



Medi-Cal and Managed Care: Questions and Answers to Help You Get the Best Health Care for You

What is a Medi-Cal managed care plan?

If you are on Medi-Cal and in a “managed care plan,” you will need to receive most or all of your health care from a provider in your health plan.

Your health plan will ask you to choose a primary care doctor who is responsible for managing and coordinating all of your health care, such as visits with specialists, diagnostic services such as lab tests or x-rays, and medical equipment or supplies. If you do not have a referral or you choose to go to a doctor outside of your health plan’s network, you may have to pay for that care.

What will my health care plan provide?

Your health care plan must:

- Give you an appointment when you need one within specified time limits.
- Help you find a specialist when you need one.
- Help you if your doctor or medical group leaves your plan.
- Allow you to get a second doctor’s opinion at no additional cost.
- Approve care that you need and tell you the reason if it denies a service or treatment.
- Give you a written diagnosis (description of your health problem).
- Make sure you agree before you have a treatment.

What happens if I do not get what I need?

You have certain RIGHTS when enrolled in a Medi-Cal managed care plan. If you are not getting the health care you need, you have a right to file GRIEVANCES and APPEALS. Here’s how:

STEP 1: Talk to Your Doctor and Your Health Plan

- Call your doctor. Ask what the doctor thinks you should do and how the doctor can help you.
- Call your health plan’s Member Services phone number and explain your problem. The number is on your membership card.

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Having problems with your managed care plan?

Here’s how to get help:

- Call 1-888-804-3536 to reach a Health Consumer Center for local independent consumer help with any questions or problems.
- This brochure also explains how the state Department of Managed Health Care Help Line can assist you.

Call a **Health Consumer Center** at any time at **1-888-804-3536** if you have more questions or need help. You can also go to **www.healthconsumer.org**.

If there is an urgent issue, call the Help Center at the State Department of Managed Health Care: **1-888-466-2219**.

STEP 2: File a Grievance or Appeal with Your Health Plan

If talking to your doctor and your health plan does not help, you should file a grievance with your Medi-Cal health plan. Talk to your health plan to find out if there is a time limit to file your grievance.

There are two ways to file a grievance or appeal:

- **Over the phone.** To file by phone, call Member Services. The number is on your health plan membership card. Tell them you want to file a grievance or appeal and explain your problem. The health plan must send you a letter within 5 days showing that you filed a grievance unless the problem gets resolved within 24 hours.
- **In writing, either by mail, fax or online.** Call Member Services to request a grievance or appeal form. They can also provide instructions for filing by fax or online.

STEP 3: Call the Help Center.

The Help Center is a state agency that can assist you in a variety of ways, including asking for an *Independent Medical Review* or filing a grievance or appeal against your health plan. Here's when to call the Help Center:

- If you have urgent care needs.
- If your needs are not urgent, but you do not like the plan's decision on a grievance or appeal resolution or the plan has not responded within 30 days and no 14-day extension was granted.
- If your health plan did not approve medical care, including experimental treatment, or did not pay for emergency or urgent care and you wish to ask for an *Independent Medical Review*. An Independent Medical Review brings in doctors to review your case. This is very helpful when you want to challenge a decision related to recommendations for medical treatment.
- If you have the kind of problem that is not right for an *Independent Medical Review*, you can file a Complaint with the Help Center. For example, if your doctor's office sends you a bill because your health plan did not pay, you should file a Complaint.
- If your health is at risk, the Help Center can review your problem right away.

STEP 4: Ask for a Medi-Cal State Hearing.

A Medi-Cal State Hearing gives you a chance to explain your problem to a judge. If your problem cannot wait for a regular hearing time, ask the judge for an urgent hearing. If a judge decides that your problem is urgent, the hearing should be scheduled in 3 days or quicker if needed.

Please note: You may request both a Medi-Cal State hearing and an *Independent Medical Review* at the same time. However, if the Medi-Cal State hearing resolves first and you did not get the result you wanted, you **cannot** ask for an *Independent Medical Review*. You can ask for a Medi-Cal State hearing if you are not satisfied with a decision from an *Independent Medical Review*.

Call a **Health Consumer Center** at any time at **1-888-804-3536** if you have more questions or need help. You can also go to **www.healthconsumer.org**.