

Medi-Cal Member Rights and Responsibilities

Members have the right to expect a certain level of service from their health care providers

Health Net* is committed to treating members in a manner that respects their rights, recognizes their specific needs and maintains a mutually respectful relationship. Health Net has adopted member rights and responsibilities, which apply to members' relationships with Health Net, its practitioners and providers, and all other health care professionals providing care to its members. Members with questions regarding their rights and responsibilities should be directed to their Evidence of Coverage member handbook or to call the Customer Contact Center phone number listed on the back of their ID card. The following text is taken directly from the Health Net Community Solutions (Health Net) Medi-Cal member's handbook.



Health Net members have these rights:

- 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 such as medical history, mental and physical condition or treatment, and reproductive or sexual health.
- To be provided with information about the health plan and its services, including covered services, practitioners, and member rights and responsibilities.
- To get fully translated written member information in your preferred language, including all grievance and appeals notices.
- To make recommendations about Health Net's member rights and responsibilities policy.
- To be able to choose a primary care provider within Health Net's network.
- To have timely access to network providers.
- To participate in decision making with providers regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To know the medical reason for Health Net's decision to deny, delay, terminate or change a request for medical care.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer or limit services or benefits.
- To get no-cost interpreting and translation services for your language.
- To get no-cost legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with Health Net and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
- To disenroll (drop) from Health Net and change to another health plan in the county upon request.
- To access minor consent services.
- To get no-cost written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12).

(continued)

- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by Health Net, your providers or the state.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside Health Net's network pursuant to the federal law.
- To request an Appeal of a denied claim up to 60 days from the date on the notice you receive. This notice is called the "Notice of Adverse Benefit Determination (NABD)." The Appeal process is through the State Fair Hearing. You can also ask how to continue with your health care during the Appeal process.

Health Net members have these responsibilities:

- Act courteously and respectfully. You are responsible for treating your doctor and all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before the visit to cancel or reschedule.
- Give up-to-date, accurate and complete information. You are responsible for giving correct information and as much information as you can to all of your providers, and to Health Net. You are responsible for getting regular check-ups and telling your doctor about health problems before they become serious.
- Follow your doctor's advice and take part in your care. You are responsible for talking over your health care needs with your doctor, developing and agreeing on goals, doing your best to understand your health problems, and following the treatment plans and instructions you both agree on.
- Use the Emergency Room only in an emergency. You are responsible for using the emergency room in cases of an emergency or as directed by your doctor. Emergency care is a service that you reasonably believe is necessary to stop or relieve sudden serious illnesses or symptoms, and injury or conditions requiring immediate diagnosis and treatment.
- Report wrong-doing. You are responsible for reporting health care fraud or wrong-doing to Health Net Community Solutions. You can do this without giving your name by calling the Health Net Fraud and Abuse Hotline toll free at 866-685-8664. The Fraud Hotline operates 24 hours a day, seven days a week. All calls are strictly confidential.

Questions?

If you have questions regarding the information contained in this flyer, contact Provider Services at 800-675-6110.

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