

Model Notice 12  
Notice of Grievance Extension

*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]

**Notice of Grievance Extension**

**Why am I getting this letter?**

We are letting you know that we extended the deadline to respond to your grievance sent 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.]

**Reason for Extension**

The time for reviewing and responding to your grievance has been extended by [up to 14] calendar days to [New Grievance Response Date] because [Reason for Extension in easy-to-understand language].

**Questions or Need Help?**

First, please read the Appeal and Grievance Rights fact sheet with this letter. The fact sheet has more information about your rights and responsibilities under Maryland law.

If you have 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