

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MC305			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: 02/10/2027 Last Review Date: 02/10/2026		
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Partnership Advantage	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input 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 type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Edna Villasenor, Senior Director, Member Services and Grievance & Appeals</i>			Approval Date: 02/10/2026	

I. RELATED POLICIES:

- A. CMP10 – Confidentiality
- B. MPNET100 – Access Standards and Monitoring
- C. MPUP3078 – Second Medical Opinions
- D. CGA024 – Medi-Cal Member Grievance System
- E. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions
- F. MCUP3064 – Communications Services
- G. MCUP3015 – Family Planning By-Pass Services
- H. MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)
- I. MCUP3014 – Emergency Services
- J. MCCP2018 – Advice Nurse Program

II. IMPACTED DEPTS.:

- A. Provider Relations
- B. Health Services
- C. Grievance and Appeals
- D. Transportation

III. DEFINITIONS:

- A. N/A

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To ensure that all members and contracted providers are fully aware of Partnership’s Member Rights and Responsibilities (R&R) policy.

VI. POLICY / PROCEDURE:

- A. It is the policy of Partnership HealthPlan of California to distribute the following statement of Member R&R to all members and contracted providers. The Member R&R is available upon request and on Partnership’s website.
 - 1. Partnership members have these rights:
 - a) To be treated with respect and dignity, giving due consideration to your right to privacy and

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- the need to maintain confidentiality of your medical information.
- b) To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
 - c) To make recommendations about Partnership's member rights and responsibilities policy.
 - d) To be able to choose a primary care provider within Partnership's network.
 - e) To have timely access to network providers.
 - f) To participate in decision making regarding your own health care, including the right to refuse treatment.
 - g) To voice grievances, either verbally or in writing, about the organization or the care you got.
 - h) To ask for an expedited grievance in instances that would put your life, health or ability to function fully, in danger.
 - i) To get help from a patient advocate, provider, ombudsperson or any other person you choose.
 - j) To get care coordination.
 - k) To ask for an appeal within 60 days from when Partnership or someone acting on Partnership's behalf, tells you of a decision to deny, delay or modify a requested service.
 - l) To get no-cost interpreting services for your language.
 - m) To get free legal help at your local legal aid office or other groups.
 - n) To formulate advance directives.
 - o) To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with Partnership and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
 - p) To access minor consent services.
 - q) To get no-cost written member information in other formats (such as braille, large-size print, audio and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
 - r) To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
 - s) To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
 - t) To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
 - u) Freedom to exercise these rights without adversely affecting how you are treated by Partnership, your providers or the State.
 - v) To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services and emergency services outside Partnership's network pursuant to the federal law.
2. Partnership 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 Partnership staff in a respectful and courteous way.

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- d) You are responsible for making requests, such as for transportation, in advance, and calling Partnership 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 Partnership 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.
 - 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 Partnership Advice Nurse.
 - j) You are responsible for reporting fraud or wrongdoing to Partnership. You can do this without giving your name by calling Partnership’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.
- B. It is the responsibility of the Member Services Senior Director to ensure that the procedure outlined below is followed:
1. Member R&R is included in the member handbook and Partnership website.
 2. Members are advised of their right to receive a copy of the Member R&R statement annually in the Partnership’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 R&R is included in the Provider Manual available online to all network providers.
- C. It is the responsibility of the Director of Provider Relations to ensure Member R&R is distributed to all contracted providers.
1. Member R&R is included in the Newly Credentialed Provider Orientation Packet.
 2. Member R&R is included in the First Quarter Provider Newsletter on an annual basis.
 3. Any revisions to the Member R&R is issued to all contracted providers within 90 days from the date the revisions are finalized.

VII. REFERENCES:

- A. National Committee for Quality Assurance (NCQA) Guidelines – ME1 – Statement of Member R&R
- B. Welfare & Institutions Code Section 14182 (b)(12)
- C. 45 Code of Federal Regulation (CFR) §164.524 and 164.526

VIII. DISTRIBUTION:

- A. PowerDMS Policy and Procedures Folder
- B. Partnership Department Directors
- C. Provider Manual
- D. Member Services webpage at Partnershiphp.org
- E. [Medi-Cal Member Handbook](#)

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IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director of Member Services and Grievance & Appeals

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; 11/10/21; 03/08/22; 04/12/23; 04/17/24; 03/12/25

PREVIOUSLY APPLIED TO: N/A