

TEMPLATE G(17)

EXTERNAL GRIEVANCE REVIEW ACKNOWLEDGMENT LETTER

[Date Letter Mailed]

Participant Name
Address
City, State Zip

Participant ID: *****

Subject: Your Request for An External Review of **[Grievance issue]**

Dear **[Participant Name]**:

[CHC-MCO Name] received your request for an external review of your Grievance about **[identify subject of Grievance]** on **[date of receipt]**. **[CHC-MCO Name]** has sent your request to the Pennsylvania Department of Health.

The Department of Health will send you more information about the external review process.

Sincerely,

[CHC-MCO Name]

cc: **[Participant Representative, if designated]**
 [Provider, if provider filed the request for external review]

[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]