

### Humana Behavioral Health Complaint Process

**Complaint:**

You may call or write Humana Behavioral Health if you are not happy with your health care, provider, or health plan. A Humana Behavioral Health representative can help you file your complaint if your problem is not resolved.

**Complaint Appeal:**

You can ask for another review if you are not happy with the resolution of your complaint.

Humana Behavioral Health researches and resolves complaints in a timely manner. The review is thorough. The review considers the clinical urgency of your situation. Humana Behavioral Health adheres to all state and federal regulations and accreditation standards. Humana Behavioral Health complies with contractual requirements.

You may file a complaint or an appeal at any time. A complaint or an appeal may be filed in one of two ways:

**1. Verbal Complaints:** Call the phone number on the back of your insurance card. You may also call Humana Behavioral Health at 800-777-6330. Your call can be translated if you do not speak English.

**2. Written Complaints:**

Mail or fax to:  
Humana Behavioral Health Grievances & Appeals  
Department  
2101 W. John Carpenter Freeway  
Irving, TX 75063  
Fax: 866-771-0574

- Humana Behavioral Health will send you a letter within 5 working days. The letter will tell you:
  - o The date Humana Behavioral Health received your complaint
  - o Who to contact if you have questions
  - o Timeframe to review
- Humana Behavioral Health will research your complaint. A resolution letter will be sent to you within 30 calendar days of receiving your complaint. The resolution letter will include:
  - o Outcome of the review
  - o Who to contact for an appeal

### 3. Complaint Appeals:

- If you are not happy with our resolution, you may file an appeal. An appeal may be filed from following the steps mentioned above. In your complaint appeal, please include the reason you feel our resolution was not acceptable. Please include more documents if applicable.
- Humana Behavioral Health will send you a letter within 5 working days. The letter will tell you:
  - o Who to contact if you have questions
  - o Timeframe to review
- The decision will be mailed to you within 20 calendar days from Humana Behavioral Health receiving the appeal. The decision letter includes the toll-free number and address of the department of insurance to contact if you want to appeal again.
- Humana Behavioral Health shall not retaliate against anyone filing a complaint or appeal, including the member.
- Humana Behavioral Health will translate the letters upon request.

\*\*Please note: The written complaints process above does **NOT** apply to **Humana** members. A Humana member may mail a formal written complaint (grievance) to Humana at:

Humana Grievances and Appeals Department  
PO Box 14546  
Lexington, KY 40512

## **Discrimination is Against the Law**

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

**Humana Behavioral Health** provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-777-6330 or send an email to [accessibility@humana.com](mailto:accessibility@humana.com), or if you use a TTY, call 711.

If you believe that Humana Behavioral Health 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 :

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

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/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, D.C. 20201

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-777-6330 (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-6330 (TTY: 711).

**繁體中文 (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1-800-777-6330 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-777-6330 (TTY: 711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-777-6330 (TTY: 711)번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawagsa 1-800-777-6330 (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-777-6330 (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-777-6330 (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-777-6330 (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-777-6330 (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-777-6330 (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-777-6330 (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-777-6330 (TTY: 711).

**日本語 (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。1-800-777-6330 (TTY: 711) まで、お電話にてご連絡ください。

**فارسی (Farsi):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-777-6330 (رقم هاتف الصم والبكم: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yánilti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódílnih 1-800-777-6330 (TTY: 711)

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-777-6330 (رقم هاتف الصم والبكم: 711).