

# *Managed Care*

## Information for Californians on Resolving Problems With Health Plans



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### SUMMARY:

The Department of Managed Health Care (DMHC) has a Consumer Resources and Support Center that can help individuals resolve problems with their health plan, including issues about *medical care*, *prescriptions*, *preventive testing* and *mental health services*. The Consumer Resources and Support Center can also help with questions regarding the *complaint process* and *health care rights* – seven days a week, 24 hours a day.

#### **Department of Managed Health Care - Consumer Help Line**

(888) HMO-2219  
(800) 400-0815  
(877) 688-9891 – TDD  
[www.dmhc.ca.gov](http://www.dmhc.ca.gov)

### HOW DOES THE COMPLAINT PROCESS WORK?

- Individuals **must** file a complaint with their health plan before filing a complaint with the Department of Managed Health Care (DMHC).
  - The health plan should be contacted to obtain information regarding their complaint process; assistance can also be obtained from the Consumer Help Line.
  - If the health plan does not resolve the issue to the individual patient's satisfaction within 30 days, a complaint can be filed with the DMHC.
- If the issue is not resolved by the HMO, the Consumer Complaint Form should be completed and signed; the accompanying Authorization for Release of Medical Records must also be signed. Additional documentation may be submitted if it supports the complaint.
- All completed documentation must be faxed or mailed to:

**Department of Managed Health Care (DMHC)  
Consumer Resources and Support Center  
320 West Fourth Street, Suite 880  
Los Angeles, California 90013-1105  
FAX: (213) 576-7184**

- The DMHC will review all written information provided by the individual and the health plan, including relevant medical records.
- The DMHC will make every effort to resolve the complaint within 30 days.

*This product may be reproduced with the citation:  
"Developed by the Diabetes Coalition of California and the California Diabetes Program, 2005-06."  
For further information: [www.caldiabetes.org](http://www.caldiabetes.org) or (916) 552-9888.*

- If the complaint involves an **immediate and serious threat** to the health of the patient (such as denial of treatment for life-threatening cancer), the Consumer Help Line (800) 400-0815 or (888) HMO-2219 should be contacted immediately and told that the call is urgent.

**ADDITIONAL INFORMATION:**

- The Department of Managed Health Care's (DMHC) complaint process does not take the place of civil action.
- The DMHC cannot give legal advice or act as a patient's attorney.
- If DMHC resolves the complaint in the individual patient's favor, the health plan will be ordered to provide the required services, pay for the services or take the necessary action. If the health plan refuses to provide the required services, the matter will be referred to the DMHC's enforcement or licensing attorneys for possible administrative penalties or enforcement action.
- If DMHC does not resolve the complaint in the individual patient's favor, a written explanation will be provided.

**Department of Managed Health Care  
Consumer Complaint Form**

DMHC use only  
Call Ref# \_\_\_\_\_

Complete this form if you have completed the complaint process with your health plan and are not satisfied with the resolution, or if your health plan did not resolve your complaint within 30 days. However, if your complaint involves an imminent or serious threat to the health of the patient, immediately contact the Consumer Help Line toll free at (888) HMO-2219 or (800) 400-0815 or TDD (877) 688-9891.

1. Complainant's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone (Day/Evening): \_\_\_\_\_  
Email/Cell Phone: \_\_\_\_\_

2. Patient's Name & Address (Only if different from Complainant): \_\_\_\_\_  
\_\_\_\_\_

3. Health Plan Name: \_\_\_\_\_  
Medical Group Name: \_\_\_\_\_  
Patient's ID# (or Membership #): \_\_\_\_\_

4. Are you a Medi-Cal Beneficiary? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Are you a Medicare Beneficiary? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Have you previously written to your health plan regarding this complaint?

If YES, date of contact(s): \_\_\_\_\_  
Person contacted: \_\_\_\_\_  
Phone #: \_\_\_\_\_

If NO, you must first complete the complaint process with your health plan.

6. Please fully explain the essential facts of this complaint. What health plan service did you not receive? What was wrong with the service received? What billing issues do you have? Explain who, what, where, when and how. Please attach photocopies of any correspondence you received from the plan and any other documents that you believe support your complaint. Attach additional paper, if more space is needed. \_\_\_\_\_

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## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Person Authorizing Release: \_\_\_\_\_

on behalf of (Patient): \_\_\_\_\_

hereby authorizes (Health Plan): \_\_\_\_\_

to release to the Department of Managed Health Care (Department) the medical record(s) in the custody and/or control of the Health Plan, including applicable mental health records, concerning care provided to the patient relating to the Complaint filed with the Department.

This authorization for release of information may be revoked or withdrawn at any time and revocation or withdrawal will apply to all information not previously released to the Department. This authorization will expire one year following the date indicated below and the expiration will apply to all information not previously released to the Department. Your medical records will only be obtained if it is determined to be necessary in order to complete a review of your Complaint. This information will be kept confidential.

**THIS MEDICAL AUTHORIZATION IS NOT MANDATORY. HOWEVER, FAILURE TO SIGN THIS RELEASE MAY PREVENT FURTHER ASSISTANCE ON YOUR COMPLAINT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign the Complaint Form and the Authorization for Release of Medical Records. Attach photocopies of all relevant documents and records, as originals cannot be returned.

Fax these documents to: (213) 576-7184

Or Mail to:

Department of Managed Health Care  
Consumer Resources and Support Center  
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