification expiration date?

- ___ a. Was the application for renewal submitted on Forms GID-57, GID-65 (UR) and GID-72?
- ___ b. Has the renewal license or certificate fee been received?

- ___ 8. Is the utilization review plan attached?

- ___ 9. Is a statement or documentation that the private review agent has received accreditation (full or conditional) by URAC or NCQA attached? Please include copies of all relevant certificates from URAC or NCQA for the current term.

- ___ 10. If your organization is not fully accredited by URAC or NCQA, have you attached the reasons why full accreditation has not been obtained?

- ___ 11. Is a description of the type, qualifications and number of the personnel, either employed or under contract, to perform utilization review attached?

- ___ 12. Is a copy of the materials designed to inform applicable patients and health care providers of the requirements of the utilization review plan attached?

- ___ 13. Is a written description of an ongoing quality assessment program attached?

- ___ 14. Are the written policies and procedures to ensure that a representative of the private review agent is reasonably accessible to patients and providers five (5) days a week during normal business hours in this state attached?

- ___ 15. Are the written policies and procedures to ensure compliance with all state laws and regulations to protect the confidentiality of information obtained in the course of utilization review attached?

- ___ 16. Are the written policies and procedures for establishing and maintaining a complaint system attached?

- ___ 17. Is a sample John Doe copy of each type of contract or agreement to be executed between the private review agent and payor, employer, claim administrator, or other entity with certification that no incentive payment provision exists in these contracts or agreements for the private review agent based on reduction of services or the charges thereof, reduction of length of stay, or utilization of alternative treatment settings to reduce amounts of necessary or appropriate medical care attached?

- ___ 18. Is the Application for Certification as a Private Review Agent **Form GID-57** completed and attached?

- ___ 19. Are the Biographical Affidavits on **Form GID-65 (UR)** completed and attached?
- ___ 20. Is the Checklist of Application Documents **Form GID-72** completed and attached?
- ___ 21. Are all the appropriate areas in the application signed and notarized or certified?

If you are an individual with a disability and wish to acquire this document in an alternative format, please contact the ADA Coordinator, Office of Commissioner of Insurance, 2 Martin Luther King, Jr., Dr., Atlanta, Georgia 30334. (404) 656-2056 - TDD (404) 656-4031.