

## TEMPLATE GG (13)

### GRIEVANCE ACKNOWLEDGMENT LETTER

**[Date Letter Mailed]**

Member Name  
Address  
City, State Zip

Member ID: \*\*\*\*\*

Subject: Your Grievance About **[Grievance Issue]**

Dear **[Member Name]**:

**[PH-MCO Name]** received your Grievance about **[identify subject of Grievance]** on **[date of receipt]**.

If your Grievance is described correctly, please sign and send back the enclosed "Grievance Issue" form. If your Grievance is not described correctly, please call **[PH-MCO Name]** at **[PH-MCO Phone # & Toll Free TTY/PA RELAY]**

#### The Grievance Process

##### Grievance Review

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. This is called the "Grievance review." The **[PH-MCO name]** staff on the committee were not involved in and do not work for someone who was involved in the issue you filed your Grievance about.

At any time during the Grievance review process, you can have someone you know represent you or act for you. This person is "your representative." If you decide to have someone represent you or act for you, tell **[PH-MCO Name]**, in writing, the name of that person and how we can reach him or her.

**PH-MCO Name]** will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review.

You and your representative may appear at the Grievance review in person or by phone. **[OR if video conference is available:** You and your representative may appear at the Grievance review in person, by phone, or by videoconference.] You may also bring a family member, friend, lawyer, or other person to help you during the Grievance review. If you decide that you do not want to attend, that will not affect the decision of the committee.

**[PH-MCO Name]** will mail you a letter within **[date that is no more than 30 days from receipt of the Grievance]** days from the date the **[PH-MCO]** received your Grievance to tell you the decision on your Grievance.

### **Information About Your Grievance**

You or your representative may ask **[PH-MCO Name]** to see any information that **[PH-MCO]** used to make the decision you filed your Grievance about, at no cost to you.

You may also send information that you have about your Grievance to **[PH-MCO Name]**.

Use the following to ask for information used to make the decision you filed your Grievance about or to send information about your Grievance:

- Phone number: **[PH-MCO Phone # &Toll Free TTY/PA RELAY];**
- Fax number: **[PH-MCO FAX #];**
- Mailing address: **[ADDRESS FOR REQUESTING/SENDING INFORMATION]**

### **Help with Your Grievance**

If you need help with your Grievance, you can call **[PH-MCO Name]** at **[PH-MCO Phone # &Toll Free TTY/PA RELAY]**.

To ask for free legal help with your Grievance, you can call:

- Pennsylvania Health Law Project at 1-800-274-3258 ([www.phlp.org](http://www.phlp.org))
- Pennsylvania Legal Aid Network at 1-800-322-7572 ([www.palegalaid.net](http://www.palegalaid.net))

### **Issue Is a Complaint?**

If you think your issue is really a Complaint and should not be treated as a Grievance, you may call or write to the Pennsylvania Insurance Department:

Pennsylvania Insurance Department  
Bureau of Consumer Services  
Room 1209, Strawberry Square  
Harrisburg, PA 17120  
Telephone: 1-877-881-6388  
Fax: 717-787-8585

You may also go to the “File a Complaint Page” at  
<https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

If you need more information on what a Complaint is, you can read your Member handbook or call **[PH-MCO Name]** at **[PH-MCO Phone # &Toll Free TTY/PA RELAY]**.

Sincerely,

**[PH-MCO Name]**

cc: **[Member Representative, if designated]**

**Grievance Issue**

**[PH-MCO] believes your Grievance is about: [PH-MCO: Summarize reason(s) for the Complaint**

If this is correct, please sign and return this form to:

**[PH-MCO Address]**

If this is not correct, please call **[PH-MCO Name]** at **[PH-MCO Phone # &Toll Free TTY/PA RELAY]**.

I agree that my Grievance is described correctly.

\_\_\_\_\_  
Member's or Representative's Signature

\_\_\_\_\_  
Date

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]