If You Cannot Solve Your Problem with Your Plan or Insurer

Type of Plan	Where to Go Next	Phone / Website
Most HMOs*, managed care organizations, Blue Cross and Blue Shield PPOs**	DMHC Help Center	888-466-2219 www.dmhc.ca.gov
Other PPOs**and Insurers	Department of Insurance	800-927-4357 www.insurance.ca.gov
Medi-Cal Managed Care	Medi-Cal Managed Care Ombudsman/ DMHC Help Center	888-452-8609 800-896-4042 888-466-2219 www.dhcs.ca.gov
Medicare Advantage	Health Insurance Counseling & Advocacy Program (HICAP) Health Services Advisory Group (HSAG)	800-434-0222 www.calmedicare.org 818-409-9229 www.hsag.com/ home.aspx
ERISA (self-insured)	Employee Benefits Security Administration	866-444-3272 www.dol.gov/ebsa/

*HMO – Health Maintenance Organization
**PPO – Preferred Provider Organization

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 for Licensed Professional Clinical Counselors

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**
- **The Department of Managed Health Care Help Center: www.healthhelp.ca.gov or 888-466-2219**
- **Department of Insurance Help Line Number: 800-927-HELP (4357) or 213-897-8921 www.insurance.ca.gov/0100-consumers**
- **For more information, see companion brochures *Mental Health Parity* and *Understanding Your Mental Health Insurance Coverage***

Speak Up For Your Rights

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

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

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Common Complaints Against Health Plans and Insurers

You can file a complaint if you have any problem related to your care or service. Some examples of common complaints include:

- 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.

Addressing Problems with Your Health Plan or Insurer

Your first step is always to contact your plan or insurer to file a complaint. You can file a complaint by letter, e-mail, over the phone, or on your plan or insurer's website. Your health provider may assist you with your complaint.

- State clearly that you want to file a complaint, then explain your problem.
- 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 do not receive a satisfactory response, or you disagree with the decision, you may then file a complaint with the State of California.

Filing a Complaint with the State

Both the Department of Managed Health Care (DMHC) and the Department of Insurance (CDI) have a process for complaints.

DMHC - For problems with your health plan, call the DMHC Help Center at 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 DMHC complaint form is located at www.dmhc.ca.gov/dmhc_consumer/pc/pc_forms.aspx

CDI - For problems with your insurance, complete a Request for Assistance (RFA) form, available at www.insurance.ca.gov/contact-us/0200-file-complaint/index.cfm, or a request for an Independent Medical Review.

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

The Independent Medical Review

An Independent Medical Review (IMR) is a review of your case by one or more physicians who are not part of your health plan or insurer. You do not pay for an IMR. If the IMR is decided in your favor, you must receive the service or treatment you asked for. Both DMHC and CDI have a process for requesting an IMR.

DMHC - According to DMHC, more than half of all requested IMRs are decided in favor of the patient or reversed by the plan prior to the review being conducted (DMHC, 2011). 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 or insurer.
- Refuses to pay for emergency or urgent care that you already received. You must first file a grievance with your plan or insurer.
- 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 or insurer first.

To request an IMR through DMHC, go to www.dmhc.ca.gov/dmhc_consumer/pc/pc_imr.aspx

CDI - According to CDI, you may qualify for an IMR if your insurance company:

- Denies a claim due to the company's opinion that the treatment or service is not medically necessary or is experimental and excluded by a policy provision.
- Offers an amount less than that indicated in the policy due to the company's opinion of medical necessity.
- Delays in settlement of a claim due to the disputed issue of medical necessity.
- Denies a claim for urgent or emergency services.

To request an IMR through CDI, go to www.insurance.ca.gov/0100-consumers/0020-health-related/0020-imr/

Also see supporting documentation on IMRs at www.californiamentalhealth.org.