

**RULES AND REGULATIONS OF
THE INSURANCE COMMISSIONER**

CHAPTER 120-2-111

PATIENT'S RIGHT TO INDEPENDENT REVIEW

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120-2-111-.10 Complaints and Inquiries Regarding Conduct of Independent Review Organizations

(1) Complaints to the Department. Within a reasonable time period, upon receipt of a written complaint alleging a violation of these Rules or the Act by an independent review organization from an eligible enrollee's health care provider, a person acting on behalf of the eligible enrollee, the eligible enrollee, or a managed care entity, the Department shall investigate the complaint and furnish a written response to the complainant and the independent review organization named.

(2) Authority of the Department to make inquiries. In addition to the authority of the Department to respond to complaints described in subsection (a) of this section, the Department is authorized to address inquiries to any independent review organization in relation to the organization's business condition or any matter connected with its transactions which the Department may deem necessary for the public good or for a proper discharge of its duties. It shall be the duty of the independent review organization to promptly answer such inquiries in writing, and in all cases within thirty days of the request for response.

Authority: O.C.G.A. Sections 33-2-9 & 33-20A-41.