

Complaints and Grievances

Quejas y quejas formales

PerformCare wants you to receive quality care. This pamphlet explains our process to handle your complaints and grievances. You have rights as a PerformCare Member.

You have the right to:

- Let us know if you are unhappy about any decision made by us or by one of our providers.
- Be informed about PerformCare policies and procedures.

For more information on Member rights, please see the Member Services Handbook.

If you need help filing a complaint or grievance, PerformCare staff can help you. You can also choose to call an advocacy organization. They are a group of people who will help you understand what you must do. You can find a list of these groups in your Member Services Handbook. There is no cost to Members for filing a complaint or grievance.

PerformCare encourages you to have an open line of communication with your provider and clinical care manager to discuss any issues or misunderstandings before filing a complaint or a grievance. You may ask your provider to file a complaint or a grievance on your behalf. If your provider is going to help you file a complaint, he or she must have your written permission on a PerformCare Authorization for Representation form. You may get a copy of the form from your provider or by calling your county of residence.

What is a complaint?

You can file a complaint about your provider or PerformCare if:

- You are unhappy with the care you're 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.

If you would like to file a complaint, you may do either of the following:

- Call the toll-free number for your county of residence listed to the right.
- Send a letter to:
PerformCare
8040 Carlson Road
Harrisburg, PA 17112
Attn: C&G Unit

For a complete explanation of the definitions and different levels of complaints, and a list of the rights and responsibilities of PerformCare Members, see your Member Services Handbook.

What is a grievance?

A grievance is when you are unhappy about a decision Perform Care made about your behavioral health care. The grievance process is also fully explained in all PerformCare denial notices.

If you would like to file a grievance or ask for a copy of the information used to make a decision about your care, you may do the following:

- Call the toll-free number for your county of residence listed below.
- Send a letter to:
PerformCare
8040 Carlson Road
Harrisburg, PA 17112
Attn: C&G Unit

You may ask for a fair hearing from the Department of Human Services at any time during the grievance process. A fair hearing is held by the Department of Human Services, Bureau of Hearings and Appeals, when you disagree with a decision made about your services. Appeals must be in writing and sent to:

Department of Human Services
Office of Mental Health and Substance Abuse Services
Division of Quality Management — Fair Hearings and Appeals
Beechmont Building #32
P.O. Box 2675
Harrisburg, PA 17105-2675

We hope you find this information helpful. If you have any questions about complaints and grievances, have any other questions about PerformCare or our services, or need other information, help or a copy of the Member Services Handbook, please contact Member Services at the toll-free number for your county of residence below:

Member Services

Call the toll-free number for your county of residence:

1-888-722-8646 – Cumberland, Dauphin, Lancaster, Lebanon or Perry

1-866-773-7891 – Bedford-Somerset

1-866-773-7917 – Franklin-Fulton

For Members who are deaf or hard of hearing and use a TTY/TTD for communication, call the PA Telecommunication Relay Service at **711** or **1-800-654-5984 (TTY)**.

Complaints and Grievances (Quejas y quejas formales)

PerformCare quiere que usted reciba atención de calidad. Este folleto explica nuestro proceso para manejar sus quejas y quejas formales. Usted tiene derechos como miembro de PerformCare.

Usted tiene derecho a:

- Hacernos saber si no está conforme con respecto a cualquier decisión que hayamos tomado nosotros o uno de nuestros proveedores.
- Estar informado sobre las políticas y procedimientos de PerformCare.

Para obtener más información sobre los derechos del miembro, consulte el Manual de Servicios al Miembro.

Si necesita ayuda para presentar una queja o una queja formal, el personal de PerformCare lo puede ayudar. También puede llamar a una organización de asesoramiento. Es un grupo de personas que lo ayudará a entender qué debe hacer. Puede encontrar una lista de estos grupos en su Manual de Servicios al Miembro. Presentar una queja o una queja formal no tiene costo para los miembros.

PerformCare le recomienda que tenga una línea abierta de comunicación con su proveedor y administrador de cuidados médicos para discutir problemas o malentendidos antes de presentar una queja o una queja formal. Usted puede pedir a su proveedor que presente una queja o una queja formal en su nombre. Si su proveedor va a ayudarlo a presentar una queja, debe tener su permiso por escrito en un formulario de Autorización de representación de PerformCare. Su proveedor puede proporcionarle una copia del formulario o llame a su condado de residencia.

¿Qué es una queja?

Usted puede presentar una queja sobre su proveedor o PerformCare si:

- No está conforme con la atención que está recibiendo.
- No está conforme porque no puede obtener el servicio que quiere porque no es un servicio cubierto.
- No está conforme porque no ha recibido los servicios que habían aprobado.

Si desea presentar una queja, tiene estas dos opciones:

- Llame al número de teléfono sin cargo de su condado de residencia que se muestra a la derecha.
- Envíe una carta a:
PerformCare
8040 Carlson Road
Harrisburg, PA 17112
Attn: C&G Unit

Para obtener una explicación completa de las definiciones y diferentes niveles de quejas, y una lista de los derechos y responsabilidades de los miembros de PerformCare, consulte su Manual de Servicios al Miembro.

¿Qué es una queja formal?

Una queja formal es cuando usted no está conforme con una decisión que tomó PerformCare acerca de su atención de la salud del comportamiento. El proceso de la queja formal se explica detalladamente en todos los avisos de denegación de PerformCare.

Si le gustaría presentar una queja formal o solicitar una copia de la información utilizada para tomar una decisión sobre su atención, puede hacer lo siguiente:

- Llame al número de teléfono sin cargo de su condado de residencia que se muestra debajo.
- Envíe una carta a:
PerformCare
8040 Carlson Road
Harrisburg, PA 17112
Attn: C&G Unit

Usted puede solicitar una audiencia justa del Departamento de Servicios Humanos en cualquier momento durante el proceso de la queja formal. Una audiencia justa se lleva a cabo por el Departamento de Servicios Humanos, Oficina de Audiencias y Apelaciones, cuando usted no está de acuerdo con una decisión que se tomó acerca de sus servicios. Las apelaciones deben enviarse por escrito a:

Department of Human Services
Office of Mental Health and Substance Abuse Services
Division of Quality Management — Fair Hearings and Appeals
Beechmont Building #32
P.O. Box 2675
Harrisburg, PA 17105-2675

Esperamos que esta información le resulte útil. Si usted tiene alguna pregunta sobre las quejas y quejas formales, tiene preguntas sobre PerformCare o nuestros servicios o necesita otra información, ayuda o una copia del Manual de Servicios al Miembro, comuníquese con Servicios al Miembro al número de teléfono sin cargo de su condado de residencia que se proporciona a continuación:

Servicios al Miembro

Llame al número de teléfono sin cargo de su condado de residencia:

1-888-722-8646 – Cumberland, Dauphin, Lancaster, Lebanon o Perry

1-866-773-7891 – Bedford-Somerset

1-866-773-7917 – Franklin-Fulton

Los miembros que son sordos o tienen impedimentos auditivos y usan un TTY/TTD para comunicarse deben llamar al servicio de relé de PA al **711** o **1-800-654-5984 (TTY)**.

Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare:

- Provides no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreter services.
 - Information written in other languages.

If you need these services, contact the PerformCare Member Services number for your county.

Capital Area (Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties)
Member Services: **1-888-722-8646**
TTY/TDD: **1-800-654-5984** or PA Relay **711**

North Central Area (Bedford-Somerset and Franklin-Fulton counties)
Member Services (Bedford-Somerset): **1-866-773-7891**
Member Services (Franklin-Fulton): **1-866-773-7917**
TTY/TDD: **1-800-654-5984** or PA Relay **711**

We are available 24 hours a day, 7 days a week.

If you believe that PerformCare has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with PerformCare and send it to us at:

- PerformCare, 8040 Carlson Road, Harrisburg, PA 17112.
- You can file a complaint by mail, fax, or phone. If you need help filing a complaint, PerformCare Member Services is available to help you. Call the Member Services number for your county located above or fax to PerformCare at **717-671-6555**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call the Member Services number for your county.

Spanish: ATENCIÓN: si habla español, tiene a su disposición los servicios de asistencia lingüística sin costo alguno. Llame al número de Servicios al Miembro de su condado.

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电您所在县的会员服务热线。

Chinese Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電您所在縣的會員服務熱線。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch Vụ Thành Viên dành cho quận của bạn.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру телефона Member Services для вашего округа.

Pennsylvanian Dutch: Wann du Deutsch schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die english Schprooch. Ruf selli Nummer uff.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하 카운티의 회원 서비스로 연락하십시오.

Italian: ATTENZIONE: nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero dei Servizi per i soci relativo alla propria contea.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء الخاص ببلدك.

French: ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro des Services aux membres pour votre comté.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Servicenummer für Mitglieder in Ihrem Land an.

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો તમારા માટે ભાષા સહાયતા સેવાઓ નિ:શુલ્ક ઉપલબ્ધ છે. તમારી કાઉન્ટીના મેમ્બર સર્વિસીસ નંબર પર ફોન કરો.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer obsługi członkowskiej odpowiedni dla Twojego kraju.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo Sèvis manm pou konte w.

Mon-Khmer Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, អ្នកអាចប្រើប្រាស់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ ចូរ ទូរស័ព្ទទៅកាន់លេខសេវាបម្រើសមាជិកសម្រាប់ប្រទេសរបស់លោកអ្នក។

Portuguese: ATENÇÃO: Se fala português, encontra-se disponível serviços de assistência linguística gratuitos. Ligue para o número de Serviços aos Membros do seu país.