

~~PROVIDES SUFFICIENT INFORMATION AND SUPPORTING DOCUMENTATION IN THE COMPLAINT THAT DEMONSTRATES A COMPELLING REASON TO DO SO.~~

~~(2) THE COMMISSIONER SHALL DEFINE BY REGULATION THE STANDARDS THAT THE COMMISSIONER SHALL USE TO DECIDE WHAT DEMONSTRATES A COMPELLING REASON UNDER PARAGRAPH (1) OF THIS SUBSECTION.~~

~~(E) (1) FOR NONEMERGENCY CASES, EACH CARRIER'S INTERNAL APPEAL PROCESS ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION SHALL INCLUDE A PROVISION THAT REQUIRES THE CARRIER TO:~~

~~(I) DOCUMENT IN WRITING ANY COVERAGE DECISION OR APPEAL DECISION MADE BY THE CARRIER; AND~~

~~(II) WITHIN 5 WORKING DAYS AFTER THE DECISION HAS BEEN MADE, SEND NOTICE OF THE COVERAGE DECISION OR APPEAL DECISION TO:~~

~~1. THE MEMBER; AND~~

~~2. IF THE GRIEVANCE WAS FILED ON BEHALF OF THE MEMBER, THE HEALTH CARE PROVIDER.~~

~~(2) NOTICE OF THE COVERAGE DECISION OR APPEAL DECISION REQUIRED TO BE SENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:~~

~~(I) STATE IN DETAIL IN CLEAR, UNDERSTANDABLE LANGUAGE THE SPECIFIC FACTUAL BASES FOR THE CARRIER'S DECISION;~~

~~(II) INCLUDE THE FOLLOWING INFORMATION:~~

~~1. THAT THE MEMBER HAS A RIGHT TO FILE A COMPLAINT WITH THE COMMISSIONER WITHIN 30 DAYS AFTER RECEIPT OF A CARRIER'S APPEAL DECISION;~~

~~2. THAT A COMPLAINT MAY BE FILED WITHOUT FIRST FILING AN APPEAL IF THE MEMBER OR A HEALTH CARE PROVIDER FILING AN APPEAL ON BEHALF OF THE MEMBER CAN DEMONSTRATE A COMPELLING REASON TO DO SO; AND~~

~~3. THE COMMISSIONER'S ADDRESS, TELEPHONE NUMBER, AND FACSIMILE NUMBER.~~

(E) (1) WITHIN 30 CALENDAR DAYS AFTER A COVERAGE DECISION HAS BEEN MADE, A CARRIER SHALL SEND A WRITTEN NOTICE OF THE COVERAGE DECISION TO THE MEMBER AND, IN THE CASE OF A HEALTH MAINTENANCE ORGANIZATION, THE TREATING HEALTH CARE PROVIDER.

(2) NOTICE OF THE COVERAGE DECISION REQUIRED TO BE SENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) STATE IN DETAIL IN CLEAR, UNDERSTANDABLE LANGUAGE, THE SPECIFIC FACTUAL BASES FOR THE CARRIER'S DECISION; AND