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## 22. RIGHTS AND RESPONSIBILITIES

### A. Members' Rights and Responsibilities

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#### **APPLIES TO:**

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

#### **POLICY:**

- A. IEHP has a policiesy and procedures that set forth the Member's rights and responsibilities and communicate its policies to its Members, Providers and upon request, potential Members. IEHP Members' rights include:<sup>1</sup>
1. To be treated with respect and recognition of their dignity, giving due consideration to their right to privacy and the need to maintain confidentiality of the Member's Protected Health Information (PHI) and Private Information (PI);<sup>2</sup>
  2. To be provided with information about the Plan's organization, its services available to Members, and Member rights and responsibilities;<sup>3</sup>
  3. To be able to choose their Primary Care Provider (PCP) within the Plan's network unless the PCP is unavailable or is not accepting new patients;
  4. To participate in decision making regarding their health care, including the right to refuse treatment;<sup>4</sup>
  5. To submit grievances, either verbally or in writing, about the Plan, its Providers, care received, and any other expression of dissatisfaction not related to an Adverse Benefit Determination;<sup>5</sup>
  6. To request an appeal of an Adverse Benefit Determination within 60 calendar days from the date on the Notice of Adverse Benefit Determination and how to continue benefits during the appeal process through the State Fair Hearing, when applicable;<sup>6</sup>
  7. To request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is available;
  8. To receive interpretation services and written translation of critical informing materials in their preferred threshold language, including oral interpretation and American Sign Language;
  9. To have a valid Advance Directive in place, and an explanation to Members of what an Advance Directive is;

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<sup>1</sup> Department of Health Care Services (DHCS)-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1, Members Rights and Responsibilities

<sup>2</sup> National Committee for Quality Assurance (NCQA), 2023 Health Plan (HP) Standards and Guidelines, Member Experience) ME 1, Element A, Factor 2

<sup>3</sup> NCQA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 1

<sup>4</sup> NCQA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 3

<sup>5</sup> NCQA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 5

<sup>6</sup> Ibid.

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10. To receive care coordination.
11. To receive free legal help at your local legal aid office or other groups.
12. To have access to family planning services, sexually transmitted disease services, from a Provider of their choice without referral or Prior Authorization, either in or outside of the Plan's network;
13. To have emergency services provided in or outside the Plan's network, as required pursuant to the federal law;
14. To have access to Federally Qualified Health Centers, Rural Health Clinics, Indian Health Service Programs outside of the Plan's network, pursuant to federal law;
15. To have access to and receive a copy of their medical records, and request that they be amended or corrected.<sup>7</sup>
16. To change Medi-Cal managed care plans upon request, if applicable;
17. To access Minor Consent Services.
18. To receive written Member-informing materials in alternative formats (such as braille, large-size print no smaller than 20 point font, accessible electronic format, and audio format) upon request;
19. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
20. To receive information on and have a discussion of available and appropriate treatment options and alternatives presented in a manner appropriate for the Member's condition, regardless of cost or benefit coverage, and ability to understand available treatment options and alternatives;<sup>8</sup>
21. Freely exercise these Member rights without retaliation or any adverse conduct by the Plan, its Delegates, Providers, or the State;
22. To make recommendations about the Plan's Member rights and responsibilities policy.<sup>9</sup>

### B. IEHP's Members responsibilities include:

1. Being familiar with and ask questions about their health plan coverage;
2. Following the advice and care procedures provided by their Provider, the Plan, and the program;
3. Requesting interpreter services at least five (5) working days before their scheduled appointment;

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<sup>7</sup> Title 45 Code of Federal Regulations (CFR) § 164.524 and 164.526

<sup>8</sup> NCOA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 4

<sup>9</sup> NCOA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 6

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5. Cooperating with their Provider and staff and treat them with respect, which includes being on time for their visits or calling their Provider if they need to cancel or reschedule an appointment;
6. Understanding that their Provider's office may have limited seating for patients and caregivers only;
7. Giving accurate information to the Plan, their Provider, and any other Provider to help receive better care;<sup>10</sup>
8. Understanding their health needs and being a part of their health care decisions as well as asking the Provider questions if they do not understand, and participating in the development of treatment goals;<sup>11</sup>
9. Working with their Provider to make plans for their health care;
10. Following the plans and instructions for care that they have agreed on with their Provider;<sup>12</sup>
11. Notifying the Plan and their Provider if they want to stop the plans and instruction they have agreed on or want to stop participating in health management programs;
12. Immunizing their children by age 2 years and always keeping their children's immunizations up to date;
13. Calling their Provider when their need routine or urgent health care;
14. Caring for their own health - living a healthy lifestyle, exercising, eating a good diet, and not smoking;
15. Avoiding knowingly spreading disease to others;
16. Using the Plan's grievance process to file a complaint.
17. Reporting any wrongdoing or fraud to the Plan by calling the Compliance Hotline or the proper authorities;
18. Understanding that there are risks in receiving health care and limits to what can be done for them medically; and
19. Understanding that it is the Provider's duty to be efficient and fair in caring for them as well as other patients.

#### **DEFINITION:**

- A. Delegate – For the purpose of this policy, this is defined as a medical group, IPA or any contracted organization delegated to provide services to IEHP Members.

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<sup>10</sup> NCOA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 7

<sup>11</sup> NCOA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 9

<sup>12</sup> NCOA, 2023 HP Standards and Guidelines, ME 1, Element A, Factor 8

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#### PROCEDURES:

- A. Delegates and Providers are encouraged to help Members understand their rights and responsibilities as outlined in this policy, appropriately utilize their covered benefits, and to contact IEHP Member Services at 1-800-440-IEHP (4347)/TTY 1-800-718-4347 if they have questions concerning their benefits.
- B. Members are informed of their rights and responsibilities through the following methods. Potential Members are provided this information, upon their request.<sup>13</sup>
1. New Members – IEHP sends to its new Members their post-enrollment kit along with the Member Handbook with established regulatory timeframes.<sup>14</sup>
  2. Existing Members – On an annual basis, IEHP sends the Member Handbook Guide is mailed to all heads of household, and upon request.<sup>15</sup>
  3. Information is also available through the IEHP website at [www.iehp.org](http://www.iehp.org). Any updates to the Member's rights and responsibilities are communicated through Member newsletters.
- C. Providers are informed of Members' rights and responsibilities through the following methods:<sup>16</sup>
1. New Providers - IEHP sends its Provider Policy and Procedure Manual to new Providers within the first month of their joining IEHP.<sup>17</sup>
  2. Existing Providers – IEHP publishes its Provider Policy and Procedure Manual on an annual basis and also makes this available upon request.<sup>18</sup>
  3. Information is also available through the IEHP website at [www.iehp.org](http://www.iehp.org). Providers are informed of any updates to Plan policies and procedures.
- D. IEHP Team Members are trained and knowledgeable on Members' rights and responsibilities, including the grievance system.<sup>19</sup>
- E. Member and Provider rights and responsibilities specific to the Grievance and Appeal Resolution System are described in Section 16, "Grievance and Appeals Resolution System" and IEHP Medi-Cal Member Handbook.

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<sup>13</sup> [DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1, Members Rights and Responsibilities](#)

<sup>14</sup> [NCQA, 2023 HP Standards and Guidelines, ME 1, Element B, Factor 1](#)

<sup>15</sup> [NCQA, 2023 HP Standards and Guidelines, ME 1, Element B, Factor 2](#)

<sup>16</sup> [DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1, Members Rights and Responsibilities](#)

<sup>17</sup> [NCQA, 2023 HP Standards and Guidelines, ME 1, Element B, Factor 3](#)

<sup>18</sup> [NCQA, 2023 HP Standards and Guidelines, ME 1, Element B, Factor 4](#)

<sup>19</sup> [DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1, Members Rights and Responsibilities](#)

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### A. Members' Rights and Responsibilities

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~~states its commitment to treating Members and inform Members in a manner that respects their rights and the expectations of Member's responsibilities.<sup>20</sup> Members' rights and responsibilities are included in the Member Handbook upon enrollment and annually thereafter, or upon request in an alternate format, if needed.<sup>21,22,23</sup>~~

- ~~A. 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.~~
- ~~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.<sup>24</sup>~~
- ~~C. IEHP requires Providers and Practitioners to understand and abide by IEHP's Members' Rights and Responsibilities when providing services to Members.<sup>25</sup>~~
- ~~D. IEHP shall ensure that Facilities implement and maintain procedures that guard against disclosure of confidential information to unauthorized persons inside and outside the network.~~
- ~~E. 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.<sup>26</sup>~~
- ~~F. It is IEHP's policy to respect and recognize Members' rights. The following statements are included in the Member Handbook.<sup>27,28</sup>~~
  - ~~1. As a Member of IEHP, you have the right:<sup>29</sup>~~
    - ~~a. To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information<sup>30</sup>~~
    - ~~b. To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.<sup>31</sup>~~
    - ~~c. To receive fully translated written member information in your preferred language~~

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<sup>20</sup> National Committee for Quality Assurance (NCQA), 2022 Health Plan Standards and Guidelines, ME 1, Element A

<sup>21</sup> NCQA, 2023 Health Plan Standards and Guidelines, ME 1, Element B

<sup>22</sup> Department of Health Care Services (DHCS) IEHP Two Plan Contract, 01/10/20 (Final Rule A27), Exhibit A, Attachment 13, Provision 1, Member Rights and Responsibilities

<sup>23</sup> Welfare and Institutions Code § 14182 (b)(12)

<sup>24</sup> Presidents "Consumer Bill of Rights and Responsibilities"<sup>2</sup>

<sup>25</sup> Department of Health Care Services (DHCS) IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1 Member Rights and Responsibilities

<sup>26</sup> Title 22 California Code of Regulations (CCR) § 51009

<sup>27</sup> Medi-Cal Member Handbook/Evidence of Coverage (EOC)

<sup>28</sup> DHCS IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1 Member Rights and Responsibilities

<sup>29</sup> *Ibid.*

<sup>30</sup> NCQA, 2023 Health Plan Standards and Guidelines, ME 1, Element A

<sup>31</sup> *Ibid.*

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### A. Members' Rights and Responsibilities

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~~including all grievance and appeal notices.~~

- ~~d.—To be able to choose a Primary Care Provider (PCP) within IEHP's network.~~
- ~~e.—To have timely access to network Providers.~~
- ~~f.—To participate in decision-making regarding your own health care, including the right to refuse treatment.<sup>32</sup>~~
- ~~g.—To voice grievances or appeals, either verbally or in writing, about the organization or the care received.<sup>33</sup>~~
- ~~h.—To know the medical reason for IEHP's decision to deny, delay, terminate or change a request for medical care.~~
- ~~i.—To make recommendations about IEHP's Member rights and responsibilities policy.<sup>34</sup>~~
- ~~j.—To receive care coordination.~~
- ~~k.—To request an appeal of decisions to deny, defer, or limit services or benefits.~~
- ~~l.—To receive free oral interpretation and translation services for their language.~~
- ~~m.—To receive free legal help at your local legal aid office or other groups.~~
- ~~n.—To formulate Advanced Directives.~~
- ~~o.—To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, American Indian Health Service Programs, midwifery services, Rural Health Centers, sexually transmitted disease services and emergency services outside the IEHP's network pursuant to the federal law.~~
- ~~p.—To request a State Hearing if a service or benefit is denied and you have already filed an appeal with IEHP and are still not happy with the decision, or if you did not get a decision on your appeal after thirty (30) days, including information on the circumstances under which an expedited hearing is possible.<sup>35</sup>~~
- ~~q.—To change to another health plan in the county 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.~~
- ~~r.—To access minor consent services.~~
- ~~s.—To receive, or have an authorized representative receive, written member informing materials in alternative formats (such as braille, large size print, and accessible~~

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<sup>32</sup> ~~Ibid.~~

<sup>33</sup> ~~Ibid.~~

<sup>34</sup> ~~Ibid.~~

<sup>35</sup> ~~Welf. & Inst. Code § 10951~~

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### A. Members' Rights and Responsibilities

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~~being requested.<sup>36</sup>~~

- ~~t. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.~~
- ~~u. To receive information and have a discussion on available treatment options and alternatives presented in a manner appropriate to your condition and ability to understand, regardless of cost or benefit coverage.<sup>37</sup>~~
- ~~v. To have access to and get a copy of your medical records, and request that they be amended or corrected.<sup>38</sup>~~
- ~~w. Freedom to exercise these rights without adversely affecting how you are treated by the IPA, Providers, or the State.~~

~~G. 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 (4347) (TTY 1-800-718-4347).~~
  - ~~b. Follow the advice and care procedures provided 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) (TTY 1-800-718-4347).~~
  - ~~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.<sup>39</sup>~~
  - ~~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~~~~

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<sup>36</sup> Welf. & Inst. Code § 14182(b)(12)

<sup>37</sup> NCQA, 2023 HP Standards and Guidelines, ME 1, Element A

<sup>38</sup> Title 45 Code of Federal Regulations (CFR) § 164.524 and 164.526

<sup>39</sup> NCQA, 2023 HP Standards and Guidelines, ME 1, Element A

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### A. Members' Rights and Responsibilities

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goals.<sup>40</sup>

- ~~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.<sup>41</sup>~~
- ~~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) (TTY 1-800-718-4347) 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.~~

#### **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.<sup>42,43</sup>~~

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<sup>40</sup> NCQA, 2023 HP Standards and Guidelines, ME 1, Element A

<sup>41</sup> Ibid.

<sup>42</sup> NCQA, 2023 HP Standards and Guidelines, ME 1, Element B

<sup>43</sup> DHCS IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1 Member Rights and Responsibilities



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### A. Members' Rights and Responsibilities

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~~2. Members' Rights and Responsibilities can be found on the IEHP web site at [www.iehp.org](http://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.<sup>44,45</sup>~~

~~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:<sup>46</sup>~~

~~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.<sup>47,48,49,50</sup> Members may file a grievance in person at 10801 Sixth St., 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](http://www.iehp.org), or via facsimile at (909) 890-5748, Attention: Grievance & Appeals Department.~~

~~a. You have a right to file a grievance with the Ombudsman at 1-888-452-8609.<sup>51</sup>~~

~~2. The following grievance rights are included in the Member handbook:~~

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<sup>44</sup> NCQA, 2022 HP Standards and Guidelines, ME 1, Element B

<sup>45</sup> DHCS IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1 Member Rights and Responsibilities

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<sup>47</sup> Title 28 California Code of Regulations (CCR) § 1300.68 (b)(4)

<sup>48</sup> 22 CCR § 53858(b)

<sup>49</sup> DHCS IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.1.1 Member Rights and Responsibilities

<sup>50</sup> DHCS IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 4.6.1 Grievance Process

<sup>51</sup> DHCS IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 4.6.1 Grievance Process

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- a. ~~If your grievance concerns a serious threat to your health, we will resolve it within seventy two (72) hours.<sup>52,53,54</sup> All other grievances are resolved within thirty (30) calendar days.<sup>55,56,57,58,59,60</sup>~~
  - 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 Help Center: 1-888-466-2219)~~
  - 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:<sup>61</sup>~~
- 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.~~

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<sup>52</sup> Ibid.

<sup>53</sup> NCQA, 2023 HP Standards and Guidelines, ME 7, Element A, Factor 4

<sup>54</sup> D DHCS IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 4.6.1 Grievance Process

<sup>55</sup> Ibid.

<sup>56</sup> DHCS APL 21-011

<sup>57</sup> NCQA, 2022 HP Standards and Guidelines, ME 7, Element A, Factor 4

<sup>58</sup> 22 CCR § 1300.68 (a) & (d)(3)

<sup>59</sup> 22 CCR § 53858 (g)(1)

<sup>60</sup> Health & Safety Code § 1368.01(a)

<sup>61</sup> DHCS APL 21-011

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~~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 (1-888-466-2219) and a TTY line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site <http://www.dmhc.ca.gov> has complaint application forms and instructions online.~~

- ~~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 1-800-952-5253 or TTY 1-800-952-8349 or 711 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.~~
- ~~e. 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."~~

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| INLAND EMPIRE HEALTH PLAN           |  |  |
|-------------------------------------|--|--|
| Regulatory/ Accreditation Agencies: | <input checked="" type="checkbox"/> DHCS | <input type="checkbox"/> CMS             |
|                                     | <input checked="" type="checkbox"/> DMHC | <input checked="" type="checkbox"/> NCQA |
| Original Effective Date:            | September 1, 1996                        |  |
| Revision Effective Date:            | January 1, 2024                          |  |

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## 22. RIGHTS AND RESPONSIBILITIES

### B. Providers' Rights and Responsibilities

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#### **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.

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### B. Providers' Rights and 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.

#### **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](http://www.iehp.org) within the first month of joining IEHP;
  3. Providers can access on the IEHP website at [www.iehp.org](http://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.
- 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 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~~ [Call Center \(PCC\)](http://www.iehp.org) at (909) 890-2054.
  2. IEHP Website – [www.iehp.org](http://www.iehp.org)
  3. Provider Services Representative (PSRs)
  4. [providerservices@iehp.org](mailto: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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## 22. RIGHTS AND RESPONSIBILITIES

### B. Providers' Rights and Responsibilities

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| <u>INLAND EMPIRE HEALTH PLAN</u>           |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <u>Regulatory/ Accreditation Agencies:</u> | <input type="checkbox"/> <u>DHCS</u> | <input type="checkbox"/> <u>CMS</u>  |
|  | <input type="checkbox"/> <u>DMHC</u> | <input type="checkbox"/> <u>NCQA</u> |
| <u>Original Effective Date:</u>            | <u>August 1, 2002</u>                |                                      |
| <u>Revision Effective Date:</u>            | <u>January 1, 2024</u>               |                                      |

| <u>INLAND EMPIRE HEALTH PLAN</u>                   |                                 |                        |
|--|---------------------------------|------------------------|
| <u>Chief Approval:</u> <i>Signature on file</i>    | <u>Original Effective Date:</u> | <u>August 1, 2002</u>  |
| <u>Chief Title:</u> <u>Chief Operating Officer</u> | <u>Revision Date:</u>           | <u>January 1, 2021</u> |