

TEMPLATE G(19)

**IN-PERSON SCHEDULING REVIEW TEMPLATE**

**Date Letter Mailed (Day CHC-MCO is informed of the request for in-person review)**

Participant Name  
Address  
City, State Zip

Participant ID:           \*\*\*\*\*

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

Dear **[Participant Name]**:

**[CHC-MCO Name]** received your request for an in-person review of your **[First/Second Level Complaint] [Grievance]** about **[identify subject of Complaint/Grievance]**.

The meeting to review your **[First/Second Level Complaint] [Grievance]** will be held at:

**[time of committee meeting] on [date of committee meeting] at  
[location of the meeting].**

This location is physically accessible for persons with disabilities. **[CHC-MCO include the following if applicable:]** We have included with this letter directions to the location of the review and information on parking. When you arrive for the review, please let the **[staff person, front desk, receptionist]** know, and he or she will tell you where the review will take place.

If you no longer want to attend the review in person, need to reschedule the in-person review, or have decided to attend by telephone instead, please call **[CHC-MCO Name]** as soon as possible at **[CHC-MCO Phone # & Toll Free TTY/PA RELAY]**. If you decide not to attend the review meeting, it will not affect the review committee's decision, and the meeting will continue without you.

<b>In-Person Review Committee</b>
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At your review the **[First/Second Level Complaint][Grievance]** committee **[member][members]** who will be physically present will be **[insert titles and committee role; if licensed physician include specialty]**. **[CHC-MCO include the following if not all member will be present:** Other committee **[member][members]** who will take part in the review will participate by secure videoconference are **[insert titles and committee role; if licensed physician include specialty]**. **[CHC-MCO**

**include the following if the licensed physician in the same or similar specialty will not be present or participating by videoconference] [Insert title and specialty] will participate by telephone.]**

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

You may send information about your **[Complaint][ Grievance]** to **[CHC-MCO Name]**. To send information about your **[Complaint][Grievance]**:

- Mail the information to  
**[ADDRESS FOR SENDING INFORMATION]**
- Fax the information to **[CHC-MCO FAX #]**

If you cannot send the information before the in-person review meeting, bring the information with you to the meeting. **[CHC-MCO include the following if not all members of the review committee with be present at the review meeting]: [CHC-MCO Name]** will **[scan][fax]** the information to any members of the review committee who will not be physically present at the review meeting before the start of the review meeting.

If you have any questions about this letter, please call **[CHC-MCO Name]** at **[Phone #/Toll-free TTY#]**.

Sincerely,

**[CHC-MCO Name]**

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

[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]