
22. RIGHTS AND RESPONSIBILITIES

A. Members' Rights and Responsibilities

APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Members and Providers.

POLICY:

- A. For the purpose of this policy, a “Delegate” is defined as a medical group, IPA or any contracted organization delegated to provide services to IEHP Members.
- B. Members have the right to quality care when accessing services covered by IEHP. IEHP believes that Members, Providers, Practitioners, and Delegates have a role in assuring the quality of care received.
- C. IEHP adopted and continues to use the “Consumer Bill of Rights and Responsibilities,” promulgated by the President of the United States, as the basis for its statement of Members’ Rights and Responsibilities.
- D. IEHP requires Providers and Practitioners to understand and abide by IEHP’s Members’ Rights and Responsibilities when providing services to Members.
- E. IEHP informs Members of their Members’ Rights and Responsibilities in the Member Handbook upon enrollment and annually thereafter, or upon request, in an alternate format, if needed.
- F. IEHP shall ensure that Facilities implement and maintain procedures that guard against disclosure of confidential information to unauthorized persons inside and outside the network.
- G. IEHP informs Members on their right to confidentiality and IEHP shall obtain Member’s consent prior to release of confidential information, unless such consent is not required pursuant to Title 22, California Code of Regulations §51009.
- H. It is IEHP’s policy to respect and recognize Members’ rights. The following statements are included in the Member Handbook.
1. As a Member of IEHP, you have the right:
 - a. To be treated with respect and recognition of their dignity, giving due consideration to your right to privacy and 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, Providers, and Member rights and responsibilities.
 - c. To be able to choose a Primary Care Physician (PCP) within the IPA’s network.
 - d. To participate in decision making regarding your own health care, including the right to refuse treatment.
 - e. To voice grievances or appeals, either verbally or in writing, about the organization or the care received.
 - f. To make recommendations about the organization’s Member rights and

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responsibilities policies.

- g. To receive care coordination.
 - h. To request an appeal of decisions to deny, defer, or limit services or benefits.
 - i. To receive oral interpretation services for their language.
 - j. To receive free legal help at your local legal aid office or other groups.
 - k. To formulate advanced directives.
 - l. To have access to family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and Emergency Services outside the IPA's network pursuant to the federal law.
 - m. To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
 - n. To have access to, and where legally appropriate, receive copies of, amend or correct your Medical Record.
 - o. To disenroll upon request. Beneficiaries that can request expedited disenrollment include, but are not limited to, beneficiaries receiving services under the Foster Care, or Adoption Assistance Programs; and Members with special health care needs.
 - p. To access Minor Consent Services.
 - q. To receive written Member informing materials in alternative formats (including braille, large-size print, and audio format) upon request and in a timely manner appropriate for the format being requested and in accordance with W & I 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 receive information and have a discussion on available treatment options and alternatives regardless of cost or benefit coverage, presented in a manner appropriate to your condition and ability to understand.
 - t. To 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.
 - u. To freely exercise these rights without adversely affecting how you are treated by the IPA, Providers or the State.
- I. It is IEHP's policy that Members have certain responsibilities. The following statements are included in the Member Handbook.
- 1. As a Member of IEHP, you have the responsibility to:
 - a. Be familiar with and ask questions about your health plan coverage. If you have a question about your coverage, call IEHP Member Services at 1-800-440-IEHP

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(4347).

- b. Follow the advice and care procedures indicated by your Doctor, IEHP, and the program. If you have a question about these procedures, call IEHP Member Services at 1-800-440-IEHP (4347).
- c. Request interpreter services at least five (5) working days before a scheduled appointment.
- d. Call your Doctor or Pharmacy at least three (3) days before you run out of medicine.
- e. Cooperate with your Doctor and staff and treat them with respect. This includes being on time for your visits or calling your Doctor if you need to cancel or reschedule an appointment.
- f. Understand that your Doctor's office may have limited seating for patients and caregivers only.
- g. Give accurate information to IEHP, your Doctor, and any other Provider. This helps you receive better care.
- h. Understand your health needs and be a part of your health care decisions. Ask your Doctor questions if you do not understand and participate in developing treatment goals.
- i. Work with your Doctor to make plans for your health care.
- j. Follow the plans and instructions for care that you have agreed on with your Doctor.
- k. Notify IEHP and your Doctor if you want to stop the plans and instruction you have agreed on or want to stop participating in health management programs.
- l. Immunize your children by age 2 years and always keep your children's immunizations up to date.
- m. Call your Doctor when you need routine or urgent health care.
- n. Care for your own health. Live a healthy lifestyle, exercise, eat a good diet, and don't smoke.
- o. Avoid knowingly spreading disease to others.
- p. Use IEHP's grievance process to file a complaint. Call IEHP Member Services at 1-800-440-IEHP (4347) to file a complaint.
- q. Report any wrongdoing or fraud to IEHP by calling the Compliance Hotline at 1-866-355-9038 or the proper authorities.
- r. Understand that there are risks in receiving health care and limits to what can be done for you medically.
- s. Understand that it is a Health Care Provider's duty to be efficient and fair in caring for you as well as other patients.

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PROCEDURES:

A. Members' Rights and Responsibilities notification procedures include:

1. Members' Rights and Responsibilities are communicated to new Members through the Post-Enrollment Kits that contain the Member Handbook. The Member Handbook is mailed to all heads of household annually thereafter. The Member Handbook contains IEHP's statement of Members' Rights and Responsibilities.
2. Members' Rights and Responsibilities can be found on the IEHP web site at www.iehp.org. Any updates to the Member's Rights and Responsibilities are provided in quarterly Member newsletters.
3. Members' Rights and Responsibilities, including the grievance and appeals process, are communicated to all IEHP Practitioners through the annual update and distribution of the IEHP Policy and Procedure Manual. New Practitioners receive the IEHP Policy and Procedure Manual within the first month of joining IEHP. Information on policy changes or updates may be included in Provider Newsletters.
4. IEHP staff who have direct contact with Members are trained on Members' Rights and Responsibilities, including the grievance system, and are able to communicate those rights and responsibilities effectively.

B. Providers and Practitioners are encouraged to help Members understand their rights and responsibilities as outlined above, encourage Members to appropriately utilize their covered benefits, and encourage Members to contact IEHP Member Services at 1-800-440-IEHP (4347)/TTY 1-800-718-4347 if they have questions concerning their benefits.

C. Grievance Rights:

1. Members have the right to file a grievance with either the Provider, Practitioner, or with IEHP. Members are encouraged to speak with their Practitioner first. Providers and Practitioners are required to maintain copies of IEHP's Member Complaint Form and to give copies to Members when requested. Providers and Practitioners are also required to immediately forward to IEHP any grievances filed by a Member. If a Member needs assistance filling out the form or wishes to file a grievance directly with IEHP, he/she should call IEHP Member Services at 1-800-440-IEHP (4347)/TTY 1-800-718-4347. Members may file a grievance in person at 10801 Sixth St. Suite 120, Rancho Cucamonga, CA 91730 or by mail to the IEHP Grievance Unit, P.O. Box 1800, Rancho Cucamonga, CA 91729-1800. Members may also file a grievance through IEHP's web site at www.iehp.org, or via facsimile at (909) 890-5748, Attention: Grievance & Appeals Department.
2. The following grievance rights are included in the Member handbook:
 - a. If your grievance concerns are a serious threat to your health, we will resolve it within seventy-two (72) hours. All other grievances are resolved within thirty (30) days.

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- b. You have the right to ask IEHP to help you work with your Provider or anyone else to fix your problem.
 - c. You have the right to change your Providers.
 - d. You have the right to ask a relative or someone else to help file your grievance and represent you during the grievance process. Grievances can be registered or filed by Parents, Guardians, a Conservator, a Relative, Doctor, or other Designee if the Member is a minor or an adult who is otherwise incapacitated. Relatives include Parents, Stepparents, Spouse, Adult Son or Daughter, Grandparents, Brother, Sister, Uncle, or Aunt.
 - e. You may leave IEHP and join another health plan at any time.
 - f. You have the right to request voluntary mediation. A third party unrelated to Member or IEHP considers all aspects or issues and takes measures to reach the best decision for both you and IEHP. You and IEHP will share the cost of the mediation. You do not need to participate in the voluntary mediation process for any longer than thirty (30) days prior to submitting a complaint to the Department of Managed Health Care (DMHC).
 - g. You have the right to submit written comments, documents or other information in support of your grievance.
 - h. You may contact other State Agencies for help. See the Grievance and Appeals Process Section in the Member Handbook.
3. The following information is included in the Member Handbook, grievance letters and denial letters:
- a. The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-440-IEHP (4347)/TTY 1-800-718-4347** and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than thirty (30) days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TTY line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint application forms and instructions online.

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- b. Medi-Cal Members also have the right to request a Medi-Cal State Fair Hearing at any time, regardless of whether a complaint has been filed with the Provider or IEHP, by calling the Department of Social Services Public Inquiry and Response unit at 1-800-743-8525 or TTY 1-800-952-8349 or by mail at California Department of Social Services, State Hearings Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430.
 - c. Authorized Representative: IEHP Medi-Cal Members may represent themselves at the Medi-Cal State Fair Hearing. If the Member chooses, a friend, an attorney, or any other person can represent them, but the Member must make arrangements themselves. The Public Inquiry and Response Unit at **1-800-743-8525** can help the Member find free legal help.
4. For further information on IEHP's Grievance Processes, see Section 16, "Grievance Resolution System."

REFERENCES:

- A. DHCS Contract 04-35765, Amendment 21, Exhibit A, Attachment 13.
- B. Presidents "Consumer Bill of Rights and Responsibilities."
- C. Department of Health Care Services (DHCS) All Plan Letter (APL) 17-006, "Grievance and Appeal Requirements And Revised Notice Templates And "Your Rights" Attachments."
- D. Title 22, California Code of Regulations §51009.
- E. W & I Code Section 14182 (b)(12).
- F. 45 CFR §164.524 and 164.526.
- G. Medi-Cal Member Handbook/Evidence of Coverage (ECO).

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	September 1, 1996
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2020

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B. Providers' Rights and Responsibilities

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers

POLICY:

- A. All Network Providers, including those contracted directly with IEHP, are obligated to participate in and work with IEHP programs, services, standards, policies and procedures required by IEHP.
- B. Providers have the right to know what they can expect when working with IEHP.
- C. It is IEHP policy to respect and recognize all Providers' rights as follows:
1. As a Provider within the IEHP network, you have the right to:
 - a. Receive information about IEHP, including available programs and services, its staff and its staff qualifications, operational requirements, and any contractual relationships;
 - b. Receive information about how IEHP coordinates its interventions with treatment plans for individual Members;
 - c. Receive support from IEHP to make decisions interactively with Members regarding their health care;
 - d. Receive contact information for staff responsible for managing and communicating with the Provider's Members;
 - e. Receive clinical performance data and Member experience data or results, as applicable when requested;
 - f. Receive courteous and respectful treatment from IEHP staff; and,
 - g. Complain about IEHP, including but not limited to: staff, policies, processes and procedures utilizing IEHP Provider Grievance and Appeal Resolution Process.
 2. It is IEHP policy that all Providers directly contracting with IEHP have the following credentialing rights:
 - a. Review information submitted to support your credentialing application;
 - b. Correct erroneous information during the credentialing process;
 - c. Be informed of the status of your credentialing or recredentialing application upon request; and
 - d. Be notified of these credentialing rights.
- D. It is IEHP policy that Providers' have certain responsibilities.
1. As a Provider contracting with the IEHP network, you have the responsibility to:

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B. Providers' Rights and Responsibilities

- a. Be familiar with, ask questions about and comply with all IEHP Policies and Procedures; and
- b. Comply with all regulations and medical standards set forth by the appropriate regulatory agencies to ensure appropriate medical care is provided to all IEHP Members.

PROCEDURES:

- A. Providers are notified of their rights and responsibilities as follows:
 1. Provider's rights and responsibilities are communicated in the Provider's contractual agreement with IEHP and/or other Provider entities within the IEHP network;
 2. New Providers receive the IEHP Policy and Procedure Manual within the first month of joining IEHP;
 3. Providers can access on the IEHP website at www.iehp.org interim Manual updates as changes to existing policies and procedures and/or new policies and procedures arise throughout the year;
 4. Providers receive bi-annual Provider Newsletters (Heartbeat) to communicate new ideas, information, program, benefit, policies or regulatory changes; and
 5. Changes to policies and programs as well as new policies and programs are communicated to Providers through written correspondence, such as letters and memos, are also posted on the IEHP website, as applicable.
- C. Providers may communicate with IEHP regarding any complaints, issues or concerns they may have in relation to the above rights and responsibilities, as outlined in Section 16B, "Dispute and Appeal Resolution Process for Providers" of the IEHP Provider Policy and Procedure Manual. Ways to communicate with IEHP may include:
 1. IEHP Provider Relations Team at (909) 890-2054.
 2. IEHP Website – www.iehp.org
 3. Provider Services Representative (PSRs)
 4. providerservices@iehp.org
- C. Providers are informed of the consequences of failing to comply with the above rights and responsibilities within the IEHP Provider Policy and Procedure Manual in addition to their contractual agreement.

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B. Providers' Rights and Responsibilities

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	August 1, 2002
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2020