

Model Notice 10
Acknowledgment of Grievance

Organizational Letterhead

[Date]

Member Information

[Member Name or Legal Guardian]

Member Name: [Patient Name]

[Street Address]

Member DOB: [Patient DOB]

[City, State, Zip]

Medicaid ID: [Patient ID]

Acknowledgment of Grievance

Why am I getting this letter?

We got your grievance on [Date MCO Received the Grievance].

[Description of Grievance: Summarize the Member’s grievance and identify the type of grievance that applies—administrative, emergency medically related, or non-emergency medically related—in easy-to-understand language.]

Next Steps

We will review, investigate, and respond to your grievance by [insert timeframe], or [date].

[MCO] will notify you if more time - up to 14 days - is needed to respond. [MCO] will contact you and give you the new deadline. If you need an extension, call [MCO Phone].

Questions or Need Help?

Read the Appeal and Grievance Rights fact sheet with this letter. The fact sheet explains your rights and responsibilities under Maryland law.

For questions, call us at [MCO phone #] or the HealthChoice Help Line at 1-800-284-4510.

Sincerely,

[MCO Designee]

[MCO]

Enclosures

Appeal and Grievance Rights

Non-Discrimination Statement

Language Accessibility Statement