

(ii) ~~The Commissioner shall define by regulation the standards that the Commissioner shall use to decide what demonstrates a compelling reason under subparagraph (i) of this paragraph.~~

(2) ~~Subject to [subsections (b)(2)(ii) and (h)] SUBSECTION (C)(2)(II) of this section, a member or [a health care provider] AN AUTHORIZED REPRESENTATIVE may file a complaint with the Commissioner if the member or the [health care provider] AUTHORIZED REPRESENTATIVE does not receive a grievance decision from the carrier on or before the 30th [working] day on which the grievance is [filed] RECEIVED BY THE CARRIER.~~

(3) ~~Whenever the Commissioner receives a complaint under paragraph (1) or (2) of this subsection, the Commissioner shall notify the carrier that is the subject of the complaint within [5 working] 7 days after the date the complaint is filed with the Commissioner.~~

~~[(e)] (F) Each carrier shall:~~

(1) ~~file for review with the Commissioner and submit to the Health Advocacy Unit a copy of its internal grievance process established under this subtitle; and~~

(2) ~~[update the initial filing annually to reflect any changes made] FILE ANY REVISIONS TO THE INTERNAL GRIEVANCE PROCESS WITH THE COMMISSIONER AT LEAST 30 DAYS BEFORE ITS INTENDED USE.~~

~~[(f)] (G) [For nonemergency cases, when] WHEN a carrier renders an adverse decision, the carrier shall:~~

(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] AUTHORIZED REPRESENTATIVE; and~~

(2) ~~send, [within 5 working days after the adverse decision has been made] WITHIN THE TIME PERIODS DESCRIBED IN SUBSECTION (I) OF THIS SECTION, a written notice to the member and [a health care provider acting on behalf of the member] THE AUTHORIZED REPRESENTATIVE 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 may 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:~~