
22. MEMBER RIGHTS AND RESPONSIBILITIES

A. Members' Rights and Responsibilities

APPLIES TO:

- A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) 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 services without regard to race, religion, age, gender, national origin, mental and physical disability, sexual identity or orientation, genetic information, source of payment, family composition or size, or medical condition and stage of illness.
 - d. Receive information about IEHP, available programs and services, Doctors, Providers, health care facilities, and your drug coverage and costs, which you can understand.
 - e. Have a Primary Care Provider who is responsible for coordination of your care.
 - f. If your Primary Care Doctor changes, your IEHP benefits and required co-payments will stay the same.
 - g. Your IEHP Doctor cannot charge you for covered health care services, except for required co-payments.

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- h. Request a second opinion about a medical condition.
- i. Receive emergency care whenever and wherever you need it.
- j. See plan Providers, get covered services, and get your prescription filled timely.
- k. Receive information about clinical programs, including staff qualifications, request a change of treatment choices, participate in decisions about your health care, and be informed of health care issues that require self-management.
- l. 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.
- m. 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).
- n. Receive Member informing materials in alternative format, including Braille, large print, and audio.
- o. Information on procedures for obtaining prior authorization of services, Quality Assurance, disenrollment, and other procedures affecting IEHP Members.
- p. IEHP will honor authorizations for services already approved for you. If you have any authorizations pending approval, if you are in them idle 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).
- q. Review, request changes to, and receive a copy of your medical records in a timely fashion.
- r. Receive interpreter services at no cost to you.
- s. Notify IEHP if your language needs are not met.
- t. Make recommendations about IEHP Members' Rights and Responsibilities policies.
- u. Be informed regarding Advance Directives, Living Wills, and Power of Attorney, and to receive information regarding changes related to existing laws.
- v. Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.

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- w. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- x. Complain about IEHP, its Providers, or your care. IEHP will help you with the process. You have the right to choose someone to represent you during the appeal or grievance process and for your grievances and appeals to be reviewed as quickly as possible and be told how long it will take.
 - 1) Have grievances heard and resolved in accordance with Medicare guidelines;
 - 2) Request quality of care grievance data from IEHP.
- y. Appeal any decision IEHP makes regarding, but not limited to, a denial, termination, payment, or reduction of services. This includes denial of payment for a service after the service has been rendered (post-service) or denial of service prior to the service being rendered (pre-service).
 - 1) Request an expedited reconsideration;
 - 2) Request and receive appeal data from IEHP;
 - 3) Receive notice when an appeal is forwarded to the Independent Review Entity (IRE);
 - 4) Automatic reconsideration by the IRE when IEHP upholds its original adverse determination in whole or in part;
 - 5) Administrative Law Judge (ALJ) hearing if the independent review entity upholds the original adverse determination in whole or in part and the remaining amount in controversy is \$100 or more;
 - 6) Request Departmental Appeals Board (DAB) review if the ALJ hearing is unfavorable to the Member in whole or in part;
 - 7) Judicial review of the hearing decision if the ALJ hearing and /or DAB review is unfavorable to the Member in whole or in part and the amount remaining in controversy is \$1,000 or more;
 - 8) Make a quality of care complaint under the QIO process;
 - 9) Request a QIO review of a determination of noncoverage of inpatient hospital care;
 - 10) Request a QIO review of a determination of noncoverage in skilled nursing facilities, home health agencies and comprehensive outpatient rehabilitation facilities;
 - 11) Request a timely copy of your case file, subject to federal and state law regarding confidentiality of patient information;

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- 12) Challenge local and national Medicare coverage determinations.
2. As a Member of IEHP, you have the responsibility to:
 - a. Review your Member Handbook, and call IEHP if you do not understand something about your coverage or benefits.
 - b. Inform your Doctor about your medical condition, and concerns.
 - c. Follow the plan of treatment your doctor feels is necessary.
 - d. Make necessary appointments for routine and sick care, and inform your Doctor when you are unable to make a scheduled appointment.
 - e. Learn about your health needs, and leading a healthy lifestyle.
 - f. Make every effort to participate in the health care programs IEHP offers you.

REFERENCES:

- A. Title 42, Code of Federal Regulations, Sections 422.110, 422.112, 422.562
- B. IEHP Medicare Dual Choice Member Handbook/Evidence of Coverage (EOC)
- C. Medicare Contract

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'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.

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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 (877) 273-4347/TTY (800) 718-4347 if they have questions concerning their benefits.
- C. Appeal and Grievance Rights:
1. Grievance Nurses inform Members of their right to submit written comments, documents or other information relating to their case during the triage of the case. Members are informed of this right through the acknowledgment letter directing the Member to the Member Handbook/Evidence of Coverage for information on appeals and grievances.
 2. IEHP processes appeal requests only after confirming that the requesting party is the Member, or the Member's authorized representative, per federal regulations. IEHP recognizes the term authorized party to include: a Member (or authorized representative), an assignee that is non-contracted, but has provided services, and formally waives the right to payment from the Member, the legal representative of a Member's estate, and any other Provider or entity, other than IEHP, having an interest in the case.
 3. If IEHP is unable to establish authorization to file a case, IEHP must submit the case to the CMS independent review entity (IRE) for resolution and approval for closure. The IRE will review IEHP's efforts to gain proof of authorization.
 4. If the Member or Provider subsequently submits documentation of authorized status, a new case is submitted to the IRE (Maximus); the old case is not reopened.
 5. If the Member is incapacitated or incompetent and cannot sign an appointment of legal representation, IEHP will gain legal counsel opinion to assure compliance in filing of the appeal case, and utilizes the *Medicare Managed Care Reconsideration Background Data Form*.
 6. Confidentiality (HIPAA Violation) Issues: All existing IEHP Members received notification of the IEHP Notice of Privacy Practices (NPP) by the effective regulatory date of April 14, 2003. All new IEHP Members are informed of the NPP upon enrollment. In addition, the NPP is made available to Members upon request and is available online through IEHP's web site.

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INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	January 1, 2007
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 Medicare DualChoice (HMO SNP) 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, staff and staff qualifications, and operational requirements;
 - 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, including but not limited to: staff, policies, processes and procedures as outlined in Policy 16B2, Appeal and Grievance Resolution Process for Providers of Service, Health Plan Appeals.
 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 Policy 16B2, "Appeal and Grievance Resolution Process for Providers of Service - Health Plan Appeals."
- C. Practitioners are informed of the consequences of failing to comply with the above rights and responsibilities within the IEHP PCP Policy and Procedure Manual in addition to their contractual agreement.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	January 1, 2007
Chief Title: Chief Executive Officer	Revised date:	January 1, 2011