

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

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| Policy/Procedure Number: MC 305 | | Lead Department: Member Services | | |
| Policy/Procedure Title: Distribution of Member Rights and Responsibilities | | <input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy | | |
| Original Date: 02/08/1999 | | Next Review Date: 04/08/2021 Last Review Date: 04/08/2020 | | |
| Applies to: | <input checked="" type="checkbox"/> Medi-Cal | <input type="checkbox"/> Employees | | |
| Reviewing Entities: | <input checked="" type="checkbox"/> IQI | <input type="checkbox"/> P & T | <input checked="" type="checkbox"/> QUAC | |
| | <input type="checkbox"/> OPERATIONS | <input type="checkbox"/> EXECUTIVE | <input type="checkbox"/> COMPLIANCE | <input type="checkbox"/> DEPARTMENT |
| Approving Entities: | <input type="checkbox"/> BOARD | <input type="checkbox"/> COMPLIANCE | <input type="checkbox"/> FINANCE | <input checked="" type="checkbox"/> PAC |
| | <input type="checkbox"/> CEO | <input type="checkbox"/> COO | <input type="checkbox"/> CREDENTIALING | <input type="checkbox"/> DEPT. DIRECTOR/OFFICER |
| Approval Signature: Kevin Spencer | | | Approval Date: 04/08/2020 | |

I. RELATED POLICIES:

N/A

II. IMPACTED DEPTS.:

Provider Relations

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure that all members and contracted practitioners are fully aware of PHC's Member Rights and Responsibilities policy.

VI. POLICY / PROCEDURE:

A. It is the policy of Partnership HealthPlan of California (PHC) to distribute the following statement of Member Rights and Responsibilities (R&R's) to all members and contracted providers. The Member R&R are available upon request and on PHC's website.

B. Member Rights and Responsibilities Statement

1. PHC members have these rights:

- a. To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- b. To receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- c. To make recommendations regarding the organization's member rights and responsibilities policy.
- d. To be provided with information about the plan and its services, including Covered Services.
- e. To be able to choose a primary care provider within PHC's network.
- f. To participate in decision making regarding your own health care, including the right to refuse treatment. You have a right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or benefit coverage.
- g. To voice grievances, either verbally or in writing about PHC or the care you received. You can ask assistance from a patient advocate, provider, ombudsperson or any other person you

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choose. You also have the right to request an expedited grievance in instances that may involve a serious threat to your health such as severe pain, loss of limb and or life.

- h. To receive care coordination.
 - i. To request a review and resolution of an appeal within 60 days when PHC or a PHC delegated entity denies, delays or modifies a requested service. The appeal can be requested orally, but must be followed by a written appeal. You may also request an expedited appeal in instances that may involve a serious threat to your health such as severe pain, loss of limb and or life will cause severe harm to your health.
 - j. To receive oral interpretation services for your language. You have the right to request an interpreter at no charge to you. You should not use children to interpret for you.
 - k. To receive free legal help at your local legal aid office or other groups.
 - l. To formulate advance directives.
 - m. To request a State Hearing if you have filed an appeal and received a “Notice of Appeal of Resolution” letter telling you that PHC will still not provide services or you never received a “Notice of Appeal of Resolution” letter telling you of the decision and it has been past 30 days. You also have the right to information about how to get an Expedited State Hearing.
 - n. To access Minor Consent Services.
 - o. To receive written member informing materials in alternative formats (including braille, large-size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
 - p. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
 - q. To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 CFR §164.524 and 164.526.
 - r. Freedom to exercise these rights without adversely affecting how you are treated by the Contractor, providers or the State.
 - s. To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside our network pursuant to the federal law.
2. PHC members have these responsibilities:
- a. You are responsible for treating your provider(s) and their staff in a respectful and courteous way.
 - b. You are responsible for showing up to your appointments on time. If you are unable to make an appointment, you must call your provider at least 24 hours before the appointment, to cancel or reschedule.
 - c. You are responsible for treating PHC staff in a respectful and courteous way.
 - d. You are responsible for making requests, such as for transportation, in advance, and calling PHC to cancel any transportation if you have to cancel or reschedule your medical appointment.
 - e. Play an active part in your care. You are responsible to provide, to the extent possible, information that PHC and its medical providers need in order to care for you. You are responsible for talking to your medical provider about things you can do to improve your overall health.
 - f. Understanding treatment options. You are responsible to understand treatment options and participate in developing mutually agreed upon treatment goals to the degree possible.
 - g. Calling your provider. You are responsible for calling your provider for appointments when you need medical care, including routine checkups.
 - h. Listen and cooperate with your provider. You are responsible for telling your medical provider about your medical condition and any medications you are taking. You are also responsible for following instructions for the care you have received from your medical provider.

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- i. Use the Emergency Room (ER) only in an emergency. You are responsible for using the emergency room in cases of an emergency or as directed by your provider or the PHC Advice Nurse.
 - j. Report wrongdoing. You are responsible for reporting fraud or wrongdoing to PHC. You can do this without giving your name by calling PHC’s hotline at (800) 601-2146, 24 hours a day, 7 days a week. You can also call the Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at (800) 822-6222.
- C. It is the responsibility of the Member Services Director to ensure that the procedure outlined below is followed:
- 1. Member R&R are included in the member handbook that is mailed to all new members and PHC website.
 - 2. Members are advised of their right to receive a copy of the Member R&R statement annually in the PHC’s member newsletter.
 - 3. Members are notified of all revisions to the Member R&R statement in the member newsletter following the revisions.
 - 4. Member’s Rights and Responsibilities are included in the Provider Manual available online to all network providers
- D. It is the responsibility of the Provider Relations Director to ensure Member’s Rights and Responsibilities are distributed to all contracted practitioners.
- 1. Member’s Rights and Responsibilities are included in the Newly Credentialed Provider Orientation Packet.
 - 2. Member’s Rights and Responsibilities are included in the First Quarter Provider Newsletter on an annual basis.
 - 3. Any revisions to the Member’s Rights and Responsibilities are issued to all contracted practitioners within 90 days from the date the revisions are finalized.

VII. REFERENCES:

NCQA – ME1 – Statement of Member’s Rights and Responsibilities (2020 HP Standards)

VIII. DISTRIBUTION:

- A. Provider Manual
- B. Website
- C. Member Handbook
- D. SharePoint

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Director of Member Services

X. REVISION DATES: 02/05/00; 07/19/00; 12/20/00; 02/20/02; 02/19/03; 08/20/03; 08/18/04; 12/09/08; 09/08/09; 09/14/10; 10/16/14; 09/21/15; 11/16/16; 02/13/19; 04/08/20

PREVIOUSLY APPLIED TO: N/A