



**Molina Healthcare of California
Provider/Practitioner Manual**

Member Rights and Responsibilities

Document Page #

Member Benefits

2 – 6

MEMBER BENEFITS

MEMBER BENEFITS

Health care professionals contracted with the State of California's Medi-Cal Program are obligated to provide member services in accordance with standards as to frequency, access, and medical office policies and procedures. The following gives a brief overview of these obligations.

- Physicians from the following categories are eligible to be a Primary Care Physician (PCP); Family Practice, General Practice, Internal Medicine, OB/GYN, and Pediatricians. PCPs may self-restrict their practice by age or sex, or Molina Healthcare may restrict member assignment to a PCP by age or sex (e.g., OB/GYN may be restricted to adult women, Pediatricians to children and adolescents).
- PCPs must be able to provide the full range of preventative and acute health care and medical case management for all members assigned to them.

PCP Scope of Services Requirements

PCPs are required to provide the following services to members assigned to them:

- Detect, diagnose, and effectively manage common symptoms and physical signs.
- Treat and manage common acute and chronic medical conditions.
- Perform ambulatory diagnostic and treatment procedures (injections, aspirations, splints, minor suturing, etc.).
- Periodic health assessments including history and physical examinations appropriate for the age, sex, and medical history of the patient.
- Preventive medical care including health risk identification and reduction and periodic screening.
- Foster health promotion and disease prevention (agespecific screening, health assessment and health maintenance activities, health education and promotion, etc.).
- Provide medical case management (refer to community resources and available supplemental programs, coordinate care with specialists, etc.). Refer to specialists appropriately.
- Follow required procedures for specialist, diagnostic, or service referral as promulgated by IPA/Medical Group and/or Molina Healthcare.



Specific Requirements for Serving Molina Healthcare's Medi-Cal-only SPD Members

Follow coordination of care instructions as described in the Utilization Management section of this Manual (CONTINUITY OF MEMBER CARE).

MOLINA HEALTHCARE MEMBER RIGHTS AND RESPONSIBILITIES

This document explains the rights of Molina Healthcare's Medi-Cal members, as stated verbatim as in the Member's Evidence of Coverage (EOC) Guide. Providers/Practitioners and their office staff are encouraged to be familiar with this document, post it in their office (poster provided by Molina Healthcare), and are expected to abide by these rights. Molina Healthcare's member rights and responsibilities are as follows:

What are My Rights and Responsibilities as a Molina Healthcare Member?

These rights and responsibilities are posted in doctors' offices and on the Molina Healthcare web site: www.molinahealthcare.com.

MEMBER RIGHTS

- Members have the right to be treated with respect and recognition of their dignity by everyone who works with MHC.
- Members have the right to receive information about MHC, our providers, our doctors, our services and member's rights and responsibilities.
- Members have the right to choose their primary care physician (PCP) from MHC's network.
- Members have the right to be informed about their health. If members are ill, members have the right to be told about treatment options regardless of cost or benefit coverage. Members have the right to have all questions about their health answered.
- Members have the right to help make decisions about their health care. Members have the right to refuse medical treatment.
- Members have the right to privacy. MHC keeps their medical records private in accordance with State and Federal laws.
- Members have the right to see their medical record. Members also have the right to ask for corrections to their medical record and receive a copy of it in compliance with State and Federal requirements.
- Members have the right to complain about MHC or their care by calling, faxing, e-mailing or writing to MHC's Member Services Department.
- Members have the right to appeal MHC's decisions. Members have the right to have someone speak for them during the grievance.
- Members have the right to disenroll from MHC.
- Members have the right to ask for a second opinion about their health condition.
- Members have the right to ask for an external independent review of experimental or investigational therapies.
- Members have the right to decide in advance how they want to be cared for in case they have a life-threatening illness or injury.
- Members have the right to receive interpreter services at no cost to help them talk with their

doctor or MHC if they prefer to speak a language other than English.

- Members have the right to not be asked to bring a friend or family member with them to act as their interpreter.
- Members have the right to receive information about MHC, their providers, or their health in their preferred language. Members also have the right to request and receive materials in other formats such as larger size print and Braille. Members have the right to request information in printed form translated into their preferred language.
- Members have the right to receive a copy of MHC's drug formulary on request.
- Members have the right to access minor consent services.
- Members have the freedom to exercise these rights without negatively affecting how they are treated by MHC, its providers or the Department of Health Care Services.
- Members have a right to make recommendations regarding the organization's member rights and responsibilities policies.
- Members have the right to be free from controls or isolation used to pressure, punish or seek revenge.
- Members have the right to file a grievance or complaint if they believe their linguistic needs were not met by the plan.
- Medi-Cal Members also have the right to request a State Fair Hearing by calling 1-800-952-5253. Members also have the right to receive information on the reason for which an expedited State Fair Hearing is possible.
- Medi-Cal Members also have the right to receive family planning services, treatment for any sexually transmitted disease, emergency care services, from Federally Qualified Health Centers and/or Indian Health Services without receiving prior approval and authorization from MHC.

MEMBER RESPONSIBILITIES

- Members have the responsibility to be familiar with and ask questions about their health benefits. If Members have a question about their benefits, they may call MHC's Member Services Department at **1-888-665-4621**.
- Members have the responsibility to provide information to their doctor or MHC that is needed to care for them.
- Members have the responsibility to be active in decisions about their health care.
- Members have the responsibility to follow the care plans and instructions for care that they have agreed on with their doctor(s).
- Members have the responsibility to build and keep a strong patient-doctor relationship.
- Members have the responsibility to cooperate with their doctor and staff. This includes being on time for their visits or calling their doctor if they need to cancel or reschedule an appointment.
- Members have the responsibility to present their MHC and State card when receiving medical care and report any fraud or wrongdoing to MHC or the proper authorities.
- Members have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Be Active In Your Healthcare

Plan ahead

- Schedule your appointments at a good time for you
- Ask for your appointments at a time when the office is least busy if you are worried about waiting too long
- Keep a list of questions you want to ask your doctor
- Refill your prescription before you run out of medicine Make the most of your doctor visit
- Ask your doctor questions
- Ask about possible side effects of any medication prescribed
- Tell your doctor if you are drinking any teas or taking herbs. Also tell your doctor about any vitamins or over-the-counter medications you are using

Visiting your doctor when you are sick

Try to give your doctor as much information as you can

- Are you getting worse or are your symptoms staying about the same?
- Have you taken anything?

If you would like more information, please call Molina Healthcare's Health Education Department at (800) 526-8196, ext127532, Monday through Friday, between 8:30am and 5:30pm.

MEMBER CONFIDENTIALITY

According to Molina Healthcare's Medi-Cal Member Rights, members have the right to full consideration of their privacy concerning their medical care program. They are also entitled to confidential treatment of member communications and records.

Case discussion, consultation, examination, Medi-Cal eligibility, and treatments are confidential and should be conducted with discretion. Member Protected Health Information (PHI) should only be used or disclosed as permitted or required by applicable law. Under HIPAA, a provider may use and disclose PHI for their own treatment, payment, and healthcare operations activities (TPO) without the consent or authorization of the patient who is the subject of the PHI. Uses and disclosures of PHI that are not permitted or required under applicable law require the valid written authorization of the patient. Authorizations should meet the requirements of HIPAA and the California Civil Code.

Office Procedure

All participating Providers/Practitioners must implement and maintain office procedures that will guard against disclosure of any PHI to unauthorized persons. These procedures should include at least the following elements:

- Written authorization obtained from the member, or his/her legal representative, before medical records or other PHI is disclosed to a third party for a purpose not otherwise permitted or required under applicable federal or state laws.
- All signed authorizations for the use or disclosure of PHI must be carefully reviewed to verify that the authorization is valid and meets the requirements of applicable federal and state law.
- Each medical record and other PHI should be reviewed prior to making it available to anyone other than the member or legal personal representative of the member.
- Only the portion of the medical record and other PHI specified in the authorization should be made available to the requester and should be separated from the remainder of the

member's medical records.

Written Authorizations

Uses and disclosures of PHI that are not permitted or required under applicable law require the valid written authorization of the patient. Authorizations should meet the requirements of HIPAA and the California Civil Code. A sample Authorization for the Use and Disclosure of Protected Health Information is found in Section

27: HIPAA Requirements.

Providers should consult with their own legal counsel to address their specific situation.

Confidential Information

Confidential information also refers to any identifiable information about a member's character, conduct, avocation, occupation, finances, credit, reputation, health, medical history, mental or physical condition, or treatment. More than the medical record constitutes, conversations, whether in a formal or informal setting, email, faxes, and letters are other potential sources of confidential member information.

Member confidentiality must be maintained at all times when providing health care services and during claims processing.

MEMBER SATISFACTION SURVEY

Molina Healthcare, or the State of California, conducts an annual satisfaction survey of its Medi-Cal members. The National Committee for Quality Assurance (NCQA) Consumer Assessment of Health Plans Survey (CAHPS) is conducted annually. NCQA translates the survey into English and Spanish only. It is not available in other languages. MRMIB (Managed Risk Medical Insurance Board) conducts an annual survey similar to CAHPS.

The purpose of the surveys is to gather information from members regarding their perception of the health plan, their health care, Providers/Practitioners, access to care, and health plan customer service. The data is used to identify systemic issues that need to be addressed. The annual survey results are communicated in the Molina Healthcare physician newsletter.

The survey can be viewed on the NCQA.org web site.