

POLICY No.: QM3025	DEPARTMENT: UTILIZATION MANAGEMENT
TITLE: Member Rights and Responsibilities	ISSUED DATE: March 2021



POLICY AND PROCEDURE NO: QM3025
DEPARTMENT: QUALITY MANAGEMENT
TITLE: Member Rights and Responsibilities
EFFECTIVE DATE: March 2021
REVIEWED DATE:
REVISED DATE:
SUPERSEDES AND REPLACES: N/A
APPLIES TO: Medi-Cal Medicare Medicare/Medi-Cal (i.e. MMP, MMOP) Exchange
APPLIES TO: ALL STATES SPECIFIC STATE(S) CA

REVIEWERS: Joan Hanson, RN
APPROVED BY: Joan Hanson, RN, Director of UM/QM Gayaneh Kostikyan, CEO
SIGNATURE:
DATE:

SCOPE

Capital Health Partners and its affiliated entities, globally referred to as “Capital” shall follow the Procedures set forth this policy.

POLICY:

“Capital” is committed to ensure that members are treated in a manner that acknowledges their rights and responsibilities.

PROCEDURE:

“Capital” recognizes and abides by the following Members Rights in which the member has the right to:

1. Receive information about the organization, its services, its practitioners and providers and member rights and responsibilities. The member may also make recommendations regarding the organization’s member rights and responsibilities policy
2. Be treated with courtesy and respect and recognition of their dignity and their right to privacy.
3. Have his/her medical information kept confidential, in accordance with all applicable state and federal laws. If the member or their representative gives us written permission to release their records, their request will be followed.
4. Have access to, get copies of, and where legally appropriate, amend or correct their medical records.
5. Know how the health plan works and what services are available to them.
6. Have interpreter service provided to them at no cost if they need them to access covered services.

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7. Get help from us to understand written documents that we send to them.
8. Have access to preventive health services.
9. Participate in decision making about their health care with practitioners, including the right to refuse treatment; to have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
10. See a specialist for a second opinion if it is medically needed.
11. File a complaint, either verbally or in writing, about the health plan or the care that he/she received. He/she also has the right to ask for a State Fair Hearing and to be given information about when an expedited hearing is possible.
12. Receive emergency care both in and outside our service area. The member does not need prior authorization for emergency care.
13. Choose or change your primary care provider within our network of providers
14. Choose a participating PCP as their PCP and obtain services.
15. Receive services from certified nurse practitioners (CNP) and certified nurse midwives (CNM) who work under a physician's direction.
17. Receive written materials provided in alternative formats including braille, and large size print upon request and in a timely fashion.
18. Access a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services.
19. Obtain and/or complete Advance Directive documents.

“Capital” expect their patients/members to abide by the following list of patient/member responsibilities:

1. Know Capital's rules and follow them.
2. Follow their doctor's treatment plan and advice for care they have agreed with their practitioners. Member also has a responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals.
3. Tell their doctor about their health conditions and supply information to Capital and its practitioners and providers in order to provider care.
4. See their doctor within 120 days (4 months) for a new patient exam.
5. Keep their appointments. If they have to cancel and reschedule an appointment, let his/her PCP know 24 hours before they are scheduled to see the doctor.
6. Be kind and polite to their doctors, their staffs and to the “Capital” staff.
7. Keep his/her current Insurance Health Plan ID card with them at all times.
8. Show his/her health care ID cards when they receive health care.

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9. Use the emergency room only for emergency care.
10. Tell “Capital” if he/she moves or changes their phone number.
11. Learn about their health and what to do to stay well.

GUIDELINES:

“Capital” communicates Member Rights and Responsibilities to members and providers.

Patients/Members are referred to their health plan’s Evidence of Coverage (EOC) for information on the plan’s benefits and services that are included and excluded as a condition of membership, and how to obtain them (e.g., Member Services):

- The procedures for obtaining out-of-area coverage,
- Provisions for after-hours and emergency coverage,
- The policy on referral for specialty care,
- Procedures for notifying those members affected by the termination or change in any benefits, services or service delivery office/site,
- Procedures for appealing decisions adversely affecting the member’s coverage, benefits, or relationship to “Capital”,
- Procedures for changing providers,
- Procedures for disenrollment,
- Procedures for voicing complaints and/or grievances.

REFERENCE

Contracted Health Plan Member Handbook

ATTACHMENTS

N/A

FORMS - NA

REFERENCE - Individual Health Plan Requirement

ATTACHMENTS - NA