

## Filing an appeal is free

As a Medi-Cal FFS 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.

START HERE



### Did you get a Notice of Action telling you your care was denied, delayed, reduced, or stopped?

YES

#### Start the appeal process:

1

**Contact the Department of Social Services:**

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

**Email:** [ScopeofBenefits@dss.ca.gov](mailto:ScopeofBenefits@dss.ca.gov)

2

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

Within 30 days the department will review your appeal and send you a Notice of Action. If you do not receive it, contact the Department of Health Care Services at:

**Phone:** (916) 345-8980

**Email:** [Medi-Cal.Benefits@dhcs.ca.gov](mailto:Medi-Cal.Benefits@dhcs.ca.gov)

NO

**You can still file an appeal.**

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

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

**Online:** [healthconsumer.org](http://healthconsumer.org) or [cdss.ca.gov/hearing-requests](http://cdss.ca.gov/hearing-requests)

Have your Medi-Cal card number ready. This number will help the person assisting you find your information.



### Do you agree with the decision?

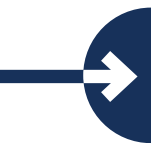
YES

**You are done.**

There's nothing else for you to do.

NO

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



## Medi-Cal Fee-For-Service Members

# 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 90 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, which you received from DHCS.

### 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

**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 the Department.



## DID YOU KNOW?

### Need a State Hearing fast?

You can ask for an expedited hearing.

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



## DEFINITIONS

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

**Expedited Hearing** - An expedited Medi-Cal hearing (also called a State Hearing) is a fast-tracked appeal for urgent medical situations where you, your doctor, or your plan believe waiting the standard time jeopardizes your life, health, or ability to regain function.

**Notice of Action** - A written notice from DHCS that gives Medi-Cal applicants an explanation of their eligibility for coverage or benefits.

**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.