

## TEMPLATE G(6)

### [FIRST LEVEL] COMPLAINT ACKNOWLEDGMENT LETTER

**[Date Letter Mailed]**

Participant Name  
Address  
City, State Zip

Participant ID:       \*\*\*\*\*

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

Dear **[Participant Name]**:

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

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

### **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 **[CHC-MCO Name]** got your Complaint to tell you the decision on your Complaint.

### **Information About Your Complaint**

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

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

Use the following to ask for information about your Complaint 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]**

## **Help with Your Complaint**

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

To ask for free legal help with your Complaint, 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 Grievance?**

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

Pennsylvania Department of Health  
Bureau of Managed Care  
Health and Welfare Building, Room 912  
625 Forster Street  
Harrisburg, Pennsylvania 17120-0701  
Telephone: 1-888-466-2787  
Fax: 1-717-705-0947

Relay: 1-800-654-5984 (for persons with hearing impairments)

If you need more information on what a Grievance is, you can read your Participant handbook or call **[CHC-MCO Name]** at **[CHC-MCO Phone #/Toll-free TTY#]**.

Sincerely,

**[CHC-MCO Name]**

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



## Complaint Issue

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

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

**[CHC-MCO Address]**

If this is not correct, please call **[CHC-MCO Name]** at **[CHC-MCO Phone #/Toll-free TTY #]**.

I agree that my Complaint is described correctly.

\_\_\_\_\_  
Participant's or Representative's Signature

\_\_\_\_\_  
Date

Participant Name: \_\_\_\_\_

Participant ID #: \_\_\_\_\_

[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]