

## Filing an appeal is free

As a Medi-Cal member, you have rights. You will not lose your benefits if you file an appeal, regardless of your immigration status or if you have complained before.

Call your health plan if you have questions about your benefits, doctors, or how to use your services.

**START HERE**



### Did you get a written notice telling you your care was denied, delayed, reduced, or stopped?

**YES**

**Start the appeal process:**

**1**

**Contact your health plan to file an appeal.**

If you do not know your health plan's contact information, visit

<http://www.dhcs.ca.gov/mmchpd>.

Select your county and you will be provided with your plan's name and phone number.

**2**

**What to expect once you have submitted an appeal?**

Within 30 days, your health plan will review your appeal and send you a Notice of Action.

If you do not receive it, contact your health plan.

**NO**

**You can still file an appeal.**

If you have any questions or concerns, you can contact the Health Consumer Alliance for help.

Phone: **(888) 804-3536**

Online: [healthconsumer.org](http://healthconsumer.org)



### Do you agree with the health plan's decision?

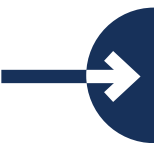
**YES**

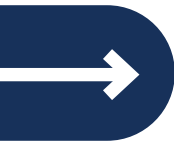
**You are done.**

There's nothing else for you to do.

**NO**

**Start the State Hearing process (See other side)**





## Start the State Hearing process.

You can ask for a State Hearing to have the decision reviewed and potentially reversed. You must start this process within 120 days of the date when you got the Notice of Action in the mail.

### 1 Fill out the “Request for State Hearing” form

This is on the back of your Notice of Action.

### 2 Submit the form in one of the following ways:

**Online:** [California Department of Social Services https://acms.dss.ca.gov/acms/login.request.do](https://acms.dss.ca.gov/acms/login.request.do)

**Drop Off:** Local Medi-Cal office at the address on the Notice of Action.

**Mail:** California Department of Social Services

State Hearings Division

P.O. Box 944243, Mail Station 21-37

Sacramento, California 94244-2430

**Toll-free call:** Phone: **(800) 743-8525 (Voice)** | **(800) 952-8349 (TDD)**

### 3 The administrative law judge will review your request.

You will receive a final written decision within 90 days. If you do not receive it, contact your health plan.



#### During the appeal review:

- » You can ask your health plan to continue your medical services.
- » You may ask for a review from an outside medical expert, called an Independent Medical Review (IMR). For instructions on asking for an IMR, see your Notice of Action.

#### DID YOU KNOW?

#### Need a State Hearing fast?

You can ask for a faster review.

Phone: **(800) 743-8525**



#### DEFINITIONS

**Appeal** - When you ask for a review of a decision that was made about your health care or coverage.

**Complaint** - When you tell your health plan about a problem you had with your care. You can ask that it be fixed. A complaint is also called a grievance.

**Independent Medical Review** - A doctor outside your health plan reviews what happened and decides if the right decision was made.

**State Hearing** - A special meeting with an impartial judge. You can say why you don't agree with the decision, and the judge will review and issue a final decision.



#### GET FREE HELP

**You can get free information on how and where to file a complaint, appeal, and/or State Hearing by contacting:**

Phone: **(888) 452-8609**

Email: [MemberHelp@dhcs.ca.gov](mailto:MemberHelp@dhcs.ca.gov)

Have your Benefits Identification Card/ Medi-Cal number ready. This number will help the person assisting you find your information.