

(2) THE COMMISSIONER MAY EXTEND THE PERIOD WITHIN WHICH A FINAL DECISION IS TO BE MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION FOR UP TO AN ADDITIONAL 30 WORKING DAYS IF THE COMMISSIONER HAS NOT YET RECEIVED:

(I) INFORMATION REQUESTED BY THE COMMISSIONER; AND

(II) THE INFORMATION REQUESTED IS NECESSARY FOR THE COMMISSIONER TO RENDER A FINAL DECISION ON THE COMPLAINT.

(D) IN CASES CONSIDERED APPROPRIATE BY THE COMMISSIONER, THE COMMISSIONER MAY SEEK ADVICE FROM AN INDEPENDENT REVIEW ORGANIZATION OR MEDICAL EXPERT, AS PROVIDED IN § 15-10A-05 OF THIS SUBTITLE, FOR COMPLAINTS FILED WITH THE COMMISSIONER UNDER THIS SUBTITLE THAT INVOLVE A QUESTION OF WHETHER A HEALTH CARE SERVICE PROVIDED OR TO BE PROVIDED TO A MEMBER IS MEDICALLY NECESSARY, ~~APPROPRIATE, OR EFFICIENT.~~

(E) (1) DURING THE REVIEW OF A COMPLAINT BY THE COMMISSIONER OR A DESIGNEE OF THE COMMISSIONER, A CARRIER SHALL HAVE THE BURDEN OF PERSUASION THAT ITS ADVERSE DECISION OR GRIEVANCE DECISION, AS APPLICABLE, IS CORRECT.

(2) AS PART OF THE REVIEW OF A COMPLAINT, THE COMMISSIONER OR A DESIGNEE OF THE COMMISSIONER MAY CONSIDER ALL OF THE FACTS OF THE CASE AND ANY OTHER EVIDENCE THAT THE COMMISSIONER OR DESIGNEE OF THE COMMISSIONER CONSIDERS APPROPRIATE.

(3) AS REQUIRED UNDER § 15-10A-02(I) OF THIS SUBTITLE, THE CARRIER'S ADVERSE DECISION OR GRIEVANCE DECISION SHALL STATE IN DETAIL IN CLEAR, UNDERSTANDABLE LANGUAGE THE FACTUAL BASES FOR THE DECISION AND REFERENCE THE SPECIFIC CRITERIA AND STANDARDS, INCLUDING INTERPRETIVE GUIDELINES ON WHICH THE DECISION WAS BASED.

(4) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, IN RESPONDING TO A COMPLAINT, A CARRIER MAY NOT RELY ON ANY BASIS NOT STATED IN ITS ADVERSE DECISION OR GRIEVANCE DECISION.

~~(H) WHEN THE COMMISSIONER HAS OBTAINED ADVICE FROM AN INDEPENDENT REVIEW ORGANIZATION AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, A CARRIER MAY INCLUDE IN ITS WRITTEN RESPONSE TO A COMPLAINT OTHER BASES NOT STATED IN ITS ADVERSE DECISION OR GRIEVANCE DECISION WITH REFERENCE TO SPECIFIC CRITERIA AND STANDARDS, INCLUDING INTERPRETATIVE GUIDELINES, THAT RELATE TO THE ADVICE GIVEN TO THE COMMISSIONER BY THE INDEPENDENT REVIEW ORGANIZATION.~~

(II) THE COMMISSIONER MAY ALLOW A CARRIER, A MEMBER, OR A HEALTH CARE PROVIDER FILING A COMPLAINT ON BEHALF OF A MEMBER TO PROVIDE ADDITIONAL INFORMATION AS MAY BE RELEVANT FOR THE COMMISSIONER TO MAKE A FINAL DECISION ON THE COMPLAINT.