

TEMPLATE GG(17)

**EXTERNAL GRIEVANCE REVIEW ACKNOWLEDGMENT LETTER**

**[Date Letter Mailed]**

Member Name  
Address  
City, State Zip

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

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

Dear **[Member Name]**:

**[PH-MCO Name]** received your request for an external review of your Grievance about **[identify subject of Grievance]** on **[date of receipt]**. **[PH-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,

**[PH-MCO Name]**

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



[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]