

# 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, they 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 or by visiting [pa.performcare.org/members/resources/complaints-grievances-fair-hearings.aspx](http://pa.performcare.org/members/resources/complaints-grievances-fair-hearings.aspx).

### What is a grievance?

A grievance is when you are unhappy about a decision PerformCare 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 within 120 days from the date on the written notice of the first-level complaint or grievance decision. 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 mailed or faxed to:

Department of Human Services  
Office of Mental Health and Substance Abuse Services  
Division of Quality Management  
Commonwealth Towers, 12th Floor  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
Fax: 1-717-772-7827

**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

**1-866-773-7917** — Franklin or 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 para Miembros.**

Si usted necesita ayuda para presentar una queja o un agravio, el personal de PerformCare le puede ayudar. También puede llamar a una organización de asesoramiento. Es un grupo de personas que le ayudará a entender lo que debe hacer. Puede encontrar una lista de estos grupos en su Manual de Servicios para Miembros. Presentar una queja o un agravio 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 los problemas o malentendidos antes de presentar una queja o un agravio. Usted puede pedirle a su proveedor que presente una queja o un agravio a 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. Usted puede obtener una copia del formulario a través de su proveedor o llamando 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 sido aprobados.

**Si desea presentar una queja, tiene estas dos opciones:**

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

Para obtener una explicación completa de las definiciones y los diferentes niveles de quejas, y una lista de los derechos y responsabilidades de los miembros de PerformCare, consulte su Manual de Servicios para Miembros o visite la siguiente página web: <http://pa.performcare.org/members/resources/complaints-grievances-fair-hearings.aspx>.

### ¿Qué es un agravio?

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

**Si a usted le gustaría presentar un agravio o solicitar una copia de la información utilizada para tomar una decisión sobre su atención, usted puede hacer lo siguiente:**

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

Usted puede solicitar una audiencia imparcial al Departamento de Servicios Humanos dentro de 120 días a partir de la fecha del aviso escrito de la decisión de la queja o agravio de primera instancia. La audiencia imparcial es realizada por la Oficina de Audiencias y Apelaciones del Departamento de Servicios Humanos cuando usted no está de acuerdo con una decisión que se tomó acerca de sus servicios. Las apelaciones deben enviarse por escrito a la siguiente dirección o por fax:

Department of Human Services  
Office of Mental Health and Substance Abuse Services  
Division of Quality Management  
Commonwealth Towers, 12th Floor  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
Fax: 1-717-772-7827

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

### Servicios para Miembros

Llame al número de teléfono gratuito de su condado de residencia:

**1-888-722-8646** — Cumberland, Dauphin, Lancaster, Lebanon, o Perry  
**1-866-773-7917** — Franklin o Fulton

Los miembros que son sordos o tienen impedimentos auditivos y usan un TTY/TTD para comunicarse deben llamar al servicio PA Relay de telecomunicaciones 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

(Franklin-Fulton counties)

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](http://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](http://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 Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch 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 ទូរស័ព្ទទៅកាន់លេខសេវាសម្រាប់ប្រទេសរបស់លោកអ្នក។

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

**PerformCARE®**

[pa.performcare.org](http://pa.performcare.org)