

## **HOW TO APPEAL TO YOUR INSURANCE COMPANY WHEN YOUR PKU PRODUCTS ARE DENIED**

1. If the prescription is denied contact the benefits department of your insurance company and request information for an expedited grievance appeal (72 hours). The grievance appeal can be initiated by phone or written request. Then submit a copy of the denial, insurance card information (front and back) the attached justification for treatment and a copy of SB148. If your health plan refuses to expedite your grievance appeal, call the HMO Help Center and ask to speak to an Urgent Nurse.
2. If denied again, submit a complaint form which can be found on line to the Department of Managed Health Care HMO Help Center at [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov). Or fill out the attached complaint form and mail or fax to the address below and request an expedited (5-9 days) Independent Medical Review (IMR).

### **HMO Help Center**

Department of Managed Health Care  
980 Ninth Street, Suite 500  
Sacramento, CA 95814-2725  
Phone: (888) 466-2219  
FAX: 1-916-255-5241

SB 148 mandates insurance coverage in California for Health Maintenance Organizations (HMO's) but some self insured companies and Preferred Provider Options (PPO's) do not fall under the jurisdiction of the Dept. of Managed Health Care. These plans can be identified by the Dept. of Managed Health Care and referred to the Department of Insurance. For these plans fill out the attached Request for Assistance (RFA) form and mail to:

### **California Department of Insurance**

Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, CA 90013  
1-800-927-HELP (4357) or 213-897-8921  
TDD Number: 1-800-482-4TDD (4833)

The Hotline hours are from 8:00 a.m. - 5:00 p.m., Mon. - Fri. (Except Holidays)

Or submit online at <http://www.insurance.ca.gov/contact-us/0200-file-complaint/>