

(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 ~~2~~ 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) STATE IN DETAIL IN CLEAR, UNDERSTANDABLE LANGUAGE THE SPECIFIC FACTUAL BASES FOR THE CARRIER'S DECISION;

(II) REFERENCE THE SPECIFIC CRITERIA AND STANDARDS, INCLUDING INTERPRETIVE GUIDELINES, ON WHICH THE ADVERSE DECISION OR GRIEVANCE DECISION WAS BASED; ~~AND~~

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

1. THE MEDICAL DIRECTOR OR ASSOCIATE MEDICAL DIRECTOR, AS APPROPRIATE, WHO MADE THE ADVERSE DECISION OR GRIEVANCE 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; AND

~~(III)~~ (IV) INCLUDE THE FOLLOWING INFORMATION:

1. THAT THE MEMBER HAS A RIGHT TO FILE A COMPLAINT WITH THE COMMISSIONER WITHIN 30 DAYS AFTER RECEIPT OF A CARRIER'S GRIEVANCE DECISION; ~~AND~~

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; AND

~~2.~~ 3. THE COMMISSIONER'S ADDRESS, TELEPHONE NUMBER, AND FACSIMILE NUMBER.

(3) A CARRIER MAY NOT SOLELY USE IN A NOTICE SENT UNDER PARAGRAPH (1) OF THIS SUBSECTION GENERALIZED TERMS SUCH AS "EXPERIMENTAL PROCEDURE NOT COVERED", "COSMETIC PROCEDURE NOT