

# Medi-Cal Rights

Health Care

## Has Medi-Cal ever told you “NO”?

*You can take action to get the care that you and your family need from Medi-Cal if:*

- 1. You were told that you cannot get Medi-Cal;*
- 2. You were told that you cannot keep your Medi-Cal;*
- 3. Medi-Cal will not pay for a certain medicine, service, or doctor;*
- 4. Medi-Cal will no longer pay for a service you used to get; or*
- 5. You asked Medi-Cal to pay for a medical, dental, vision, or mental health service, and they did not respond within 30 days.*

## How to get Medi-Cal to say “YES”?

### Ask for a State Fair Hearing:

- A State Fair Hearing is an official meeting with a judge.*
- During your hearing you will tell the judge why you need Medi-Cal or certain services from Medi-Cal.*
- The judge will decide if Medi-Cal can deny, reduce, or stop your Medi-Cal benefits depending on your situation.*
- You must ask for a fair hearing within 90 days of the date you know that your Medi-Cal benefits are going to be denied, reduced, or stopped.*

- When you ask for your hearing, you should also ask for “Aid Paid Pending.” This means that if you are already receiving Medi-Cal benefits, Medi-Cal must let you keep your benefits until a judge makes a decision in your case. You must ask for Aid Paid Pending before the date your benefits are denied, reduced, or stopped or within 10 days of getting the notice that your benefits will end.*
- To ask for a State Fair Hearing, call or write to the State Fair Hearing office at:*

*State Fair Hearings  
744 P Street, MS 19-37  
Sacramento, CA 95814  
(800) 952-5253 voice  
(800) 952-8349 (tdd)*

### If you are in a Medi-Cal Health or Dental Plan, File a Grievance:

- A grievance is an official complaint that your health or dental plan must review.*
- If your health or dental plan denies, reduces, or stops a service like a medication or treatment, you can file a grievance.*
- You must file your grievance within 90 days of the date your health or dental plan denies, reduces, or stops the service.*

- *To file a grievance with your health or dental plan:*
  - *Call the customer service number on the back of your health or dental plan card. Tell the customer service representative that you want to file a grievance, OR*
  - *Write or type out your grievance and send it to the address of your health or dental plan.*
- *You can file a grievance and ask for a State Fair Hearing at the same time.*
- *Call the HMO Help Center at 1-888-466-2219 if:*
  1. *Your health or dental plan still denied the services that you requested,*
  2. *Your health or dental plan did not contact you about your grievance within 30 days, or*
  3. *Your health plan said the service was not “medically necessary.”*
- *This means that your plan thinks that you do not need the care that you requested.*
- *In this case, ask for Independent Medical Review. As an Independent Medical Review a doctor outside your health plan will decide if you need the service.*
- *You can only ask for an Independent Medical Review if you did not already ask for a State Fair Hearing about the same problem.*

**Not happy with your plan’s response?**