

~~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:

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:]

(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 A HEALTH CARE PROVIDER 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;