

# RIGHT HERE, RIGHT NOW!

## FILE A REPORT ON KAISER PROBLEMS OVER THE PHONE

The Department of Managed Health Care invited anyone who had a mental health appointment inappropriately rescheduled this week to call the agency's help-line at **1-888-466-2219**.

### WE SAY:

- Kaiser patients who have suffered from inadequate access to mental health care at any time (not just this week) should call the Department of Managed Health Care (DMHC) helpline now at **1-888-466-2219**.
- Kaiser clinicians who believe Kaiser offers its members inadequate access to mental health care should also call the DMHC helpline now at **1-888-466-2219**.

**What to expect on the call:** After a recording, you will be able to press 1 for English (or choose another option). Press 2 for information on making a complaint. Press 0 to talk to an agent. After you press 2 to decline a survey, you'll be placed in a queue for the agent. There will be long recorded messages between each of the steps.







Tell the agent your story. Kaiser providers can ask the agent for DMHC's process for handling provider information about Kaiser. For patients, the DMHC agents are able to initiate an informal dispute resolution process with Kaiser while you are still on the phone.

If the DMHC agent fails to reach resolution with Kaiser, the agent will explain that you must file a complaint with Kaiser before filing a complaint with the Department of Managed Health Care. The agent will eventually transfer you to a Kaiser staff member who will file an expedited grievance on your behalf.

**Every step you are able to complete in this process makes the Department of Managed Health Care more aware of the problems at Kaiser. Please call now!**

## In California, health care consumers have the right to an appointment when needed.

The law requires health plans licensed by the DMHC to make primary care providers and hospitals available within specific geographic and time-elapsd standards. Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours.

Urgent Care	
prior authorization <b>not required</b> by health plan  <b>2</b> days	prior authorization <b>required</b> by health plan  <b>4</b> days
Non-Urgent Care	
Doctor Appointment	
<b>PRIMARY CARE PHYSICIAN</b>  <b>10</b> business days	<b>SPECIALTY CARE PHYSICIAN</b>  <b>15</b> business days
<b>Mental Health Appointment</b> (non-physician <sup>1</sup> )  <b>10</b> business days	<b>Appointment</b> (ancillary provider <sup>2</sup> )  <b>15</b> business days

<sup>1</sup> Examples of non-physician mental health providers include counseling professionals, substance abuse professionals and qualified autism service providers.

<sup>2</sup> Examples of non-urgent appointment for ancillary services include lab work or diagnostic testing, such as mammogram or MRI, and treatment of an illness or injury such as physical therapy.

## Timely Access to Care Requirements



### DISTANCE

Provide access to a primary care provider or a hospital within 15 miles or 30 minutes from where enrollees live or work.



### AVAILABILITY

Your health plan should have telephone services available on a 24/7 basis.



### INTERPRETER

Interpreter services must be coordinated with scheduled appointments for health care services to ensure interpreter services are provided at the time of the appointment.

## Unable to get an Appointment Within the Timely Access Standard?



If you are not able to get an appointment within the timely access standard, you should first contact your health plan for assistance at the toll-free number listed on your health plan card. The DMHC Help Center is available at 1-888-466-2219 or [www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov) to assist you if your health plan does not resolve the issue. The DMHC Help Center will work with you and your health plan to ensure you receive timely access to care.

If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital. If your health issue is urgent, but not an emergency, and does not require prior approval or authorization from your health plan, you have the right to get care within 48 hours.

The waiting time for an appointment may be extended if a qualified health care provider has determined and made record that a longer waiting time will not be harmful to the enrollee's health.