

# How to file a complaint or grievance

for Magellan Behavioral Health of Pennsylvania HealthChoices members

(Note: Members will not have a fee for filing a complaint or grievance.)

## What is a Complaint?

A complaint is when you tell us you are unhappy with Magellan or your provider. If you have a complaint about your provider, try to solve it by talking directly with him or her first.

Some examples of a complaint include:

- You are unhappy with the care you are getting.
- 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 to get. *(Magellan's providers must provide services within one hour for emergencies. If a treatment plan is approved, services must be provided according to the prescribed treatment plan.)*

## What can I do if I have a complaint?

If you are unable to solve the concern with your provider directly, contact Magellan:

- **Call** Member services in your county
  - Bucks - (877) 769-9784
  - Cambria – (800) 424-0485
  - Delaware – (888) 207-2911
  - Lehigh – (866) 238-2311
  - Montgomery – (877) 769-9782
  - Northampton – (866) 238-2312
- **Fax** to 1-888-656-2380
- **Mail** (see address below)

**Magellan Healthcare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.**

## What is a Grievance?

A grievance is what you file when you do not agree with Magellan's decision that a service that you or your provider asked for is not medically necessary.

You can file a grievance if Magellan does any of these things:

- Denies coverage for a service.
- Approves less than what your provider asked for.
- Approves a different service from the one that was asked for.

## What can I do if I have a grievance?

If Magellan does not completely approve a service for you, we will tell you in a letter. The letter will tell you how to file a grievance. You have 60 days from the date you receive this letter to file a grievance.

If you have a grievance, contact Magellan:

- **Call** Member services in your county
- **Fax** to 1-888-656-2380
- **Mail** (see address below)

Your provider can file a grievance for you if you give the provider your consent in writing. Should you decide to do this, you can't file a separate grievance on your own.

**ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-424-3515 (TTY: PA Relay 7-1-1).**

**ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-3515 (TTY: PA Relay 7-1-1).**