

Common Questions and Issues

How do I join a Medi-Cal managed care plan?

If you reside in one of the counties listed below, you can call Health Care Options, at 1-800-430-4263. This is the company that works for the Medi-Cal Program to help you choose or change health plans. They will send you a Medi-Cal choice form that you will need to fill out and send back.

Counties served by Health Care Options: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare.

If you have an urgent need for health care through a Medi-Cal managed care plan, you can contact the Office of the Ombudsman for assistance.

I am a foster care worker, and I need assistance with a Medi-Cal managed care problem for a foster care child. Can you help me?

Yes, the Office of the Ombudsman can help you. You may call us or e-mail your request for help to MMCDOmbudsmanOffice@dhcs.ca.gov.

My private insurance is stopping me from using my Medi-Cal benefits, but I don't have that insurance anymore.

Other health insurance or a private health plan may appear on your Medi-Cal record.

If you no longer have a private health plan or you have a problem regarding other health insurance, you should call your Medi-Cal eligibility worker. If you have already talked your worker and you are still having problems, you can call the Medi-Cal Program's Other Health Coverage Unit at 1-800-952-5294, and ask them to help you resolve the problem.

My doctor is no longer with my health plan.

Ask your doctor if he or she is affiliated with another Medi-Cal managed care plan in your county and is accepting patients under that plan. If so, you can change plans by calling Health Care Options at 1-800-430-4263. Once you are enrolled in the new plan, you should call the plan's member services department and ask them to assign you to that doctor.

If your doctor is not affiliated with another plan, you will have to choose a new doctor. In this case, call your managed care health plan and ask for a list of doctors.

Common Questions and Issues

I belong to a Medi-Cal managed care health plan, and I received a bill for health care that I received.

Call your plan's member services phone number and ask them to explain what happened and to help you fix the problem. If you are not satisfied with their response, ask the member services representative to mail a grievance form to you. You should complete the grievance form and follow the mailing instructions. Make sure to keep a copy for yourself. The plan has 30 days to respond to your complaint. If you are not satisfied with the response, you may call the Office of the Ombudsman, and we will help you.

At any time during this process, you may ask for a state hearing. This means that a judge will listen to both sides of the disagreement and make a decision based on the facts presented at the hearing. It is important to remember that you must ask for the hearing within 90 days from the date of the Notice of Action or Grievance Resolution letter that you receive from your health plan.

I want to find a new doctor in my managed care plan.

Call your health plan's member services phone number and ask for a list of doctors. If you continue to have trouble finding a doctor within the plan network, you can file a complaint with the plan. If you are still having problems, you can contact the Office of the Ombudsman, and we will help you.

I am unhappy with the services I received from my provider.

My doctor told me I need to see a specialist, but I received a letter denying the request.

First, call your health plan's member services phone number and ask them to help you with your complaint. If you are not satisfied with their response, ask the member services representative to mail a grievance form to you. You should complete the grievance form and follow the mailing instructions. Make sure to keep a copy for yourself. The plan has 30 days to respond to your complaint. If you are not satisfied with the response, you may call the Office of the Ombudsman, and we will help you.

At any time during this process, you may ask for a state hearing. This means that a judge will listen to both sides of the complaint and make a decision based on the facts heard at the hearing. It is important to remember that you must ask for the hearing within 90 days from the date of the Notice of Action or Grievance Resolution letter that you receive from your health plan. If you want a service continued while you are waiting for your hearing, you need to request a hearing within ten days from the date of the Notice of Action or Grievance Resolution letter.

Common Questions and Issues

How do I request an exemption from enrollment into a Medi-Cal managed care plan?

You may be eligible for an exemption if:

- you receive health services from an Indian Health Provider
- You receive health services through an approved Medi-Cal waiver program
- You are being treated for a complex medical condition

You and your doctor must complete and sign a Request for Medical Exemption from Plan Enrollment form, which can be found in your enrollment booklet, called *My Medi-Cal Choice for Health Care*. Or, you may call Health Care Options at 1-800-430-4263, and they will provide you with the form. If you are having problems with your exemption request, you may call the Office of the Ombudsman for help.

How do I file a state hearing request?

To file a state hearing request, you may call the California Department of Social Services, State Hearings Division at 1-800-952-5253. They will take your request over the phone and assist you with your questions.

What does Medi-Cal managed care offer?

The Medi-Cal Managed Care Program offers all Medi-Cal covered benefits – in a managed care setting. This means you must go to health care doctors who belong to the same health plan as you.

Managed care health plans also guarantee you a primary care provider in your area and access to specialists. Managed care plans will give you a list of doctors from which to choose.

Managed care health plans offer free classes to help you and your family stay healthy and manage illness. These are called health education programs, and some of the topics include nutrition, exercise, parenting classes and healthy heart classes.

Managed care health plans offer case management services to help those who qualify manage their illness.

All plans have a grievance process in place for you to use if you are not satisfied with your care. The Medi-Cal managed care Office of the Ombudsman is also here for you when you need help.