**[Date Letter Mailed]**

**[Member Name]**

**[Address]**

**[City, State Zip]**

Member ID #:

Subject: External Grievance Review for **[Member Name]**

 PID Case #:

Dear **[Member]**,

The Pennsylvania Insurance Department (PID), Bureau of Managed Care has assigned **[ERO Name]** to conduct the External Review of your Grievance about **[briefly identify subject of grievance]**.  Your case number for this external grievance review is **[PID Case Number]**.  Please include this case number on any communications you may send to PID, **[MCO Name]**, or **[ERO Name]**.

You may send information about your Grievance to **[ERO Name]**.  For example, you may provide a letter that explains why the denied service is medically necessary. You may also send medical records or letters from your doctors, friends, or family members. To make sure it is included in the review, any information you send to the ERO should be sent by **[20 days from date on BMC ERO Assignment Letter]**.

Send your additional information to:

**[ERO Name, contact, address, fax, phone, email]**

**[MCO Name]** is required to inform you of the documents that have been submitted to [ERO Name] for review.

**[MCO Name]** has sent the following documents to **[ERO Name]**:

* **[MCO Name]**’s decision
* **[Supporting information – including documents identified in 28 Pa. Code § 9.707(b)(5)]**
* **[Summary of applicable issues** **in easily understood language and format that meets a 6th grade reading level]**
* **[Contractual language supporting denial].**
* NOTE: The definition of “medical necessity” used by **[MCO Name]** is: **[provide medically necessary definition used in internal grievance review – this should be copied directly from the plan documents].** For more information about what is considered medically necessary, please see your Handbook.

If you have any further questions, please contact **[MCO Representative]** at **[Contact Information]**.

Sincerely,

**[Signature Line]**

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

**[Provider, if provider filed the request for external review]**

**[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]**