

Information You Need When You File a Complaint with the State

You can print a “My Complaint” worksheet at www.opa.ca.gov.

- Your health plan membership number.
- A short description of your mental health problem, *e.g.*, “I need more therapy sessions, but my plan will only approve three.”
- Why you need this benefit or service, *e.g.*, “I have a serious mental illness and am getting better with this service.”
- The date the problem happened or began, *e.g.*, “My provider asked for more therapy on June 13 and I got a denial on June 21.”
- If you feel the problem is urgent, explain why, *e.g.*, “My life is not in danger, but I feel this is urgent because I am feeling worse.”

If You Still Need Assistance

If you still need assistance, you may want to consider obtaining legal advice.

Please visit www.calbar.ca.gov to search for a legal specialist in your area.

Other resources include:

Mental Health Advocacy Services
www.mhas-la.org
213-389-2077

Health Consumer Alliance
www.healthconsumer.org
310-204-4900

California Rural League Assistance
www.crla.org
415-777-2752

This publication has been produced by a consortium of the following mental health advocacy, consumer, provider and professional organizations:

California Association of Marriage & Family Therapists
California Coalition for Mental Health
California Hospital Association
California Psychiatric Association
California Psychological Association
Mental Health America of California
National Alliance on Mental Illness - California
National Association of Social Workers, California Chapter



For more information, call or go online:

- **Your health plan provider**
- **Department of Managed Health Care’s HMO Help Center: www.hmohelp.ca.gov or 1-888-466-2219**
- **Department of Insurance Help Line Number: 1-800-927-HELP (4356) or 213-897-8921**
- **For more information, see companion brochures *Mental Health Parity* and *Understanding Your Mental Health Insurance Coverage***

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Speak Up For Your Rights



What to Do if You Have a Problem With Your Mental Health Coverage

This publication has been produced by a consortium of mental health advocacy, consumer, provider and professional organizations.

For digital versions of this and other helpful brochures, visit www.californiamentalhealth.org.

When You Have a Problem with Your Managed Care Plan

If talking with your mental health provider or your plan does not help, you have the right to file a complaint. A complaint is also called a grievance or appeal. Your mental health provider may assist you with your complaint. Your plan must give you a written response. If you disagree with their decision, you can then file a complaint with the State of California.

Examples of Common Complaints



You can file a complaint if you have any problem related to your care or service. Here are some examples:

- You cannot find anyone on your plan's provider list who is taking new patients.
- You cannot get an appointment as soon as you need one.
- You cannot get authorization for services when you need them.
- Your medication is denied or changed without your approval.
- Your plan has limited your number of therapy sessions.

How to File a Complaint with Your Plan

You can file a complaint by letter, e-mail, over the phone, or on your plan's website.

- State clearly that you want to file a complaint, then explain your problem. (See **Information You Need When You File a Complaint with the State.**)
- You must file your complaint within 6 months of the event.
- Your plan must give you a written decision within 30 days, or within 3 days if your health problem is urgent.

If You Cannot Solve Your Problem with Your Plan

Type of Plan	Where to Go Next	Phone / Website
Most HMOs*, managed care organizations, as well as Blue Cross and Blue Shield PPOs**	HMO Help Center	1-888-466-2219 www.dmhc.ca.gov
Other PPOs** and Insurers	Department of Insurance	1-800-927-4357 www.insurance.ca.gov
Medi-Cal Managed Care	Medi-Cal Managed Care Ombudsman/HMO Help Center	1-888-452-8609 1-800-896-4042 www.dhcs.ca.gov
Medicare Advantage	Health Insurance Counseling and Advocacy Program (HICAP)	1-800-434-0222 www.calmedicare.org

*HMO – Health Maintenance Organization

**PPO – Preferred Provider Organization

Problems with Your PPO

Before you file a complaint with the California Department of Insurance (DOI), first contact the insurance company, agent or broker in an effort to resolve the problem. If you do not receive a satisfactory response, then complete a Request for Assistance (RFA) form, available at www.insurance.ca.gov.

If more than 10 business days have passed without contact from the DOI, call their Consumer Hotline, 1-800-927-4357 (8-5, M-F except holidays), TDD: 1-800-482-4833.



Problems with Your HMO

Call the HMO Help Center at 1-888-466-2219 if:

- Your problem is urgent.
- You filed a complaint with your plan and you disagree with your plan's response.
- You did not receive a written acknowledgment within 5 days of receipt of your complaint.
- Your plan does not provide you with a written decision within 30 days, or within 3 days if your problem is urgent.
- Your plan denies an experimental or investigational treatment for a serious condition.
- Your plan cancels your coverage.
- You have questions or need an Independent Medical Review (IMR) or complaint form.

The Independent Medical Review

An IMR is a review of your case by one or more physicians who are not part of your health plan. You do not pay for an IMR. If the IMR is decided in your favor, your plan must give you the service or treatment you asked for. Three out of four IMRs are decided in favor of the patient (DMHC, 2009). You may qualify for an IMR if your health plan:

- Denies, changes, or delays a service or treatment because the plan says it is not medically necessary. You must first file a grievance with your plan.
- Refuses to pay for emergency or urgent care that you already received. You must first file a grievance with your plan.
- Denies an experimental treatment for a serious condition. If this happens, apply for an IMR right away. You do not have to file a complaint with your plan first.

How to File a Complaint or Apply for an IMR

- Fill out and submit a complaint or an IMR form. Call the HMO Help Center at 1-888-466-2219 to get a form, or print one at www.dmhc.ca.gov.
- If you do not qualify for an IMR, the HMO Help Center will review your case as a complaint against your health plan.