

Provider Grievance and Complaint Form

Magellan Healthcare* maintains a Provider Grievance and Complaint System for providers to dispute Magellan’s policies, procedures, or any aspect of Magellan’s administrative functions. Please note, this form should not be utilized for a Provider Claim Dispute. Please refer to the Provider Handbook for instructions on how to file a claim dispute.

How to request a provider grievance and complaint:

- 1. Fill out and sign the form below. You may want to keep a copy for your records.
- 2. You can include, with this form, any additional documentation to support the grievance and complaint.
- 3. Fax, email, or mail your grievance and complaint to:
 - a. **Email:** NevadaAppealsGrievances@MagellanHealth.com
 - b. **Mail:** Magellan Quality Department, P.O. Box 2188, Maryland Heights, MO 63043
 - c. **Fax:** 1-888-656-9795
- 4. A grievance and complaint can also be requested verbally by calling Magellan at 1-833-396-4310 (TTY 711).
- 5. If additional information is needed, you will be contacted by a Magellan representative.
- 6. You will receive a written letter confirming receipt of your grievance and complaint within 5 business days.
- 7. Depending on the nature of the concern you've raised, you may expect to receive a resolution letter within 30 calendar days from the time Magellan acknowledges receipt of your grievance and complaint form. Resolution letters for certain grievances and complaints may require additional time.

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|---|--|---------------------|--|-------------------------|-----------|
| Information about the complainant: | | Provider Full Name: | | Provider Email Address: | |
| Phone Number: | Can we leave you a voicemail? <input type="checkbox"/> Yes or <input type="checkbox"/> No | MIS#: | | NPI or TIN#: | |
| Street Address: | | City: | | State: | Zip Code: |
| Information about your grievance and complaint: | | | | | |
| | | | | | |
| Submission Information: | | | | | |
| Print and Sign Name: | | | | Date: | |
| Mail, email, or fax this form and supporting documents to: <ul style="list-style-type: none">○ Email: NevadaAppealsGrievances@MagellanHealth.com○ Mail: Magellan Quality Department, P.O. Box 2188, Maryland Heights, MO 63043○ Fax: 1-888-656-9795 | | | Call our customer experience associates if you have questions or need help with completing this grievance form. <ul style="list-style-type: none">○ 1-833-396-4310 (TTY 711) | | |

* Magellan Healthcare, Inc., and its respective affiliates and subsidiaries, are affiliates of Magellan Health, Inc. (collectively “Magellan”).

Non-Discrimination Notice

Discrimination is against the law

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

Magellan:

- Provides free 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 free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your Magellan member service center 1-833-396-4310.

If you believe that Magellan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator, Corporate Compliance Department

8621 Robert Fulton Drive

Columbia MD 21046

Phone: 800-424-7721 (TTY 711)

Compliance@MagellanHealth.com

You can file a grievance by mail or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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 <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

*Magellan refers to all applicable subsidiaries and affiliates of Magellan Health, Inc., including but not limited to Magellan Healthcare, Inc, and its subsidiaries.

Non-Discrimination Notice

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| English | ATTENTION: If you speak english, language assistance services, free of charge, are available to you. Call 1-877-543-3875 (TTY: 1-800-456-4006). |
| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-543-3875 (TTY: 1-800-456-4006). |
| Chinese | 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-543-3875 (TTY: 1-800-456-4006)。 |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-543-3875 (TTY: 1-800-456-4006). |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-543-3875 (TTY: 800-456-4006) |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-543-3875 (TTY: 1-800-456-4006) 번으로 전화해 주십시오. |
| Armenian | ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-877-543-3875 (TTY (հեռատիպ))՝ 1-800-456-4006): |
| Farsi | توجه: ربه ز ان فار گفتگو کنه، سه لات ز ا فبصورت ران گان برای شما فراهم باشد. با 1-877-543-3875 (TTY: 1-800-456-4006) تماس بگ |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-543-3875 (TTY: 1-800-456-4006). |
| Japanese | 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-543-3875 (TTY: 1-800-456-4006)まで、お電話にてご連絡ください。 |
| Arabic | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغة متوافر لك بالمجان. اتصل برقم 1-877-543-3875 (رقم هاتف الصم والبكم: 1-800-456-4006). |
| Punjabi | ਧਿਆਨ ਿਚ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-877-543-3875 (TTY: 1-800-456-4006) 'ਤੇ ਕਾਲ ਕਰੋ। |
| Cambodian | ប្រយ័ត្ន: បើប្រសិនបើអ្នកនិយាយខ្មែរ, សេវាជំនួយភាសាឥតគិតថ្លៃអាចត្រូវបានផ្តល់ឱ្យអ្នកបាន។ ទូរស័ព្ទ 1-877-543-3875 (TTY: 1-800-456-4006)។ |
| Hmong | LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-543-3875 (TTY: 1-800-456-4006). |
| Hindi | नियम: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-543-3875 (TTY: 1-800-456-4006) पर कॉल करें। |
| Thai | เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-543-3875 (TTY: 1-800-456-4006). |