

Grievance Process for California Residents

Grievance Definition

A grievance is a verbal or written expression of dissatisfaction regarding Magellan and/or a provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by a member or a member's representative.

Grievance Process

Magellan has a grievance procedure for receiving and resolving your grievances involving Magellan and providers. A grievance may be submitted up to 180 calendar days following receipt of an adverse determination notice, or following any incident or action that is the subject of the member's dissatisfaction.

Members may access a printable grievance form. To submit a grievance, members, their representative or providers may submit a grievance in writing to: *Comment Coordinator, Magellan, P.O. Box 710430, San Diego, CA 92171*; by telephone at 1-866-327-4762 or online through a secure means at GRIEVANCE FORM. For speech or hearing impaired, call our toll free TTY number 1-800-456-4006 for assistance.

Magellan will send a written acknowledgement of receipt of a grievance within five (5) calendar days. We will respond in writing with a resolution to a grievance within thirty (30) calendar days of receipt.

Urgent Grievances

Magellan also maintains a process for the expedited review of urgent grievances. Members have the right to an expedited review for cases involving an imminent and serious threat to the health of the member. An urgent grievance may be made orally or in writing and initiated by the member, the member's representative or the member's provider.

To initiate a request call us at 1-866-327-4762 and explain that you are requesting an expedited review for an urgent grievance. For speech or hearing impaired, call our toll free TTY number 1-800-456-4006 for assistance. Magellan will provide you, your

representative or your provider a written statement on the disposition or pending status of the grievance within three (3) calendar days of receipt.

Filing Assistance

If you require assistance in filing a grievance, Magellan determines the kind of assistance necessary and takes steps to enable you to utilize the grievance system.

In processing grievances from members, Magellan pays attention to the linguistic and cultural needs as well as the needs of members with disabilities so that all members filing grievances can participate fully. Assistance is provided to members with limited English proficiency or with a visual or other communicative impairment. Such assistance may include translations of this process, forms and decisions as well as access to interpreters and or use of a telephone relay system or other devices that aid disabled individuals to communicate.

All members, including those who are visually-impaired, may submit a grievance verbally. The process is explained to the member telephonically and the grievance is documented. For hearing-impaired members, a grievance may be submitted through the TTY device or in writing via mail, e-mail, or online submission. Responses to such grievances are through the same means by which the grievance is received. In addition, a written resolution response is sent to the member.

Review by the Department of Managed Health Care

The California Department of Managed Health Care (Department) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your plan at **1-800-424-1565** and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your plan, or a grievance that has remained unresolved for more than thirty (30) days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatment that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department has a toll-free telephone number (**1-888-466-2219**) and a TDD (**1-877-688-9891**) **for the hearing**

and speech impaired. The Department's internet website (www.dmh.ca.gov) has complaint forms, IMR application forms and instructions online.

Independent Medical Review

You may request an Independent Medical Review ("IMR") of Disputed Health Care Services from the Department of Managed Health Care if you believe that health care services have been improperly denied, modified, or delayed by Magellan. A "Disputed Health Care Service" is any health care service eligible for coverage and payment that has been denied, modified, or delayed, in whole or in part due to a finding that the service is not medically necessary where (1) the service involves the practice of medicine (i.e., services of a psychiatrist or inpatient services) and/or the service is covered under a carve-out contract with a Health Plan. A decision regarding a disputed health care service relates to the practice of medicine and is not a coverage decision.

The IMR process is in addition to any other procedures or remedies that may be available to you. You pay no application or processing fees of any kind for IMR. You have the right to provide information in support of the request for IMR. Magellan will provide you with an IMR application form with any grievance disposition letter that denies, modifies, or delays health care services. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against Magellan regarding the Disputed Behavioral Health Care Service.

You may contact Magellan for information on how to submit an IMR request.