

WORKING WITH YOUR HEALTH PLAN

It is very important for you to know how to use your health plan as soon as you become a member. Read all the information your health plan sends you. Call your health plan's Member Services Department and ask any questions you have about your health plan. Member services staff will be glad to help you

What if:

- I am no longer happy with the doctor I am going to?
- I disagree with my doctor about what is best for my family or me?
- My doctor denies or delays my request to see a specialist, to have more visits, or to get certain medicines?
- My doctor or health plan denies or limits medical services?
- My health plan reduces or stops a service that I was getting before I changed plans?

You have a right to do any or all of these:

Change Your Health Plan

- Call Health Care Options at 1-800-430-4263 and ask for an informing packet.
- Complete the choice form and follow the mailing instructions.

File A Complaint Or Grievance With Your Health Plan

- Call the health plan's Member Services Department. A member services worker may be able to help you with your complaint.
- If member services staff cannot assist you with your complaint, ask them to mail a grievance form to you at your home address. Your doctor will also have grievance forms or you can send a letter to your health plan.

- Complete the grievance form and mail the original to the health plan's Member Services Department (keep a copy for your records).
- Your health plan will review its decision based on your grievance and you will get an answer within 30 days. If you think that waiting 30 days will harm your health, be sure to say why when you ask for your grievance. Then you might be able to get an answer within 3 days.

Report The Problem To The California Department Of Health Services' State Ombudsman

- Call 1-888-452-8609, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Report The Problem To The California Department Of Managed Health Care's Office Of Patient Advocacy

- Call 1-888-466-2219, 24 hours a day, seven days a week.

Ask For A State Fair Hearing With An Administrative Law Judge

- If you want a State Fair Hearing, you must ask for it within 90 days from the date of the "Notice of Action" or "Grievance Resolution" letter that you receive from your health plan, or from the date of the order or action you are complaining of.
- If the "Notice of Action" letter states that your requested treatment is terminated or reduced and you want to keep your treatment going, you must ask for a State Fair Hearing within 10 days from the date the letter was postmarked or personally delivered to you, or before the effective date of the action you're disputing, whichever is earlier.
- You can also send a personal letter to ask for a State Fair Hearing. Be sure to include your name, address, phone number, Social Security Number, and the reason you want a State Fair Hearing. If someone is helping you ask for a State Fair Hearing, add his/her name, address, and phone number to the letter.

- If you want to keep your treatment going during the hearing process, be sure to state that in the "Form To File A State Fair Hearing" or in your personal letter.
- If you need a free interpreter, state that in the "Form To File A State Fair Hearing" or in your personal letter. Include the language that you speak.
- It takes up to 90 days after you ask for a hearing to get an answer. If you think waiting that long will threaten your health, ask your doctor or health plan for a letter. Make sure the letter explains how waiting will threaten your health. Then, ask for an expedited hearing and include the letter with the "Form To File A State Fair Hearing" or with your own personal letter.

State Fair Hearing

Write to:

California Department of Social Services
State Fair Hearing Division
P.O. Box 944243, MS 19-37
Sacramento, CA 94244-2430

Call: 1-800-952-5253
TDD: 1-800-952-8349