

## TEMPLATE GG(10)

### SECOND LEVEL COMPLAINT ACKNOWLEDGMENT LETTER

**[Date Letter Mailed]**

Member Name  
Address  
City, State Zip

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

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

Dear [**Member Name**]:

[**PH-MCO Name**] received your Complaint on [**date of Complaint**] that you did not get your [**type of services/items**] in the time you should have.

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 [**PH-MCO Name**] at [**PH-MCO Phone # & Toll Free TTY/PA RELAY**]

#### The Second Level Complaint Process

##### Second Level Complaint Review

A committee of 3 or more [**PH-MCO Name**] people, including at least one person who does not work for [**PH-MCO**], will meet to make a decision about your Second Level Complaint. This is called the "Complaint review." The [**PH-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 [**PH-MCO Name**], in writing, the name of that person and how we can reach him or her.

[**PH-MCO Name**] will tell you the location, date, and time of the Complaint review at least 15 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 want to attend, that will not affect the decision of the committee.

**[PH-MCO Name]** will mail you a letter within **[date that is no more than 45 days from receipt of the Second Level Complaint]** days from the date you filed your Second Level Complaint to tell you the decision on your Complaint.

### **Information About Your Complaint**

You or your representative may ask **[PH-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 **[PH-MCO Name]**.

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

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

<b>Help with Your Complaint</b>
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If you need help with your Complaint, you can call **[PH-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))

Sincerely,

**[PH-MCO Name]**

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

## Second Level Complaint Issue

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

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

**[PH-MCO Address]**

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

I agree that my Second Level Complaint is described correctly.

\_\_\_\_\_  
Member's or Representative's Signature

Date \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_



[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]