Policy:	MA.4001
Title:	**Member Rights and Responsibilities**
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	*/s/ Michael Hunn 10/31/2024*
Effective Date:	06/01/2005
Revised Date:	10/01/2024
Applicable to:	☐ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy outlines a Member's rights and responsibilities and the process by which CalOptima Health communicates them to Members.

II. POLICY

A. A Member shall have the right to:

1. Receive information about OneCare, available programs and services, doctors, Providers, health care facilities, and drug coverage and costs, in a manner the Member will understand;

2. Be treated with dignity, fairness and respect at all times;

3. Be free from any form of restraint or seclusion used as a means of coercion, discipline, or retaliation, or convenience;

4. Receive health care services without discrimination based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, sexual orientation, genetic information, evidence of insurability, or geographic location within the service area;

5. Have his or her personal and health information kept private;

6. Have timely access to Covered Services, including doctors, specialists, hospitals, and medications;

7. Receive Emergency Services where and when it is needed without prior approval (PA);

8. Know and understand his or her medical treatment choices/options and risks; participate in decisions about his or her health care, including the option to refuse care; and receive an explanation if coverage for care is denied;

9. File Complaints, including Complaints about quality of care; to ask for reconsideration of decisions CalOptima Health has made; and to be informed of procedures for filing Complaints, Appeals, and Grievances;

10. Be fully informed of all procedures for service authorization, quality assurance programs, disenrollment, and other procedures that may affect his or her access to care;

11. Select a Primary Care Practitioner/Physician (PCP) from a panel and request relevant credentialing information regarding a PCP;

12. Request a Second Opinion;

13. Receive information regarding Advance Directives;

14. Access his or her Medical Records, and have the confidentiality of his or her Medical Records protected; and

15. Make recommendations regarding the OneCare Member rights and responsibilities policy.

B. A Member shall have the responsibility to:

1. Become familiar with OneCare Covered Services and the rules that must be followed to get those services;

2. Inform CalOptima Health of any other health insurance or prescription drug coverage the Member has in addition to OneCare;

3. Tell his or her health care Providers that he or she is enrolled in OneCare;

4. Learn about his or her medical condition and what keeps him or her healthy;

5. Actively participate in the health care programs that keep him or her well, including following the treatment plans and instructions that the Member and his or her doctors agree upon;

6. Inform his or her PCP of his or her medical condition and any medications the Member is taking;

7. Make and keep appointments for check-ups, and inform the PCP's office when he or she must cancel an appointment;

8. Carefully review, understand, and follow the guidelines in the OneCare Member Handbook provided to all Members;

9. Be considerate, and respect the rights of other patients in a way that helps the smooth running of the Member's doctor's office, hospitals, and other offices;

10. Inform CalOptima Health of a change in permanent residence; and

11. Call Customer Service for help with questions or concerns.

III. PROCEDURE

A. CalOptima Health shall include Members' rights and responsibilities, as described in Section II of this Policy, in the Member Handbook provided to Members upon enrollment in the OneCare program and at least annually thereafter, in accordance with CalOptima Health Policy MA.4007: Member Disclosures.

B. CalOptima Health shall provide copies of Members' rights and responsibilities, as described in Section II of this Policy, to Providers. A Provider shall make such document available to a Member upon request.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
B. CalOptima Health Policy MA.4007: Member Disclosures
C. OneCare Member Handbook
D. Title 42, Code of Federal Regulations (C.F.R.), §§ 422.110, 422.111, and 422.112(a)(b)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	06/01/2005	MA.4001	Member Rights and Responsibilities	OneCare
Revised	08/01/2012	MA.4001	Member Rights and Responsibilities	OneCare
Revised	02/01/2014	MA.4001	Member Rights and Responsibilities	OneCare
Revised	04/01/2016	MA.4001	Member Rights and Responsibilities	OneCare
Revised	05/01/2017	MA.4001	Member Rights and Responsibilities	OneCare
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Revised	03/11/2019	MA.4001	Member Rights and Responsibilities	OneCare
Revised	01/01/2020	MA.4001	Member Rights and Responsibilities	OneCare
Revised	03/01/2021	MA.4001	Member Rights and Responsibilities	OneCare
Revised	09/01/2022	MA.4001	Member Rights and Responsibilities	OneCare
Revised	10/01/2023	MA.4001	Member Rights and Responsibilities	OneCare
Revised	10/01/2024	MA.4001	Member Rights and Responsibilities	OneCare

IX. GLOSSARY

Term	Definition
Advance Directive	A written instruction such as living wills or durable powers of attorney for health care, recognized under state law (whether statutory or as recognized by the courts of the State) and signed by the Member, that explains the Member's wishes concerning the provisions of health care if the Member becomes incapacitated and is unable to make those wishes known.
Appeal	As defined at 42 CFR §422.561 and §423.560, the procedures that deal with the review of adverse initial determinations made by the plan on health care services or benefits under Part C or D the enrollee believes he or she is entitled to receive, including a delay in providing, arranging for, or approving the health care services or drug coverage (when a delay would adversely affect the health of the enrollee) or on any amounts the enrollee must pay for a service or drug as defined in 42 CFR §422.566(b) and §423.566(b). These appeal procedures include a plan reconsideration or redetermination (also referred to as a level 1 appeal), a reconsideration by an independent review entity (IRE), adjudication by an Administrative Law Judge (ALJ) or attorney adjudicator, review by the Medicare Appeals Council (Council), and judicial review.
Complaint	Any expression of dissatisfaction to CalOptima Health, a Provider, or the Quality Improvement Organization (QIO) by a Member made orally or in writing. A Complaint may also involve CalOptima Health's refusal to provide services to which a Member believes he or she is entitled. A Complaint may be a Grievance or an Appeal, or a single Complaint could include both
Covered Service	Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.
Emergency Services	Those covered inpatient and outpatient services required that are: 1. Furnished by a physician qualified to furnish emergency services; and 2. Needed to evaluate or stabilize an Emergency Medical Condition.
Grievance	An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken. A grievance does not include, and is distinct from, a dispute of the appeal of an organization determination or coverage determination or an LEP determination.
Medical Record	A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.
Member	A beneficiary enrolled in the CalOptima Health OneCare program.

Term	Definition
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a specialty care provider or clinic.
Prior Authorization (PA)	Prior Authorization: A process through which a physician or other health care provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.
Provider	Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Second Opinion	A consult visit to an Appropriately Qualified Health Care Professional in order for a Member or Contracted Provider who is treating the Member, to receive the additional information for the Member to make an informed decision regarding care and treatment.