

5. THE COMMISSIONER'S ADDRESS, TELEPHONE NUMBER, AND FACSIMILE NUMBER.

~~[(g)] (F)~~ If within 5 working days after a member or a health care provider, who has filed a grievance on behalf of a member, files a grievance with the carrier, and if the carrier does not have sufficient information to complete its internal grievance process, the carrier shall:

(1) notify the member or health care provider that it cannot proceed with reviewing the grievance unless additional information is provided; and

(2) assist the member or health care provider in gathering the necessary information without further delay.

~~[(h)] (G)~~ A carrier may extend the 30-day or 45-day period required for making a final grievance decision under subsection (b)(2)(ii) of this section with the written consent of the member or the health care provider who filed the grievance on behalf of the member.

~~[(i)] (H) (1)~~ For nonemergency cases, each carrier's internal grievance process established under subsection (a) of this section shall include a provision that requires the carrier to:

~~(i) document in writing any adverse decision or grievance decision made by the carrier after the carrier has provided oral communication of the decision to the member or the health care provider who filed the grievance on behalf of the member; and~~

~~(ii) within 5 working days after the decision has been made, send notice of the adverse decision or grievance decision to:~~

~~1. the member; and~~

~~2. if the grievance was filed on behalf of the member under subsection (b)(2)(iii) of this section, the health care provider.~~

~~(2) Notice of the adverse decision or grievance decision required to be sent under paragraph (1) of this subsection shall:~~

(I) (1) FOR NONEMERGENCY CASES, WHEN A CARRIER RENDERS A GRIEVANCE DECISION, THE CARRIER SHALL:

(I) DOCUMENT THE GRIEVANCE 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

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

~~(i) 1. state STATES in detail in clear, understandable language the specific factual bases for the carrier's decision;~~