



## File a Grievance

We want to hear your concerns about the quality of health care services you receive. If you are not happy, are having problems or have questions about the service or care given to you, let your doctor know. Your doctor may be able to help you or answer your questions.

If you are still not happy, you may report your problem – or file a grievance – with your health plan.

You have many ways to file a grievance. You can do any of the following:

Write, visit or call your health plan.

### Health Plan Contact Information:

#### L.A. Care Health Plan

Appeals and Grievances  
1200 W. 7th Street  
Los Angeles, CA 90017  
1-888-839-9909 (if you cannot hear or speak well, please call TTY:711)  
1-213-438-5748 (fax)  
Website: [lacare.org](http://lacare.org)

#### Healthnet of California

Member Services Department  
P.O. Box 10348  
Van Nuys, CA 91410-0348  
1-800-675-6110 (if you cannot hear or speak well, please call TTY:711)  
1-877-831-6019 (fax)  
Website: [healthnet.com](http://healthnet.com)

#### Molina Healthcare of California

Grievances and Appeals Unit  
200 Oceangate, Suite 100  
Long Beach, CA 90802  
1-888-858-2150  
1-562-4990757 (fax)  
Website: [member.molinahealthcare.com](http://member.molinahealthcare.com)

Fill out a grievance form at your doctor's office. Grievance forms will be provided promptly upon request. Your health plan can also send a form to you.

You can also access the forms by clicking the link below:

#### [Grievance Forms](#)

You have more rights as a Medi-Cal member.

### A message to State Health Program members, from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number 1-888-466-2219 and a TDD line 1-877-688-9891 for the hearing and speech impaired. The department's internet website <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online."

If you have any other questions or concern(s) on this matter, please call your health plan. If you cannot hear or speak well, please call TTY: 711.

L.A. Care: 1-888-839-9909

Healthnet: 1-800-675-6110



@WeAreLAHealth | @LAHealthEnEspanol



## **Additional Rights for Medi-Cal Members**

### **State Hearing**

You may ask for a State Hearing within 120 days of receiving the Notice of Appeal Resolution from your health plan. You may either present your case yourself, or ask someone to present your case, such as legal counsel, relative, friend, or any other person. For more about State Hearing requests, please call 1-800-952-5253. For the hearing impaired TDD, please call 1-800-952-8349. To request a State Hearing in writing please send your letter to the following address.

California Department of Social Services  
State Hearing Division  
P. O. Box 944243, MS 19-37  
Sacramento, CA 94244-2430

### **California Department of Health Care Services (DHCS) Office of the Ombudsman**

You may also call the Ombudsman Office of the California Department of Health Care Services (DHCS) for help. The Ombudsman Office helps Medi-Cal beneficiaries to fully use their rights and responsibilities as a member of a managed care plan. To find out more, call toll-free 1-888-452-8609.

## **As a member of your health plan, you have the right to...**

### **Respectful and courteous treatment.**

- You have the right to be treated with respect, dignity and courtesy from your health plan's providers and staff.
- You have the right to be free from retaliation or force of any kind when making decisions about your care.

### **Privacy and confidentiality.**

- You have the right to have a private relationship with your provider and to have your medical record kept confidential.
- You also have the right to receive a copy of and request corrections to your medical record.
- If you are a minor, you have the right to certain services that do not need your parent's okay.

### **Choice and involvement in your care.**

- You have the right to receive information about your health plan, its services, its doctors and other providers.
- You have the right to choose your Primary Care Physician (doctor) from the doctors and clinics listed in your health plan's provider directory.
- You also have the right to get appointments within a reasonable amount of time.
- You have the right to talk with your doctor about any care your doctor provides or recommends, discuss all treatment options, and participate in making decisions about your care.
- You have the right to a second opinion.



@WeAreLAHealth | @LAHealthEnEspanol



- You have the right to talk candidly to your doctor about appropriate or medically necessary treatment options for your condition, regardless of the cost or what your benefits are.
- You have a right to information about treatment regardless of the cost or what your benefits are. You have the right to say "no" to treatment.
- You have the right to decide in advance how you want to be cared for in case you have a life-threatening illness or injury.

#### **Voice your concerns.**

- You have the right to complain about your health plan, the health plans and providers they work with, or the care you get without fear of losing your benefits. Your health plan will help you with the process. If you don't agree with a decision, you have the right to appeal, which is to ask for a review of the decision.
- You have the right to disenroll from your health plan whenever you want. As a Medi-Cal member, you have the right to request a State Fair Hearing.

#### **Service outside of your health plan's provider network.**

- You have the right to receive emergency or urgent services as well as family planning and sexually transmitted disease services outside of your health plan's network. You have the right to receive emergency treatment whenever and wherever you need it.

#### **Service and information in your language.**

- You have the right to request an interpreter at no charge and not use a family member or a friend to translate for you.
- You have the right to get the Member Handbook and other information in another language or format.

#### **Know your rights.**

- You have the right to receive information about your rights and responsibilities.
- You have the right to make recommendations about these rights and responsibilities.

### **Your Health Care Rights**

- To have an appointment when you need one. There are limits on long you have to wait for an appointment, including one with the specialist.
- To request continuity of care if your doctor or medical group leaves your health plan.
- To receive treatment for certain mental health conditions.
- To get a second doctor's opinion.
- To know why your health plan denies a service or treatment.
- To understand your health problems and treatments.
- To see a written diagnosis (description of your health problem).
- To give informed consent when you have a treatment.



### **Your Rights to File a Complaint and Ask for an Independent Medical Review**

- To file a complaint (grievance or appeal) if you have a problem with your health plan.
- To ask for an Independent Medical Review if your health plan denied, modified or delayed a health care service.

### **Your Rights to Choose Your Own Doctor**

- To choose a doctor in your health plan's network.
- To change to another doctor in your health plan's network if you are not satisfied with your doctor or specialist.

### **Your Rights to Service in Your Language**

- To ask for a provider or have an interpreter who speaks your language when you receive health care services.
- To receive written information in the main languages spoken by the members of your health plan.

### **Your Medical Records Rights**

- To get a copy of your records (you may be charged for the copying).
- To add your own notes to your records.

### **Your Right to Keep Your Medical Information Private**

- To ask your doctor or health plan to contact you only in certain ways or at certain locations.
- To set limits on who gets to see your personal health information.