

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MC305A			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: 09/10/2025 Last Review Date: 09/10/2024		
Applies to:	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees			
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 checked="" type="checkbox"/> DEPARTMENT	
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE	<input type="checkbox"/> PAC	
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER	
Approval Signature: <i>Edna Villaseñor, Senior Director, Member Services & Grievance</i>			Approval Date: 09/10/2024		

I. RELATED POLICIES:

- A. MCUP3101 – Screening and Treatment for Substance Use Disorders
- B. MCCP2028 – Residential Substance Use Disorder Treatment Authorization
- C. CMP10 – Confidentiality
- D. CMP41 – Wellness and Recovery Program Records
- E. CMP15 – Amendment of Member's Protected Health Information
- F. MCUP3064 – Communications Services
- G. MPNET101 – Wellness and Recovery Access Standards and Monitoring
- H. MPUP3078 – Second Medical Opinions
- I. CGA024 – Medi-Cal Member Grievance System
- J. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions

II. IMPACTED DEPTS.:

- A. Provider Relations
- B. Behavioral Health

III. DEFINITIONS:

- A. DMC-ODS: Drug Medi-Cal Organized Delivery System
- B. SUD: Substance Use Disorder
- C. W&R: Wellness & Recovery Program – Partnership's regional Drug Medi-Cal Organized Delivery System waived program for members in designated counties within Partnership's service area.
- D. R&R: – W&R Member Rights and Responsibilities statement

IV. ATTACHMENTS:

N/A

V. PURPOSE:

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

VI. POLICY / PROCEDURE:

- A. It is the policy of Partnership to distribute the W&R Member R&R 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 Partnership's website.
- B. W&R Member Rights and Responsibilities Statement
 - 1. As a person eligible for the Partnership W&R program, you have a right to:

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- a. Be treated with respect, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
- b. Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- c. Participate in decisions regarding your SUD care, including the right to refuse treatment.
- d. 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.
- e. Receive the information about the SUD treatment services covered by Partnership's DMC-ODS, other obligations of Partnership's DMC-ODS, and your rights as described here.
- f. Have your confidential health information protected.
- g. Request and receive a copy of your medical records, and request that they be amended or corrected as needed.
- h. 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.
- i. Receive written materials in the languages used by at least five percent or 3,000 of Partnership's DMC-ODS members, whichever is less.
- j. Receive oral interpretation services for your preferred language.
- k. Receive SUD treatment services from one of Partnership's DMC-ODS contracted providers that follows the requirements of its 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 member under age 21.
- m. Access medically necessary services out-of-network in a timely manner, if Partnership's DMC-ODS does not have a contracted provider who can deliver the services. "Out-of-network provider" means a provider who is not on the Partnership DMC-ODS list of providers. Partnership must make sure you do not pay anything extra for seeing an out-of-network provider. You can contact Partnership member services at (800) 863-4155 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 Partnership's 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, including information on the circumstances under which an expedited appeal is possible.
- 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 from discrimination to exercise these rights without adversely affecting how you are treated by Partnership's DMC-ODS, providers, or the State.
2. You have a responsibility to:
 - a. Carefully read the member informing materials that you have received from Partnership's DMC-ODS. 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 collaborate with your provider throughout your treatment. 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 Benefits Identification Card (BIC) and a photo ID when you attend treatment.

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- d. Let your provider know if you need an interpreter before your appointment.
- e. Tell your provider all your medical concerns. 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 the information that you receive during treatment.
- g. Be willing to build a strong working relationship with the provider that is treating you.
- h. Contact Partnership if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- i. Tell your provider and Partnership 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.
- j. Treat the staff who provide your treatment with respect and courtesy.
- k. If you suspect fraud or wrongdoing, report it:
 - i. The Department of Health Care Services asks that anyone suspecting Medi-Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at **1-800-822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free, and the caller may remain anonymous.
 - ii. You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form on the DHCS website at <https://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>.
- C. It is the responsibility of the Member Services Senior Director to ensure:
 - 1. W&R Member R&R statement is included in the [DMC-ODS W&R Member Handbook](#) and Partnership 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 is 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 R&R is distributed to all W&R contracted providers.
 - 1. W&R Member R&R statement is included in the Newly Credentialed W&R Provider Orientation Packet.
 - 2. W&R Member R&R statement is included in the Provider Newsletter on an annual basis.
 - 3. Any revisions to the W&R Member R&R is issued to all W&R contracted practitioners within 90 days from the date the revisions are finalized.

VII. REFERENCES:

- A. National Committee for Quality Assurance (NCQA) Guidelines Standard ME1 – Statement of Member R&R’s Rights and Responsibilities
- B. Code of Federal Regulation (CFR) §164.524 and 164.526

VIII. DISTRIBUTION:

- A. Partnership Provider Manual
- B. Partnership Website: <http://www.PartnershipHP.org>
- C. [DMC-ODS W&R Member Handbook](#)
- D. Partnership Department Directors
- E. PowerDMS Policy and Procedures Folder

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

X. REVISION DATES: 05/13/21; 08/11/21; 08/31/22; 08/07/23; 09/10/24

PREVIOUSLY APPLIED TO: N/A