

## What to Do if You Have a Problem with Your Health Plan

You have a right to get the health care you need through your health plan. You have a right to file a complaint if you cannot get the care you need.

For example:

- Your health plan says you cannot get a treatment or medicine you need.
- You are not satisfied with the medical care you receive or the way you are treated.
- You cannot get a doctor's appointment or a doctor referral when you need it.
- You get a bill for care your health plan should pay for.

**Do you have a problem with your Health Plan? If so, follow these 3 steps:**

### **STEP 1: Talk to Your Doctor and Your Health Plan**

- Call your doctor. Ask what the doctor thinks you should do and how the doctor can help you.
- Call your health plan's member services phone number and explain your problem. The number is on your membership card.

### **STEP 2: File a Complaint with Your Health Plan**

If talking to your doctor and your health plan does not help, you should file a complaint with your health plan. Talk to your health plan to find out if you have a time limit to file your complaint.

- You can file your complaint over the phone or in writing.
  - To file by phone, call member services. The number is on your health plan membership card. Say you want to file a complaint and explain your problem. The health plan must send you a letter within 5 days showing that you filed a complaint unless the problem gets resolved within 24 hours.
  - To file in writing, call member services. Ask them to send you a complaint form. Or ask them how to file a complaint by fax or on the health plan's website. Keep a copy of all the letters you send or receive from your health plan.
- You will need to give this information:
  - Your health plan membership number. The number is on the

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- front of your membership card.
- A brief description of the problem and the date it happened or started.
  - If you have been denied medical care, explain why you need the care. If your problem is urgent, say why.
  - You can also ask your doctor to send a letter to the health plan explaining why you need the care.
- Your health plan has 30 days to respond to your complaint. If your problem is urgent, the health plan must respond within 3 days. A problem is urgent when your health is at risk if you do not get the care you need.
  - If you cannot wait for a response from your health plan because of a medical emergency, you can immediately file a complaint with the Health Plan Help Center. See Step 3 for information about the Health Plan Help Center.

You can call the Health Rights Hotline for help at any time at **1-888-354-4474**.

### **STEP 3: Call the Health Plan Help Center**

The Health Plan Help Center can help you file a complaint with your health plan or ask for an Independent Medical Review (IMR). The Health Plan Help Center is a state agency that helps people who have problems with their health plans.

#### **Ask for an Independent Medical Review (IMR)**

- An IMR is a review of your medical care by doctors who are not part of your health plan. The doctors must make a decision within 30 days of receiving your medical records, or 3 days if your problem is urgent. If the reviewing doctors decide you need the care, the health plan must give you the care.
- You can ask for an IMR if your health plan did not approve medical care, including experimental treatment, or did not pay for emergency or urgent care you got. You must ask for an IMR within 6 months of the denial of care or of filing a complaint with your health plan.
- You must file a complaint with your health plan before requesting an IMR (see Step 2). If your health plan does not respond within 30 days, you can ask for an IMR. You can ask for an IMR within 3 days if your complaint is urgent.

#### **How to Ask for an IMR**

- If your health plan did not approve medical care, call the Health Plan Help Center at **1-888-466-2219** (TTY: **1-877-688-9891**). You can call 24 hours a day and get help in many languages.

- The Health Plan Help Center will ask you to fill out a form. Fill out the form completely.

Then mail it to: Department of Managed Health Care  
California Health Plan Help Center  
980 Ninth Street, Suite 500  
Sacramento, CA 95814-2725

Or fax it to: 1-916-255-5241

- The Health Plan Help Center will send you a decision within 30 days, or 3 days if your complaint is urgent.
- If your complaint is not urgent, you can get information and print IMR or complaint forms in English, Spanish, and Chinese at: [www.dmhc.ca.gov/dmhc\\_consumer/pc/pc\\_default.asp](http://www.dmhc.ca.gov/dmhc_consumer/pc/pc_default.asp).

### **File a Complaint with the Health Plan Help Center**

- If filing a complaint with your health plan does not help or you cannot get an IMR, you can still file a complaint with the Health Plan Help Center. For example, if your doctor's office sends you a bill because your health plan did not pay, you should file a complaint. There is no time limit for filing a complaint with the Health Plan Help Center.
- You must file a complaint with your health plan (see Step 2) before filing a complaint with the Health Plan Help Center. If your health plan does not respond within 30 days you can file a complaint with the Health Plan Help Center, or 3 days if your complaint is urgent.
- The Health Plan Help Center will review your case and send you a decision within 30 days, or within 3 days if your complaint is urgent.

### **If you have more questions or need help filing a complaint or an IMR.**

- Call the Health Rights Hotline for help at any time at **1-888-354-4474**. You can also go to [www.healthconsumer.org](http://www.healthconsumer.org).
- Or call the Health Plan Help Center at **1-888-466-2219** (TTY: **1-877-688-9891**). You can also go to [www.dmhc.ca.gov](http://www.dmhc.ca.gov).

**Health Rights Hotline**  
**519 12th Street, Sacramento, CA 95814**  
**1-888-354-4474**  
**[www.healthconsumer.org](http://www.healthconsumer.org)**