

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MC 305A		Lead Department: Member Services	
Policy/Procedure Title: Distribution of Member Rights and Responsibilities – Wellness and Recovery Program		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 05/13/2020		Next Review Date: 05/13/2021 Last Review Date: 05/13/2020	
Applies to:	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> SUIQI <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: 05/13/2020	

I. RELATED POLICIES:

N/A

II. IMPACTED DEPTS.:

Provider Relations

III. DEFINITIONS:

- A. DMC-ODs – Drug Medi-Cal Organized Delivery System
- B. SUD – Substance Use Disorder
- C. W&R - Wellness & Recovery Program PHC’s regional Drug Medi-Cal Organized Delivery System waived program in seven counties within PHC’s service area.
- D. R&R – W&R Member Rights and Responsibilities statement

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure that all members and contracted practitioners are fully aware of Partnership HealthPlan of California’s (PHC) Wellness and Recovery (W&R) Member Rights and Responsibilities (R&R).

VI. POLICY / PROCEDURE:

- A. It is the policy of PHC to distribute the W&R Member Rights and Responsibilities (R&R's) statement to all W&R members and contracted W&R contracted providers. The W&R Member R&R statement is available upon request and on PHC’s website.
- B. W&R Member Rights and Responsibilities Statement
 - 1. As a person eligible for the PHC W&R program, you have a right to:
 - a. Receive medically necessary SUD treatment services.
 - b. Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
 - c. Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
 - d. Participate in decisions regarding your SUD care, including the right to refuse treatment.
 - e. Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
 - f. Receive information about the SUD treatment services covered by PHC and other obligations of the W&R program and your rights as described here.
 - g. Have your confidential health information protected.

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- h. Request 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.
 - i. Receive written 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.
 - j. Receive oral interpretation services for your preferred language.
 - k. Receive SUD treatment services that follow the requirements of the contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
 - l. Access Minor Consent Services, if you are a minor.
 - m. Access medically necessary services out-of-network in a timely manner, if PHC does not have a contract provider who can deliver the services. “Out-of-network provider” means a provider who is not on our list of providers. PHC must make sure you do not pay anything extra for seeing an out-of-network provider. You can contact Care Coordination at (800) 809-1350, TTY (800) 735-2929 or 711 for information on how to receive services from an out-of-network provider.
 - n. Request a second opinion from a qualified health care professional within PHC’s W&R network, or one outside the network, at no additional cost to you.
 - o. File grievances, either verbally or in writing, about the organization or the care received.
 - p. Request an appeal, either verbally or in writing, upon receipt of a Notice of Adverse Benefit Determination.
 - q. Request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is possible.
 - r. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
 - s. Be free to exercise these rights without adversely affecting how you are treated by us, providers, or the State.
2. You have a responsibility to:
- a. Carefully read the member informing materials that you have received from PHC. These materials will help you understand which services are available and how to get treatment if you need it.
 - b. Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
 - c. Always carry your Medi-Cal and PHC ID card and a photo ID when you attend treatment.
 - d. Let your provider know if you need an interpreter before your appointment.
 - e. Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
 - f. Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
 - g. Follow the treatment plan you and your provider have agreed upon.
 - h. Be willing to build a strong working relationship with the provider that is treating you.
 - i. Contact PHC if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
 - j. Tell your provider and PHC if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
 - k. Treat the staff who provide your treatment with respect and courtesy.

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1. If you suspect fraud or wrongdoing, report it. PHC's Compliance Hotline at (800) 601-2146. 24 hours a day, 7 days a week.
- C. It is the responsibility of the Member Services Director to ensure:
 1. W&R Member R&R statement is included in the W&R member handbook and PHC website.
 2. W&R Members are advised of their right to receive a copy of the W&R Member R&R statement annually.
 3. W&R Members are notified of all revisions to the W&R Member R&R statement.
 4. W&R Member R&R statement are included in the Provider Manual available online to all network providers.
- D. It is the responsibility of the Provider Relations Director to ensure W&R Member's Rights and Responsibilities are distributed to all W&R contracted practitioners.
 1. W&R Member R&R statement are included in the Newly Credentialed W&R Provider Orientation Packet.
 2. W&R Member's Rights and Responsibilities statement is included in the Provider Newsletter on an annual basis.
 3. Any revisions to the W&R Member's Rights and Responsibilities are issued to all W&R contracted practitioners within 90 days from the date the revisions are finalized.

VII. REFERENCES:

N/A

VIII. DISTRIBUTION:

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

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

X. REVISION DATES:

PREVIOUSLY APPLIED TO: N/A