

~~(HH) 3. THE COMMISSIONER'S ADDRESS, TELEPHONE NUMBER, AND FACSIMILE NUMBER; AND~~

~~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 EMAIL ADDRESS OF THE HEALTH ADVOCACY UNIT.~~

~~(G) INCLUDES THE FOLLOWING DISCLOSURE IN AT LEAST 12 POINT TYPEFACE, WITH THE FIRST SENTENCE IN BOLD CAPITAL TYPEFACE:~~

~~"THERE IS HELP AVAILABLE TO YOU IF YOU WISH TO DISPUTE THE DECISION OF THE PLAN ABOUT PAYMENT FOR HEALTH CARE SERVICES. YOU MAY CONTACT THE HEALTH ADVOCACY UNIT OF MARYLAND'S CONSUMER PROTECTION DIVISION AT (PHONE NUMBER, ADDRESS, FAX, E-MAIL).~~

~~THE HEALTH ADVOCACY UNIT CAN HELP YOU AND YOUR HEALTH CARE PROVIDER PREPARE A GRIEVANCE TO FILE UNDER THE CARRIER'S INTERNAL GRIEVANCE PROCEDURE. THAT UNIT CAN ALSO ATTEMPT TO MEDIATE A RESOLUTION TO YOUR DISPUTE. THE HEALTH ADVOCACY UNIT IS NOT AVAILABLE TO REPRESENT OR ACCOMPANY YOU DURING ANY PROCEEDING OF THE INTERNAL GRIEVANCE PROCESS.~~

~~ADDITIONALLY, YOU MAY FILE A COMPLAINT WITH THE MARYLAND INSURANCE ADMINISTRATION, WITHOUT HAVING TO FIRST FILE A GRIEVANCE WITH THE PLAN, IF:~~

~~(1) THE PLAN HAS DENIED AUTHORIZATION FOR A HEALTH CARE SERVICE NOT YET PROVIDED TO YOU; AND~~

~~(2) YOU OR YOUR PROVIDER CAN SHOW A COMPELLING REASON TO FILE A COMPLAINT, INCLUDING THAT A DELAY IN RECEIVING THE HEALTH CARE SERVICE COULD RESULT IN LOSS OF LIFE, SERIOUS IMPAIRMENT TO A BODILY FUNCTION, OR SERIOUS DYSFUNCTION OF A BODILY ORGAN OR PART, OR THE MEMBER REMAINING SERIOUSLY MENTALLY ILL WITH SYMPTOMS THAT CAUSE THE MEMBER TO BE A DANGER TO SELF OR OTHERS. INFORMATION DESCRIBED IN THIS NOTICE MAY ALSO BE FOUND IN (CITE POLICY, PLAN, CERTIFICATE, ENROLLMENT MATERIALS, OR OTHER EVIDENCE OF COVERAGE)."~~

(i) [(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: