

SECTION 7

Complaints, Grievances, and Fair Hearings

If a provider or Magellan does something that you are unhappy about or do not agree with, you can tell Magellan or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Magellan has done. This section describes what you can do and what will happen. A member will not incur a fee for filing a complaint or grievance.

Complaints

What is a Complaint?

A Complaint is when you tell Magellan you are unhappy with Magellan or your provider or do not agree with a decision by Magellan.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service you want because it is not a covered service.
- You have not received services that Magellan has approved.

First Level Complaint

What should I do if I have a Complaint?

To file a First Level Complaint:

- Call Magellan at Member Services and tell Magellan your Complaint, or
- Write down your Complaint and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.

Attn: Complaints/Grievances

105 Terry Drive, Suite 103

Newtown, PA 18940

Fax: 1-888-656-2380

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When should I file a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that:

- Magellan has decided that you cannot get a service you want because it is not a covered service.
- Magellan will not pay a provider for a service you got.
- Magellan did not tell you its decision about a Complaint or Grievance you told Magellan about within 30 days from when Magellan got your Complaint or Grievance.
- Magellan has denied your request to disagree with Magellan's decision that you have to pay your provider.

You must file a Complaint **within 60 days of the date you should have gotten a service** if you did not get a service. The time by which you should have received a service is listed below:

- If you need services because of an emergency, services must be provided within 1 hour.
- If you need services because of an urgent situation, services must be provided within 24 hours.
- If you need a routine appointment or specialty referral, your appointment must be within 7 days.

You may file **all other Complaints at any time.**

What happens after I file a First Level Complaint?

After you file your Complaint, you will get a letter from Magellan telling you that Magellan has received your Complaint, and about the First Level Complaint review process.

You may ask Magellan to see any information Magellan has 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 Magellan.

You may attend the Complaint review if you want to attend it. You may appear at the Complaint review in person or by phone. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more Magellan staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Magellan will mail you a notice within 30 days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 42.

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within 1 day of the date on Magellan's notice telling you that the acute inpatient services you have been receiving are not a covered service for you or within 10 days of the date on Magellan's notice telling you that any other services you have been receiving are not covered services for you, the services will continue until a decision is made.

What if I do not like Magellan's decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- Magellan's decision that you cannot get a service you want because it is not a covered service.
- Magellan's decision to not pay a provider for a service you got.
- Magellan's failure to decide a Complaint or Grievance you told Magellan about within 30 days from when Magellan got your Complaint or Grievance.
- You not getting a service within the time by which you should have received it.
- Magellan's decision to deny your request to disagree with Magellan's decision that you have to pay your provider.

You must ask for an external Complaint review within **15 days of the date you got the First Level Complaint decision notice.**

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second Level Complaint within **45 days of the date you got the Complaint decision notice.**

For information about Fair Hearings, see pages 52. For information about an External Complaint Review, see page 46. If you need more information about help during the Complaint process, see page 42.

Second Level Complaint

What should I do if I want to file a Second Level Complaint?

To file a Second Level Complaint:

- Call Magellan at Member Services and tell Magellan your Second Level Complaint, or
- Write down your Second Level Complaint and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.

Attn: Complaints/Grievances

105 Terry Drive, Suite 103

Newtown, PA 18940

Fax: 1-888-656-2380

What happens after I file a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from Magellan telling you that Magellan has received your Complaint, and about the Second Level Complaint review process.

You may ask Magellan to see any information Magellan has 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 Magellan.

You may attend the Complaint review if you want to attend it. Magellan will tell you the location, date, and time of the Complaint review at least 10 days before the Complaint review. You may appear at the Complaint review in person or by phone. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for Magellan, will meet to decide your Second Level Complaint. The Magellan staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Magellan will mail you a notice within 45 days from the date you filed your Second Level Complaint to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 42.

What if I do not like Magellan's decision on my Second Level Complaint?

You may ask for an external review by either the Department of Health or the Insurance Department.

You must ask for an external review **within 15 days of the date you got the Second Level Complaint decision notice.**

External Complaint Review

How do I ask for an External Complaint Review?

You must send your request for external review of your Complaint in writing to either:

Pennsylvania Department of Health
Bureau of Managed Care
Health and Welfare Building, Room 912
625 Forster Street
Harrisburg, PA 17120-0701
Telephone Number: 1-888-466-2787

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number: 1-877-881-6388

If you ask, the Department of Health will help you put your Complaint in writing.

The Department of Health handles Complaints that involve the way a provider gives care or services. The Insurance Department reviews Complaints that involve Magellan's policies and procedures. If you send your request for external review to the wrong Department, it will be sent to the correct Department.

What happens after I ask for an External Complaint Review?

The Department of Health or the Insurance Department will get your file from Magellan. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and your request for an external Complaint review is postmarked or hand-delivered within 1 day of the date on the notice telling you Magellan's First Level Complaint decision that you cannot get acute inpatient services you have been receiving because they are not covered services for you or within 10 days of the date on the notice telling you Magellan's First Level Complaint decision that you cannot get any other services you have been receiving because they are not covered services for you, the services will continue until a decision is made.