

~~(i) include an expedited procedure for use in an emergency case [for purposes of rendering a grievance decision within 24 hours of the date a grievance is filed with the carrier];~~

~~(ii) provide that a carrier [render] NOTIFY THE MEMBER AND THE AUTHORIZED REPRESENTATIVE OF a [final] GRIEVANCE decision in writing [on a grievance] within 30 [working] days after the date on which the grievance is [filed] RECEIVED BY THE CARRIER unless:~~

~~1. the grievance involves an emergency case under item (i) of this paragraph, IN WHICH CASE THE CARRIER SHALL NOTIFY THE MEMBER AND THE AUTHORIZED REPRESENTATIVE OF THE DECISION IN WRITING AS SOON AS POSSIBLE DEPENDING ON THE MEDICAL EXIGENCY BUT NO LATER THAN 72 HOURS AFTER THE TIME THE GRIEVANCE IS RECEIVED BY THE CARRIER;~~

~~2. the member or [a health care provider] AN AUTHORIZED REPRESENTATIVE filing a grievance on behalf of a member agrees in writing to an extension for a period of no longer than [30 working days] 60 DAYS AFTER RECEIPT BY THE CARRIER OF THE GRIEVANCE; or~~

~~3. the grievance involves a retrospective denial under item [(iv)] (III) of this paragraph;~~

~~[(iii) allow a grievance to be filed on behalf of a member by a health care provider;~~

~~[(iv)] (III) provide that a carrier [render] NOTIFY THE MEMBER AND THE AUTHORIZED REPRESENTATIVE OF a final decision in writing on a grievance within [45 working days] 60 DAYS after the date on which the grievance is [filed] RECEIVED BY THE CARRIER when the grievance involves a retrospective denial; and~~

~~[(v)] (IV) [for a retrospective denial,] allow a member or [a health care provider on behalf of a member] AN AUTHORIZED REPRESENTATIVE to file a grievance for at least 180 days after the member OR THE AUTHORIZED REPRESENTATIVE receives an adverse decision.~~

~~[(3) For purposes of using the expedited procedure for an emergency case that a carrier is required to include under paragraph (2)(i) of this subsection, the Commissioner shall define by regulation the standards required for a grievance to be considered an emergency case.]~~

~~[(e)] (D) Except as provided in subsection [(d)] (E) of this section, the carrier's internal grievance process shall be exhausted prior to filing a complaint with the Commissioner under this subtitle.~~

~~[(d)] (E) (1) (i) A member or [a health care provider filing a complaint on behalf of a member] AN AUTHORIZED REPRESENTATIVE may file a complaint with the Commissioner without first filing a grievance with a carrier and receiving a final decision on the grievance if the member or the [health care provider] AUTHORIZED REPRESENTATIVE provides sufficient information and supporting documentation in the complaint that demonstrates a compelling reason to do so.~~