



FOR IMMEDIATE RELEASE
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CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE REQUESTS HELP FROM HEALTH PLANS TO AID FIRE VICTIMS

(Sacramento) – The California Department of Managed Health Care (DMHC) is calling on California health plans to help victims of recent California wildfires who are experiencing problems obtaining health care services by speeding up approvals for care, replacement of lost prescription and ID cards, or quick arrangement of health care at other facilities if a hospital or doctor’s office is not available due to the fires.

“By smoothing the way for fire victims to easily obtain their prescriptions and health care, we can alleviate at least a part of the tremendous stress they are undergoing as they face the loss of their homes and businesses,” said Cindy Ehnes, Director of the DMHC. “Many health plans have already taken measures to assist their members impacted by the fires and would like to urge all plans to take similar steps to ensure that necessary health care needs are met.”

The DMHC has requested that each of the medical, behavioral health, dental, vision, and pharmacy health plans in the state relax certain requirements such as:

- Prescription refill limitations
- Length of time to obtain authorizations for treatment
- Approval of out-of-network services if necessary, if a hospital, health facility or doctor’s office becomes unavailable

In addition, health plans should have toll-free telephone numbers available for affected members to use to obtain information and have questions answered. Members should first contact their health plans, but if they have problems obtaining services or assistance from a plan, they can also contact the DMHC’s Help Center at 1-888-HMO-2219, or at www.hmohelp.ca.gov.

The California Department of Managed Health Care is the only stand-alone HMO watchdog agency in the nation, touching the lives of more than 21 million enrollees. The Department has assisted more than 800,000 Californians resolve their HMO problems through its 24-hour Help Center, educates consumers on health care rights and responsibilities, and works closely with HMO plans to ensure a solvent and stable managed health care system.

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