
22. MEMBER RIGHTS AND RESPONSIBILITIES

A. Members' Rights and Responsibilities

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids Members.

POLICY:

- A. Members have the right to quality care when accessing services covered by IEHP. IEHP believes that Members, Providers, and practitioners have a role in assuring the quality of care received.
- B. 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.
- C. IEHP requires Providers and practitioners to understand and abide by IEHP's Members' Rights and Responsibilities when providing services to Members.
- D. IEHP informs Members of their Members' Rights and Responsibilities in the Member Handbook upon enrollment and annually thereafter.
- E. 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 to:
 - a. Receive information about your rights and responsibilities as an IEHP Member.
 - b. Be treated with respect and courtesy. IEHP recognizes your dignity and right to privacy.
 - c. Receive information about IEHP, its programs and services, its Doctors, its Providers, and health care facilities.
 - d. Receive interpreter services at no cost to you.
 - e. Your IEHP Doctor cannot charge you for covered health care services except for required co-payments.
 - f. Receive medically necessary covered services without regard to race, religion, age, gender, national origin, mental or physical disability, sexual identity or orientation, genetic information, source of payment, family composition or size, or medical condition or stage of illness.
 - g. If you are under a Doctor's care for an acute condition, serious chronic condition, pregnancy, terminal illness, newborn care, or a scheduled surgery, you may ask to continue seeing your current Doctor. To make this request, or if you have any concerns about your continuity of care, please call IEHP Member Services at (800) 440-IEHP (4347).

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- h. If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact IEHP Member Services at (800) 440-IEHP (4347). If you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO consumers, by telephone at its toll free number, 1-888-HMO-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.
- i. Receive emergency care whenever necessary and wherever you need it.
- j. Receive sensitive services, such as family planning or mental health care in a confidential way.
- k. Choose a primary care Doctor within the IEHP network.
- l. If your Primary Care Doctor changes, your IEHP benefits and required co-payments will stay the same.
- m. Receive information from IEHP that you can understand.
- n. Receive Member informing materials in alternative formats, including Braille, large print, and audio.
- o. Make recommendations about IEHP Members' rights and responsibilities policies.
- p. Participate with Doctors in decision making about your own health care.
- q. Talk with your doctor about your medical condition and appropriate or medically necessary treatment options regardless of the cost or what your benefits are. Members who are not able to talk with their doctor about decision making have the right to be represented by parents, guardians, family members or other conservators.
- r. Decide about your care, including the decision to stop treatment or stop participating in health management programs.
- s. Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.
- t. Review, request corrections to, and receive a copy of your medical records. (your doctor may charge a fee for copies of records and other forms)
- u. Keep your personal and medical information, and records confidential, unless you say differently, and know how IEHP keeps your information confidential.
- v. Complain about IEHP, its Providers, or your care. IEHP will help you with the process. You may appeal decisions made by IEHP or your

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Medical Group. You have the right to choose someone to represent you during the grievance process and for your complaints and appeals to be reviewed as quickly as possible and be told how long it will take.

- w. Have IEHP act as your patient advocate.
 - x. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
 - y. Disenroll from IEHP at any time without giving a reason.
 - z. IEHP will honor authorizations for services already approved for you. If you have any authorizations pending approval, if you are in the middle of treatment, or if specialty care has been scheduled for you by your current Doctor, contact IEHP to help you coordinate your care during this transition time. Call IEHP Member Services at (800) 440-IEHP (4347).
 - aa. Request a second opinion about a medical condition.
 - bb. File a grievance with IEHP if your linguistic needs are not met.
 - cc. Request an Independent Medical Review from the Department of Managed Health Care (DMHC) if you disagree with IEHP's decision to deny, delay, or modify a service your Doctor requests.
 - dd. Request an External Independent Review from IEHP and/or an Independent Medical Review from the Department of Managed Health Care (DMHC) if a service or a therapy was denied on the basis that it was considered experimental or investigational, or related to medical necessity. If you have any questions about these procedures, call IEHP Member Services at 1-800-440-IEHP (4347)/TTY 718-IEHP (4347).
- F. 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 options, your health plan coverage limitations and exclusions, rules about the use of network providers, coverage and referral rules, appropriate process to obtain additional information and process to appeal coverage decisions. If you have a question about your coverage, call IEHP Member Services at (800) 440-4347/TTY (800) 718-4347.
 - b. Follow the advice and care procedures indicated by your doctor, IEHP and the Healthy Kids, or Healthy Families program. If you have a question about these procedures, call IEHP Member Services at (800) 440-4347/TTY (800) 718-4347.

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- c. Request interpreter services at least 5 days before a scheduled appointment.
- d. Call your Doctor or pharmacy at least 3 days before you run out of medicine.
- e. Cooperate with your Doctor and staff and treat them and other patients 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 care needs and be a part of your health care decisions. Ask your doctor questions if you do not understand.
- 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 instructions 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 (800) 440-4347/TTY (800)718-4347 to file a complaint (grievance or appeal).
- q. Report any wrongdoing or fraud to IEHP by calling the Compliance Hotline at (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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- t. Make a good-faith effort to pay your health care bills (Premiums, co-pays and non-covered services where applicable).
- u. Follow administrative and operational procedures at IEHP, its providers and Government health benefits programs.

REFERENCE:

- A. Presidents "Consumer Bill of Rights and Responsibilities"

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 posted on the IEHP web site at www.iehp.org. Any updates to the Member 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 also 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 (800) 440-4347/TTY (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

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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 (800) 440-4347 or TTY (800) 718-4347. Members may also file a grievance in person at 303 E. Vanderbilt Way, San Bernardino, CA 92408 or by mail to the IEHP Grievance Unit, P.O. Box 19026, San Bernardino, CA 92423-9026. Members may also file a grievance through IEHP's web site at www.iehp.org, or via facsimile at (909) 890-5748, Attention: Grievance 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 72 hours. All other grievances are resolved within 30 days.
 - 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, Conservator, Relative, Physicians, 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 have the right to disenroll from IEHP without giving a reason.
 - 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 30 days prior to submitting a complaint to the 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-**

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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 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 TDD 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.

For further information on IEHP's Grievance Processes, see Section 16, "Grievance Resolution System."

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	September 1, 1996
Chief Title: Chief Executive Officer	Revised date:	January 1, 2012

22. PRACTITIONER RIGHTS AND RESPONSIBILITIES

B. Practitioners' Rights and Responsibilities

APPLIES TO:

- A. This policy applies to all IEHP Healthy Families and Healthy Kids Providers.

POLICY:

- A. All Network Practitioners, 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. Practitioners have the right to know what they can expect when working with IEHP.
- C. It is IEHP policy to respect and recognize all Practitioners' rights as follows:
1. As a Practitioner 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 patients;
 - c. Receive support from IEHP to make decisions interactively with patients regarding their health care;
 - d. Receive contact information for staff responsible for managing and communicating with the Practitioner's patients;
 - e. Receive courteous and respectful treatment from IEHP staff; and,
 - f. Complain about IEHP/IEHP Health Access, including but not limited to: staff, policies, processes and procedures utilizing IEHP Practitioner Grievance and Appeal Resolution Process.
 2. It is IEHP policy that all Practitioners 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 Practitioners' have certain responsibilities.

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B. Practitioners' Rights and Responsibilities

1. As a Practitioner contracting with the IEHP network, you have the responsibility to:
 - 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.

PROCEDURE:

- A. Practitioners are notified of their rights and responsibilities as follows:
 1. Practitioner's rights and responsibilities are communicated in the Practitioner's contractual agreement with IEHP and/or other provider entities within the IEHP network;
 2. New Practitioners receive the IEHP Policy and Procedure Manual; and Benefit Manual within the first month of joining IEHP;
 3. Practitioners 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. Practitioners receive bi-annual Provider Newsletters 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 Practitioners through written correspondence, such as letters and memos, and also posted on the IEHP website, as applicable.
- B. Practitioners 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 Service" of the IEHP Policy and Procedure Manual.
- C. Practitioners are informed of the consequences of failing to comply with the above rights and responsibilities within the IEHP Policy and Procedure Manual in addition to their contractual agreement.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	August 1, 2002
Chief Title: Chief Executive Officer	Revised date:	January 1, 2011