

What is a Complaint?

Complaint:

A complaint is when you tell you are not happy with your provider or you do not agree with a decision made by Magellan

These are examples of a complaint:

- You are not happy with the care you are getting from your provider;
- You are unhappy that you cannot get the service you want because it is not a covered service;
- You are unhappy that you have not received services that you have been approved for. (Magellan's providers must provide services within 1 hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. If a treatment plan is approved, services must be provided according to the prescribed treatment plan)

What should I do if I have a complaint?

To file a complaint, you can:

1. Call the Magellan member line at 1-866-238-2311 or (TTY) 1-866238-2313 for Lehigh County members.

Or

2. Write down your complaint and send it to:

Magellan Behavioral Health
1 West Broad Street
Suite 210
Bethlehem, PA 18018

When should I file a first level complaint?

You must file a complaint within 45 days of receiving a letter telling you 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 received
- Magellan did not decide a first level complaint or grievance within 30 days of when you filed it.

You must file a complaint within 45 days of the date you should have received services, if your provider did not give you the service.

If you have been receiving services that are being reduces, changed, or stopped because they are not a covered service and you file a complaint that is hand delivered or postmarked within 10 days of the date on the letter

(notice) telling you that the services you have been receiving are not covered, the services will continue until a decision is made.

You may file all other complaints at any time.

What happens after I file a first level complaint?

Magellan will send you a letter to let you know that your complaint was received. The letter will tell you about the first level complaint process. You may ask Magellan to see any information they have about your complaint. You may also send any information to Magellan that may help with your complaint.

If you filed a complaint because of the reasons listed below, you can be included in the first level complaint review. You must call Magellan within 10 days from the date on the letter to tell us you want to be included.

- You are unhappy that you have not received services you were approved for;
- You are not happy that you cannot get a service you want because it is not a covered service;
- You are not happy that Magellan will not pay for a service you received;
- You are unhappy that a decision was not made about your first level complaint or grievance within 30 days.

You can participate at Magellan's office or be included by phone. You do not have to attend if you do not want to. If you do not attend, it will not affect the decision.

One or more Magellan staff who has not been involved in the issue you filed your complaint about will make a decision on your complaint. Your complaint will be decided no more than 30 days after Magellan receives it. A letter will be mailed to you no more than 5 business days after Magellan makes the decision. The letter will tell you that the reason (s) for the decision. The letter will also tell you how to file a second level complaint.

What do I do if I do not like the decision?

If you do not agree with the first level complaint decision, you may file a second level complaint with Magellan.

When should I file a second level complaint?

You must file your second level complaint within 45 days of the date you get the first level complaint decision letter.

If you have been receiving services that are being reduced, changed, or stopped, you must file because they are not a covered service for you and you file a second level complaint that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that services you have been receiving are being reduced, changed or stopped, the services will continue until a decision is made.

To file a second level complaint, you can:

1. Call the Magellan member line at 1-866-238-2311 or (TTY) 1-866238-2313 for Lehigh County members.

Or

2. Write down your complaint and send it to:

Magellan Behavioral Health
1 West Broad Street
Suite 210
Bethlehem, PA 18018

What happens after I file a second level grievance?

Lehigh County HealthChoices will send you a letter to let you know that your complaint was received. The letter will tell you about the second level complaint process. You may ask Magellan to see any information we have about your complaint. You may also send any information that may help in your complaint to Magellan.

You can come to a meeting of the second level complaint committee or be included by phone. Lehigh County HealthChoices will conduct the second level complaint hearing. You will be notified in writing once the date, time, and place have been scheduled. You do not have to attend if you do not want to. If you do not attend, it will not affect the decision.

The second level complaint review committee will consist of a representative from the Lehigh County HealthChoices System, a representative from Magellan, and either a HealthChoices member or the parent of a member who has received services. The members of the committee won't have been involved in the first level complaint review or decision. The committee will make a decision no more than 30 days from the date Magellan received your second level complaint. A letter will be mailed to you within 5 business days after the committee makes its decision. The letter will tell you the reason for the decision. The letter will also tell you how to ask for an external complaint review if you do not agree with the second level decision.

What is I still don't like the decision?

If you do not agree with the second level complaint decision, you can ask for an External Complaint Review by the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or service. The Insurance Department reviews complaints that involve Magellan's policies and procedures.

You must ask for an external grievance review within 15 days of the date you received the second level complaint decision letter. If you ask, the Department of Health will help you put your complaint in writing.

If you have been receiving services that are being reduced, changed, or stopped, you must file because they are not a covered service for you and you file a request for an external review that is hand-delivered or postmarked within 10 days of the on the second level complaint decision letter, the services will continue until a decision is made.

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

Pennsylvania Department of Health
Bureau of Managed Care
Health and Welfare Building, Room 912
7th and Forester Streets
Harrisburg, Pennsylvania 17120
Telephone: 1-800-466-2787; Fax: 1-717-705-0947
ATT&T Relay: 1-800-654-5984 (for persons with hearing impairments)

Or

Pennsylvania Insurance Department
Bureau of Consumer Services
1321 Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number: 1-877-881-6388

If you send your request for an external review to the wrong department, it will be sent to the correct department. 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 during the external review. A decision letter will be sent to you after a decision is made. The letter will tell you the reason(s) for the decision and what you can do if you don't like the decision

If at time, you have questions regarding this process, please contact the Lehigh County Member Line at 1-866-238-3211 or (TTY) 1-866-283-2313.