

TEMPLATE G(11)

**SECOND LEVEL COMPLAINT DECISION NOTICE**

**[Date Notice Mailed (date of the Second Level Complaint decision)]**

Participant Name  
Address  
City, State Zip

Participant ID: \*\*\*\*\*

Subject: Decision About Your Second Level Complaint

Dear **[Participant Name]**:

**[CHC-MCO Name]** has reviewed your Second Level Complaint about **[issue]**, received on **[date]**.

Based on a review of all information provided, the Second Level Complaint review committee has decided that **[state decision in detail at a 6th grade reading level]**.

The reasons for this decision are: **[Explain at a 6th grade reading level in detail every reason for the decision. In addition to explanation for decision, include specific references to approved medical necessity guidelines, rules, or protocols on which the decision is based, in easily understood language. If denied because of insufficient information, identify all additional information needed to render decision.]**

**IF YOU DO NOT AGREE WITH THIS DECISION, YOU MAY ASK FOR AN EXTERNAL REVIEW OF THE SECOND LEVEL COMPLAINT DECISION** from the Pennsylvania Insurance Department **within 15 days from the date you get this notice.**

To ask for an external review of your Complaint, send your request to the following:

**Pennsylvania Insurance Department**

Bureau of Consumer Services  
Room1209, Strawberry Square  
Harrisburg, PA 17120  
Fax: 717-787-8585

You can also go to the "File a Complaint Page" at:

<https://www.insurance.pa.gov/Consumers/insurance-complaint/Pages/default.aspx>

Your request for an external review by the Insurance Department must include the following information:

- Your (the Participant's) name, address, and daytime telephone number;
- Your (the Participant's) **[CHC-MCO Name]** identification number;
- **[CHC-MCO Name]**'s name;
- A brief description of the issue;
- A copy of this notice.

### **Ask for Information Used to Make this Decision**

You or your representative may ask **[CHC-MCO Name]** to see any information used to decide your Second Level Complaint at no cost to you.

To ask for the information used to decide your Second Level Complaint:

- Call **[CHC-MCO Name]** at **[CHC-MCO Phone # & Toll Free TTY/PA RELAY]** or
- Mail or fax a letter requesting the information to the following:

Fax number: **[CHC-MCO FAX #]**

Mailing address:

**[ADDRESS FOR REQUESTING INFORMATION USED TO MAKE A DECISION]**

### **Help with Your Request for External Review**

If you need help asking for an external review, you can call **[CHC-MCO Name]** at **[CHC-MCO Phone #/Toll-free TTY #]** or the **Bureau of Consumer Services at 1-877-881-6388**.

To ask for free legal help with asking for an external review, 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,

**[CHC-MCO Name]**

cc:

**[Participant Representative, if designated]**  
**[Service Provider, if applicable]**  
**[Prescribing Provider, if applicable]**



[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]