



## Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating healthcare service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-888-426-0028** and use the plan's grievance process before contacting the Department of Managed Health Care. 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 of Managed Health Care. 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 of Managed Health Care has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The Department's Internet web site ([www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)) has complaint forms, IMR application forms and instructions online.

### **Independent Medical Review**

You may request an Independent Medical Review (IMR) of disputed health care services through the Department of Managed Health Care if you believe that health care services eligible for coverage and payment under your plan have been improperly denied, modified, or delayed by your plan or one of its contracting providers. A "Disputed Health Care Service" is defined as any health care service eligible for coverage and payment under your plan that has been denied, modified, or delayed by your plan or one of its contracting providers, in whole or in part because the service has been determined to be not medically necessary. The IMR process is in addition to any other procedures or remedies that may be available to you. Additional information about IMR can be obtained from the Department of Managed Health Care ([www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)). Requests for benefits beyond those included in your health care benefits package are not eligible for an IMR. The independent review process is not available to enrollees in *self-insured plans*.