TIP SHEET

Your rights and steps to access care with your health plan.

In California (CA), health plan members have many rights.
Below are some basic steps you can take to get the care you need.

1 & 2 **Understand your health care rights.**
Contact your health plan with concerns.

3 & 4 **If you still have concerns, first file a complaint or appeal to your health plan.**
Your health plan will send you a decision within **30 days**.

5 & 6 **If you disagree with what your health plan decides, you can contact the State.**
Submit your complaint/ appeal in less than **180 days**.

7 **What to expect from the State:**
State will make a decision and tell the health plan to follow.

CHECK ☑ STEP #

BASIC STEPS TO KNOW & FOLLOW

1 UNDERSTAND YOUR RIGHTS

- Learn about your health care rights, behavioral health care and timely care rights:
- Health care rights: www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights
- Timely care rights: www.dmhc.ca.gov/Portals/0/Docs/DO/TAC_accessible.pdf
- Refer to your member handbook if unsure about your health plan benefits.

2 CONTACT YOUR HEALTH PLAN IF YOU HAVE CONCERNS

- Call your health plan, using the phone number on the back of your insurance card, if you have concerns with your care or care you need.
- Explain your concern, dates, impact, and what you want the health plan to do.
- Ask to talk to a care manager who might be able to help.

3 UNDERSTAND HOW TO FILE A COMPLAINT OR APPEAL

- If you still have an issue with the care or services you are or are not receiving, you can file a **Complaint** or **Appeal** with your health plan.
- Each plan may have a different process and timeline to submit your complaint or appeal.
- For details, contact your health plan to find out:

Call # on member card or Visit health plan website

Steps to take
Timeline to submit
How to submit

What is a Complaint vs. an Appeal?

File an Appeal when your health plan denies, changes, or delays your request for medical services. This is a formal way to ask your health plan to change their decision.

File a Complaint when you have other issues such as delays in getting care or finding an in-network doctor or specialist. A complaint is also called a grievance.

! Note: your health plan cannot punish or treat you unfairly for making a complaint.

CHECK ☑ STEP # **Basic Steps (continued)**

4 SUBMIT A COMPLAINT OR APPEAL TO YOUR HEALTH PLAN

- Submit verbally or in writing, in the time your health plan says.
- If it's an emergency, you can ask for a faster (expedited) process.

Health plans have to resolve your complaint within **30 days**.

You must wait for your health plan's written decision before taking the next step.

Gather Documents & Write it Down

You can submit support documents to help your complaint/appeal. Be sure to:

- Log and write down details of phone calls, discussions with Drs, providers, health plan etc.
- Keep what your health plan sends
- Ask for and keep letters of support from your doctor

5 CONTACT CA DEPARTMENT OF MANAGED HEALTH CARE

If you disagree with your health plan's decision or *do not* get a decision within **30 days** you can take your complaint/appeal to the next level, the State.

Call the California Department of Managed Health Care (DMHC) Help Center at **1-888-466-2219** for what to do next, and how to submit your complaint to the State.

6 SUBMIT COMPLAINT TO THE NEXT LEVEL, TO THE STATE

To take your complaint to the next level you must submit it to the Department of Managed Health Care (DMHC) within **180 days** of the health plan's decision.

3 ways to submit:

Online: dmhc.ca.gov/imrcomplaint

DMHC Help Center
980 9th Street, Suite 500
Sacramento, CA 95814

Fax: 916-255-5241

Can someone help me?

If you want someone to help you with your DMHC complaint, complete the Authorized Assistant Form. Find it here: www.dmhc.ca.gov/FileaComplaint/IndependentMedicalReviewComplaintForms.aspx

7 WHAT TO EXPECT FROM THE STATE

- DMHC will **review** your complaint, **direct** it to the right place and will send you **a notice** that they received your complaint within **7 days**.
- Depending on your complaint type, the timeline for a decision may be different. Call DMHC Health Center to find out when you will get their decision.
- **DMHC's decision is final.** If DMHC disagrees with your health plan's decision, **DMHC will instruct health plan to follow the decision** and provide the service right away.

IMPORTANT REMINDERS!

Review your member handbook to understand your benefits.

Know all the timelines and deadlines in the review and complaint/ appeal process for both your health plan and the state.

Document calls in writing and if possible, send a follow-up email summarizing the discussion and next steps.

Keep a copy of all documents. Keep everything you receive & submit. Also, print or save a copy of your complaint/appeal.

Get your denial in writing. Be sure to get the reason for your denial in writing from your health plan.

Urgent? Determine if you need an expedited review. If the situation is an emergency, state why and request a faster response.

If submitting a complaint or appeal, try to send it in writing via email or mail. See details on what to include below.

FOLLOW THESE TIPS IF YOU SUBMIT A COMPLAINT/APPEAL

Whether you file by phone or in writing:

Gather all your documents to submit with your complaint/appeal, such as: written response from your plan, provider support letters, and a log of any phone calls and who you spoke with.

Be able to describe the problem in detail, state key dates, and what you want done about it. Follow these tips:

- **Urgency.** If your health problem is urgent, state why it is urgent.
- **Nature of complaint.** Be brief but include specifics relative to your issue.
- **Dates and documentation.** Use facts not opinion, include dates/ times, and send supporting documentation.
- **Impact on you.** Explain how the plan's actions or inaction affected you.
- **Desired outcome.** State clearly what you want your health plan to do, when and why.