

Problems with your health plan?



If your health plan has denied or delayed access to services, overcharged you, or provided poor customer service, please follow these steps.

Step 1: File a complaint with your health plan

First, call your plan's Member Services to file a complaint (sometimes referred to as a grievance).

TIP: The number is on your membership ID card.

If your health plan gives an unfavorable decision OR does not resolve the issue within 30 days: See Step 2.

Step 2: Determine Which Agency Regulates Your Health Plan To File a Complaint

You can find which agency in the Explanation of Benefits or Evidence of Coverage for your plan, under the section for filing a complaint, or by contacting Member Services.

It will likely be one of three agencies:

CA Department of Managed Health Care (DMHC); CA Department of Insurance (CDI); U.S. Department of Labor Employee Benefits Security Administration (EBSA)

Step 3: File a Complaint with the Agency

Note: Complaints to regulatory agencies are always **time-sensitive**. Check your plan details or call HCA to find out if your appeal is timely.

What plans does DMHC regulate?

Most CA managed health care plans, including:

- Medi-Cal managed care plans,
- Covered California plans,
- All HMOs, and some PPO and EPO products, as well as dental and vision plans.

Contact the **Department of Managed Health Care's (DMHC) Help Center** by calling
1-888-466-2219 or file a
complaint by mail, fax, or <u>online</u>.

What plans does the U.S. Department of Labor regulate?

Many large employer-based health plans and public sector health plans.

Contact the **U.S. Department of Labor (DOL)** Employee
Benefits Security
Administration (EBSA) at 1866-444-3272 or <u>online</u>.

What plans does the CA Department of Insurance regulate?

Some PPOs and EPOs but not HMOs, and some Medicare plans.

Contact the **CA Department of Insurance**(**CDI**) at
1-800-927-4357 (HELP) or
online.





Do you feel unheard in a hospital setting?

Here's what YOU can do in the moment:

- ask to speak to the charge nurse
- ask to speak to hospital administration
- ask to speak to a patient advocate
- ask to speak with department heads

You should <u>always</u> document details of any concerns with names and dates in the event you wish to file a complaint at a later date.

Health Consumer Alliance advocates may be able to provide assistance with this process.







The Birthing Bill of Rights



You have the right...

- 1. **to make decisions about your own body**, such as whether or not to get an epidural, accept a recommended c-section, or have a vaginal exam.
- 2. **to choose your birth setting** in a hospital, birth center, or home.
- 3. **to choose the provider** (a midwife or a doctor) who attends your birth.
- 4. to breastfeed or not to breastfeed.
- 5. to not be separated from your baby.
- 6. **to understand all the pros and cons of any procedure** before making a decision.
- 7. to have all your questions answered before you make a decision about your healthcare.
- 8. **to reach your prenatal provider** if you have concerns that cannot wait until your next scheduled visit.
- 9. to an interpreter for your primary language.
- 10. **to be free from discrimination** based on gender, race, color, gender identity, gender expression, religion, creed, ancestry, national origin, ethnic group, age, disability, medical condition, genetic information, marital status, or sexual orientation.

Inspired by the Birthing People's Bill of Rights by the California Black Women's Health Project https://www.cabwhp.org/