- (B) (1) FOR EMERGENCY CASES, THE COMMISSIONER SHALL SEND WRITTEN NOTIFICATION OF THE COMMISSIONER'S FINAL DECISION WITHIN 1 DAY AFTER THE COMMISSIONER OR THE COMMISSIONER'S DESIGNEE HAS INFORMED THE MEMBER OR A HEALTH CARE PROVIDER WHO FILED THE COMPLAINT ON BEHALF OF THE MEMBER OF THE FINAL DECISION THROUGH AN ORAL COMMUNICATION.
- (2) THE COMMISSIONER SHALL INCLUDE IN THE NOTICE THE INFORMATION REQUIRED UNDER SUBSECTION (A)(2)(4)(3) OF THIS SECTION.
- (C) IF THE COMMISSIONER DETERMINES THAT A CRIEVANCE DECISION OR ADVERSE DECISION MADE BY A CARRIER IS IMPROPER, THE COMMISSIONER MAY ORDER THE CARRIER TO PAY OR PROVIDE REIMBURSEMENT FOR THE HEALTH-CARE SERVICE TO THE MEMBER OR OTHER PERSON DESIGNATED BY THE MEMBER.
- (C) (1) IT IS A VIOLATION OF THIS SUBTITLE FOR A CARRIER TO FAIL TO FULFILL THE CARRIER'S OBLIGATIONS TO PROVIDE OR REIMBURSE FOR HEALTH CARE SERVICES SPECIFIED IN THE CARRIER'S POLICIES OR CONTRACTS WITH MEMBERS.
- (2) IF, IN RENDERING AN ADVERSE DECISION OR GRIEVANCE DECISION, A CARRIER FAILS TO FULFILL THE CARRIER'S OBLIGATIONS TO PROVIDE OR REIMBURSE FOR HEALTH CARE SERVICES SPECIFIED IN THE CARRIER'S POLICIES OR CONTRACTS WITH MEMBERS, THE COMMISSIONER MAY:
- (I) ISSUE AN ADMINISTRATIVE ORDER THAT REQUIRES THE CARRIER TO:
- CARRIER OR ANY OF THE PERSONNEL EMPLOYED OR ASSOCIATED WITH THE CARRIER;
 - 2. FULFILL THE CARRIER'S CONTRACTUAL OBLIGATIONS;
- 3. PROVIDE A HEALTH CARE SERVICE OR PAYMENT THAT HAS BEEN DENIED IMPROPERLY; OR
- 4. TAKE APPROPRIATE STEPS TO RESTORE THE CARRIER'S ABILITY TO PROVIDE A HEALTH CARE SERVICE OR PAYMENT THAT IS PROVIDED UNDER A CONTRACT; OR
- 1. FOR AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR DENTAL PLAN ORGANIZATION UNDER THIS ARTICLE; OR
- 2. FOR A HEALTH MAINTENANCE ORGANIZATION, UNDER THE HEALTH GENERAL ARTICLE.
- (3) IN ADDITION TO PARAGRAPH (1) OF THIS SUBSECTION, IT IS A VIOLATION OF THIS SUBTITLE, IF THE COMMISSIONER, IN CONSULTATION WITH AN INDEPENDENT REVIEW ORGANIZATION, MEDICAL EXPERT, THE DEPARTMENT, OR