

## TEMPLATE G(16)

### NOTICE OF FAILURE TO RECEIVE PROVIDER CERTIFICATION FOR AN EXPEDITED COMPLAINT OR GRIEVANCE

[Date Notice Mailed (no more than 2 days after date of decision to deny expedited review)]

Participant Name  
Address  
City, State Zip

Participant ID: \*\*\*\*\*

Subject: Request for an Expedited **[Complaint]** **[Grievance]**

Dear **[Participant Name]**:

**[CHC-MCO Name]** received your **[Complaint]** **[Grievance]** about **[identify subject of Complaint/Grievance]**, on **[date]** and your request to have the **[Complaint][Grievance]** decided more quickly than the usual **[30, unless the CHC-MCO will be using a shorter time frame to provide notice of 1<sup>st</sup> level Complaint or Grievance decisions]**-day time frame. As we told you in the notice that you have filed your **[Complaint]** **[Grievance]** about, in order for your **[Complaint][Grievance]** to be decided more quickly, your **[doctor]** **[dentist]** should have sent us a signed letter stating that taking the usual amount of time to decide the **[Complaint]** **[Grievance]** could harm your health. **[CHC-MCO Name]** also asked your **[doctor]** **[dentist]** for this letter.

**[CHC-MCO Name]** has not received your **[doctor's]** **[dentist's]** letter and the information provided does not show that taking the usual amount of time to decide your **[Complaint]** **[Grievance]** could harm your health. **[CHC-MCO Name]** will be deciding your **[Complaint]** **[Grievance]** in the usual time frame of **[30, unless the CHC-MCO will be using a shorter time frame to provide notice of 1st level Complaint or Grievance decisions]** days from when we first got your **[Complaint]** **[Grievance]**.

**[CHC-MCO: Choose either the Complaint or Grievance process]**

#### The Complaint Process

##### Complaint Review

A committee of one or more **[CHC-MCO Name]** staff will meet to make a decision about your Complaint. This is called the "Complaint review." The **[CHC-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 Complaint about.

At any time during the Complaint 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 **[CHC-MCO Name]**, in writing, the name of that person and how we can reach him or her.

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

You and your representative may appear at the Complaint review in person or by phone. **[OR if video conference is available:** You and your representative may appear at the Complaint 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 Complaint review. If you decide that you do not want to attend, that will not affect the decision of the committee.

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

**OR**

## 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 **[CHC-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 **[CHC-MCO Name]**, in writing, the name of that person and how we can reach him or her.

**[CHC-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.

**[CHC-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 you filed your Grievance to tell you the decision on your Grievance.

**Information About Your [Complaint] [Grievance]**

You or your representative may ask **[CHC-MCO Name]** to see any information about the issue you filed your **[Complaint] [Grievance]** about, at no cost to you.

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

Use the following to ask for information about your **[Complaint] [Grievance]** or to send information to **[CHC-MCO Name]**:

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

<b>Help with Your [Complaint] [Grievance]</b>
---

If you need help with your **[Complaint] [Grievance]**, you can call **[CHC-MCO Name]** at **[Phone #/Toll-free TTY#]**.

To ask for free legal help with your **[Complaint] [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))

Sincerely,

**[CHC-MCO Name]**

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

[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]