

(1) DOCUMENT THE ADVERSE DECISION IN WRITING AFTER THE CARRIER HAS PROVIDED ORAL COMMUNICATION OF THE DECISION TO THE MEMBER OR THE HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER; AND

(2) SEND, WITHIN 5 WORKING DAYS AFTER THE ADVERSE DECISION HAS BEEN MADE, A WRITTEN NOTICE TO THE MEMBER AND ~~THE~~ A HEALTH CARE PROVIDER ACTING ON BEHALF OF THE MEMBER THAT:

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

(II) REFERENCES THE SPECIFIC CRITERIA AND STANDARDS, INCLUDING INTERPRETIVE GUIDELINES, ON WHICH THE DECISION WAS BASED, AND DOES NOT SOLELY USE GENERALIZED TERMS SUCH AS "EXPERIMENTAL PROCEDURE NOT COVERED", "COSMETIC PROCEDURE NOT COVERED", "SERVICE INCLUDED UNDER ANOTHER PROCEDURE", OR "NOT MEDICALLY NECESSARY";

(III) STATES THE NAME, BUSINESS ADDRESS, AND BUSINESS TELEPHONE NUMBER OF:

1. THE MEDICAL DIRECTOR OR ASSOCIATE MEDICAL DIRECTOR, AS APPROPRIATE, WHO MADE THE DECISION IF THE CARRIER IS A HEALTH MAINTENANCE ORGANIZATION; OR

2. THE DESIGNATED EMPLOYEE OR REPRESENTATIVE OF THE CARRIER WHO HAS RESPONSIBILITY FOR THE CARRIER'S INTERNAL GRIEVANCE PROCESS IF THE CARRIER IS NOT A HEALTH MAINTENANCE ORGANIZATION;

(IV) GIVES WRITTEN DETAILS OF THE CARRIER'S INTERNAL GRIEVANCE PROCESS AND PROCEDURES UNDER THIS SUBTITLE; AND

(V) INCLUDES THE FOLLOWING INFORMATION:

1. THAT THE MEMBER OR A HEALTH CARE PROVIDER ON BEHALF OF THE MEMBER HAS A RIGHT TO FILE A COMPLAINT WITH THE COMMISSIONER WITHIN 30 DAYS AFTER RECEIPT OF A CARRIER'S GRIEVANCE DECISION;

2. THAT A COMPLAINT MAY BE FILED WITHOUT FIRST FILING A GRIEVANCE IF THE MEMBER OR A HEALTH CARE PROVIDER FILING A GRIEVANCE ON BEHALF OF THE MEMBER CAN DEMONSTRATE A COMPELLING REASON TO DO SO AS DETERMINED BY THE COMMISSIONER;

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

4. A STATEMENT THAT THE HEALTH ADVOCACY UNIT IS AVAILABLE TO ASSIST THE MEMBER IN BOTH MEDIATING AND FILING A GRIEVANCE UNDER THE CARRIER'S INTERNAL GRIEVANCE PROCESS; AND

5. THE ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS OF THE HEALTH ADVOCACY UNIT; AND