

# MEMBER RIGHTS



If you do not agree with a coverage ruling made by the Health Plan of San Mateo (HPSM), you have the right to file a complaint. If you are not satisfied with the outcome of your complaint, you have options. Taking these actions will not change your health coverage.

## Choices for members in Medi-Cal and HealthWorx

- Call the Department of Managed Health Care (DMHC) Help Center at **1-888-466-2219** if:
  - You do not agree with HPSM's ruling about a complaint or an appeal.
  - HPSM has not resolved your complaint or appeal within 30 days.
  - Your case is urgent and waiting for HPSM's review to be done is a risk to your health.
- If your appeal is denied, you can ask DMHC for an Independent Medical Review (IMR). If your case is eligible, an IMR expert will decide if HPSM must cover a health care service. To learn more, call HPSM Grievance and Appeals at **650-616-2850** or the DMHC Help Center at **1-888-466-2219**.

## Choice for MCE and Medi-Cal members only

You can have your denied grievance or appeal reevaluated through a Medi-Cal State Hearing. That is a meeting between an administrative law judge from the California Department of Social Services, an agent from HPSM, and the Medi-Cal or MCE member (or an approved proxy). To ask for a State Hearing, call **1-800-743-8525**.

- You must ask for a State Hearing within 90 days (3 months) after the date of HPSM's ruling.
- You may ask for a State Hearing while HPSM is still reviewing your case.
- While your case is being reviewed through a State Hearing, HPSM will still pay for your health care.

## How to get help

### For DMHC and IMR

DMHC Help Center

**1-888-466-2219**

TDD: **1-877-688-9891**

[www.hmoHELP.ca.gov](http://www.hmoHELP.ca.gov)

### For State Hearing contact the California Department of Social Services

Online: [www.cdss.ca.gov](http://www.cdss.ca.gov)

Call: **1-800-743-8525** (TDD: **1-800-952-8349**)

In writing: California Department of Social Services State Hearings Division  
PO Box 944243, MS 19-17-37  
Sacramento, CA 94244-2430

Fax: **916-309-3487** or toll-free at **1-833-281-0903**

You can ask to get this information in other languages