
22. RIGHTS AND RESPONSIBILITIES

A. Members' Rights and Responsibilities

APPLIES TO:

A. This policy applies to all IEHP DualChoice (HMO D-SNP) Members and Providers.

POLICY:

- A. IEHP has a policy and procedure that states its commitment to treating Members and inform Members in a manner that respects their rights and the expectations of Member's responsibilities. Members' Rights and Responsibilities are included in the Member Handbook upon enrollment and annually thereafter, or upon request, in an alternate format, if needed.^{1,2}
- 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 States³, as the basis for its statement of Members' Rights and Responsibilities.⁴
- D. IEHP requires Providers and Practitioners to understand and abide by IEHP's Members' Rights and Responsibilities when providing services to Members.
- E. It is IEHP's policy to respect and recognize Members' rights. The following statements are included in the Member Handbook.⁵
1. As a Member of IEHP, you have the right to:
 - a. Receive information in a way that meets your needs.
 - 1) Receive information in a way that you can understand, call Member Services. IEHP has people who can answer questions in different languages.⁶
 - 2) IEHP can also give you or your authorized representative materials in English and Spanish and in formats such as large print, braille, or accessible electronic formats. To request the format you prefer, call IEHP Member Services.
 - 3) If you are having trouble getting information from IEHP because of language problems or a disability and you want to file a complaint:
 - Call Medicare at 1-800-MEDICARE (~~(800)~~ 633-4227). You can call twenty-four (24) hours a day, seven (7) days a week. TTY users should call (877) 486-2048.

¹ Welfare and Institutions Code § 14182 (b)(12)

² Title 42 Code of Federal Regulations (CFR) §422.111

³ Presidents "Consumer Bill of Rights and Responsibilities"

⁴ Title 42 Code of Federal Regulations (CFR) §422.110, 422.112, 422.562.

⁵ IEHP DualChoice Member Handbook/Evidence of Coverage (EOC).

⁶ 42 CFR § 422.111

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- You can file a grievance with IEHP if you feel your linguistic needs are not met. You can call IEHP DualChoice Member Services or use our “Member Complaint Form.” All of our doctor’s offices have the form or we can mail one to you. If you need help to fill out the form, you can call IEHP DualChoice Member Services. You can give a completed form to any IEHP Provider or send it to us at the address listed on the back cover of the Member Handbook. You can file a grievance online on our website at www.iehp.org.⁷
- b. Be treated with respect, fairness, and courtesy. IEHP recognizes your dignity and right to privacy.
- c. Receive services without regard to race, ethnicity, national origin, religion, sex, age, mental or physical disability, appeals, behavior, gender identity, sexual orientation, receipt of health care, evidence of insurability (including conditions arising out of acts of domestic violence), genetic information, geographic location within the services area, health status, medical history, mental ability, claims experience, or use of services.⁸
- d. Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation.
 - 1) We cannot deny services or punish you for exercising your rights.
 - If you have concerns about discrimination or unfair treatment, call the Department of Health and Human Services’ Office for Civil rights at (800) 368-1019 (TTY (800) 537-7697). You can also call your local Office for Civil Rights. To get more information about the Office of Civil Rights and to find your local Civil Rights office, please visit their website at <http://www.hhs.gov/ocr/office>.
 - If you have a disability and need help accessing care or a Provider, call Member Services. If you have a complaint, such as a problem with wheelchair access, Member Services can help.
- e. Ensure that you get timely access to covered services and drugs. If you cannot get services within a reasonable amount of time, we have to pay for out-of-network care.⁹
- f. Choose a Primary Care Provider (PCP) in our network.¹⁰
- g. Women have the right to go to a gynecologist or another women’s health Specialist without getting a referral.¹¹

⁷ 42 CFR § 422.564 (d)

⁸ 42 CFR § 422.110

⁹ 42 CFR §422.112

¹⁰ Ibid.

¹¹ Ibid.

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- h. Receive covered services from network Providers within a reasonable amount of time.¹²
 - 1) This includes the right to get timely services from specialists.
- i. Receive emergency services or care that is urgently needed without prior approval.¹³
- j. Know when you can see an out-of-network Provider.¹⁴
- k. Get your prescriptions filled at any of our network pharmacies without long delays.
- l. Keep your current Providers and service authorizations for up to twelve (12) months for Medicare services and up to twelve (12) months for Medi-Cal services if certain criteria are met.
- m. To hire, fire, and manage your In-Home Services and Supports (IHSS) worker.¹⁵
- n. Self-direct care with help from your care team and care coordinator.
- o. Protect your Personal Health Information (PHI).¹⁶
 - 1) Your PHI includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.
 - 2) How IEHP protects your health information.
 - IEHP makes sure that unauthorized people do not see or change your records.
 - IEHP does not give your health information to anyone who is not providing your care or paying for your care. If IEHP does, IEHP is required to get written permission from you first. Written permission can be given by you or by someone who has the legal power to make decisions for you.
 - There are certain cases when IEHP does not have to get your written permission first. These exceptions are allowed or required by law. IEHP is required to:
 - Release health information to government agencies that are checking on our quality of care.
 - Release health information by court order.
 - Give Medicare your health and drug information. If Medicare releases your information for research or other uses, it will be done according to federal laws.

¹² Ibid.

¹³ 42 CFR §422.111 (b)(5)

¹⁴ 42 CFR §422.111 (b)(4)

¹⁵ California Welfare and Institutions Code (Welf. & Inst. Code), §12300

¹⁶ 45 CFR § 160 and Subparts A and E of § 164

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- p. Receive information and to control how your health information is used.
- 1) IEHP gives you a written notice that talks about these rights and also explains how we protect the privacy of your health information. The notice is called the "Notice of Privacy Practice."¹⁷
- q. Look at your medical records and get a copy of your records. IEHP is allowed to charge you a fee for making a copy of your medical records.
- r. Ask IEHP to update or correct your medical records. If you ask IEHP to do this, IEHP will work with your health care Provider to decide whether the change should be made.
- s. Know if and how your health information has been shared with others.
- t. Receive information about IEHP, including all enrollment notices, information materials, and instructional materials on available programs and services, Doctors, Providers, health care facilities, and your drug coverage and costs, in a manner and format that may be easily understood.¹⁸
- 1) If you do not speak English, we have interpreter services to answer any questions you may have about IEHP.¹⁹
 - 2) Information about how to choose or change plans.
 - 3) Information about IEHP, including:
 - Financial information.
 - How IEHP has been rated by plan Members.
 - The number of appeals made by Members.
 - How to leave IEHP.
 - 4) Information about IEHP's network Providers and network Pharmacies, including:
 - How to choose or change Primary Care Provider.
 - The qualifications of IEHP network Providers and Pharmacies.
 - How we pay the Provider in our network.
 - 5) Information about covered services and drugs and about rules you must follow, including:
 - Services and drugs covered by IEHP.

¹⁷ 45 CFR § 164.520

¹⁸ 42 CFR § 422.111

¹⁹ Title 28 California Code of Regulations (CCR) § 1300.67.04

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- Limits to your coverage and drugs.
 - Rules you must follow to get covered services and drugs.
- 6) Information about why something is not covered and what you can do about it, including:
- Asking IEHP to put in writing why something is not covered.
 - Asking IEHP to change a decision made.
 - Asking IEHP to pay for a bill you have received.
- u. Network Providers cannot balance bill you directly.
- v. Leave IEHP -DualChoice plan at any time.
- w. Participate with doctors in decision making about your own health care, including the right to refuse treatment.
- 1) Know your choices.
 - 2) Know your risks.
 - 3) You can get a second opinion.
 - 4) You can say “no.”
 - You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You also have the right to stop taking a prescribed drug. If you refuse treatment or stop taking a prescribed drug, you will not be dropped from IEHP. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
 - 5) Ask IEHP to explain why a Provider denied care.
 - 6) Ask IEHP to cover a service or drug that was denied or is usually not covered.
- x. 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.
- y. Request a change of treatment choices, participate in decisions about your health care, and be informed of health care issues that require self-management.
- z. 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 DualChoice Member Services at (877) 273-IEHP (4347)/TTY (800) 718-4347.

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- aa. 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 DualChoice Member Services at (877) 273-IEHP (4347)/TTY (800) 718-4347.
- bb. Receive interpreter services at no cost to you.²⁰
- cc. Notify IEHP if your language needs are not met.
- dd. Reasonable accommodations.
- ee. Be informed regarding Advance Directives, Living Wills, and Power of Attorney, and to receive information regarding changes related to existing laws.
 - 1) Say what you want to happen if you are unable to make health care decision for yourself.
 - Fill out a written form to give someone the right to make health care decisions for you.
 - Give your doctors written instructions about how you want them to handle your health care if you become unable to make decisions for yourself.
 - Give copies to people who need to know about it.
 - Take a copy to the hospital if you are going to be hospitalized.
 - 2) If your instructions are not followed:
 - If you have an advance directive and you believe that a doctor or hospital did not follow the instructions in it, you may file a complaint with the California Department of Social Services State Hearing Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430. You can call their toll-free number at (800) 633-2322. TTY users can call (916) 263-0935.
- ff. Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.
- gg. Be free to exercise their rights without negative consequences, consistent with regulations set by the Centers for Medicare and Medicaid Services (CMS) and the state of California.
- hh. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- ii. 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

²⁰ CA Health & Saf. Code § 1367.04

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grievance process and for your grievances and appeals to be reviewed as quickly as possible and be told how long it will take.²¹

- 1) Have grievances heard and resolved in accordance with Medicare guidelines; and
 - 2) Request quality of care grievance data from IEHP.
- jj. Make complaints and to ask us to reconsider decisions IEHP has made.
- 1) If you believe you are being treated unfairly or your rights are not being respected, you can get help in these ways:
 - Call Member Services.
 - Call your local Health Insurance Counseling and Advocacy Program (HICAP) program.
 - Call the Medicare Ombudsman Program.
 - Call Medicare at 1-800-MEDICARE (800) 633-4227), twenty-four (24) hours a day, seven (7) days a week. TTY users should call (877) 486-2048.
- kk. 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).²²
- 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;²³
 - 6) Request Departmental Appeals Board (DAB) review if the ALJ hearing is unfavorable to the Member in whole or in part;

²¹ Medicare Managed Care Manual, "Part C & D Enrollee Grievances, Organization/ Coverage Determinations and Appeals Guidance" Section 20.1

²² Medicare Managed Care Manual, "Part C & D Enrollee Grievances, Organization/ Coverage Determinations and Appeals Guidance"

²³ 42 CFR § 422.1006

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- 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 Quality Improvement Organization (QIO) process;²⁴
 - 9) Request a QIO review of a determination of non-coverage of inpatient hospital care;²⁵
 - 10) Request a QIO review of a determination of non-coverage 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; and
 - 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. Give accurate information to IEHP and your Doctor about your medical condition, and concerns.
 - c. Follow the plan of care and any other Provider instructions your Health Care Provider(s) 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. Understand your health needs and be a part of your health care decisions. Ask your doctor questions if you do not understand.
 - f. Make every effort to participate in the health care programs IEHP offers you.
 - g. Be considerate.
 - 1) Members are to respect the rights of other patients.
 - 2) Act with respect in your doctor's office, hospital, and other Providers' offices.
 - h. Pay what you owe. You are responsible for these payments:
 - 1) Medicare Part A and Medicare Part B premiums. For most IEHP DualChoice Members, Medi-Cal pays for your Part A premium and your Part B premium.

²⁴ 42 CFR § 422.111(c)

²⁵ Ibid.

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- 2) For some of your drugs covered by the plan, you must pay your share of the cost when you get the drug. This will be a co-pay (a fixed amount).
- 3) If you disagree with our decision to not cover a service or drug, you can make an appeal.
 - i. Tell us if you move.
 - 1) If you move outside of our plan service area, you cannot be a Member of our plan.
 - 2) If you move within our service area, we still need to know.

DEFINITION:

- A. "Delegate" is defined as a medical group, IPA or any contracted organization delegated to provide services to IEHP Members.

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. The Members' Rights and Responsibilities is on the IEHP web site at www.iehp.org and a paper copy is available to all Members and/or potential Members upon request by calling IEHP DualChoice Member Services at (877) 273-IEHP (4347) /TTY (800) 718-4347.²⁶ 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.²⁷
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

²⁶ 42 CFR § 422.111

²⁷ Medicare Managed Care Manual, "Part C & D Enrollee Grievances, Organization/ Coverage Determinations and Appeals Guidance" Section 10.4.4

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benefits, and encourage Members to contact IEHP DualChoice Member Services at (877) 273-4347/TTY (800) 718-4347 if they have questions concerning their benefits.

C. Appeal and Grievance Rights:^{28,29,30}

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.³¹

D. IEHP does not discriminate against Members based on their payment status, e.g., specifically, Provider may not refuse to serve Members because they receive assistance with Medicare cost-sharing from a State Medicaid program.³²

²⁸ 42 CFR §422 Subpart M

²⁹ 42 CFR § 422.111

³⁰ Medicare Managed Care Manual, "Part C & D Enrollee Grievances, Organization/ Coverage Determinations and Appeals Guidance"

³¹ 45 CFR § 164.520

³² 42 CFR § 422.110

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<u>INLAND EMPIRE HEALTH PLAN</u>		
<u>Regulatory/ Accreditation Agencies:</u>	<input type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
<u>Original Effective Date:</u>	January 1, 2007	
<u>Revision Effective Date:</u>	January 1, 2024 3	

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INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	January 1, 2007
Chief Title: Chief Operating Officer	Revision Date:	January 1, 2024 ³

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B. Providers' Rights and Responsibilities

APPLIES TO:

A. This policy applies to all IEHP DualChoice ([HMO D-SNP](#)) 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 as outlined in Policy 16B2, "Grievance and Appeal Resolution Process for Providers - Health Plan".
 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.

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1. As a Provider 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.
- E. It is IEHP policy that Providers do not discriminate against Members based on their payment status, Providers may not refuse to serve Members because they receive assistance with Medicare cost-sharing from a State Medicaid program.

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 training and how to access the IEHP Policy and Procedure Manual at www.iehp.org 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, and also posted on the IEHP website, as applicable.
- B. 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 Policy 16B2, "Appeal and Grievance Resolution Process for Providers - Health Plan" of the IEHP Provider Policy and Procedure Manual. Ways to communicate with IEHP may include:
 1. IEHP Provider ~~Relations Team~~ [Call Center \(PCC\)](http://www.iehp.org) at (909) 890-2054.
 2. IEHP Website – www.iehp.org
 3. Provider Services Representative (PSRs)
 4. providerservices@iehp.org

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- 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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<u>Regulatory/ Accreditation Agencies:</u>	<input type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
<u>Original Effective Date:</u>	January 1, 2007	
<u>Revision Effective Date:</u>	January 1, 2024	

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<i>INLAND EMPIRE HEALTH PLAN</i>		
<i>Chief Approval: Signature on file</i>	<i>Original Effective Date:</i>	<i>January 1, 2007</i>
<i>Chief Title: Chief Operating Officer</i>	<i>Revision Date:</i>	<i>January 1, 2023</i>