

Alameda Alliance for Health **Member Rights and Responsibilities**



We are a part of your health care family and we each have a role to play.

Alliance members have these rights:

1. To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
2. To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
3. To receive fully translated written member information in your preferred language, including all grievance and appeals notices.
4. To make recommendations about the Alliance's member rights and responsibilities policy.
5. To be able to choose a primary care provider within the Alliance's network.
6. To have timely access to network providers.
7. To participate in decision-making with providers regarding your own health care, including the right to refuse treatment.
8. To voice grievances, either verbally or in writing, about the organization or the care you got.
9. To know the medical reason for the Alliance's decision to deny, delay, terminate, or change a request for medical care.
10. To get care coordination.
11. To ask for an appeal of decisions to deny, defer, or limit services or benefits.
12. To get no-cost interpreting services for your language.
13. To get free legal help at your local legal aid office or other groups.
14. To formulate advance directives.
15. To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with the Alliance 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.
16. To disenroll (drop) from the Alliance and change to another health plan in the county upon request.
17. To access minor consent services.
18. 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 & Institutions (W&I) Code Section 14182 (b)(12).
19. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
20. 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.

Alliance Member Rights and Responsibilities

Alliance members have these rights (cont.):

21. 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) §164.524 and 164.526.
22. Freedom to exercise these rights without adversely affecting how you are treated by the Alliance, your providers, or the state.
23. 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 the Alliance's network pursuant to federal law.
24. To access the Advice Nurse Line, anytime, 24 hours a day, 7 days a week. Advice Nurse Line Toll-Free: **1.888.433.1876**.
25. To access your medical records. You have the right to share the records of any telehealth services provided with your primary care doctor. These records will be shared with your primary care doctor, unless you object.

Alliance members have these responsibilities:

1. To treat all the Alliance staff and health care staff with respect and courtesy.
2. To give your doctors and the Alliance correct information.
3. To work with your doctor. Learn about your health, and help to set goals for your health. Follow care plans and advice for care that you have agreed to with your doctors.
4. To always present your Alliance member identification (ID) card to receive services.
5. To ask questions about any medical condition, and make sure you understand your doctor's reasons and instructions.
6. To help the Alliance maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
7. To make and keep medical appointments and inform your doctor at least **24 hours** in advance when you need to cancel an appointment.
8. To use the emergency room only in the case of an emergency or as directed by your doctor.

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, o le gustaría tenerlo en un formato diferente, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

如果您需要幫助閱讀此文檔或需要不同的格式，請致電Alliance計畫成員服務處，電話：**1.510.747.4567**

Nếu quý vị cần giúp đỡ đọc tài liệu này hoặc muốn một định dạng khác, vui lòng gọi cho Ban Dịch vụ Hội viên Alliance theo số **1.510.747.4567**.

Kung kailangan mo ng tulong sa pagbasa ng dokumentong ito o kung gusto mo ng ibang format, mangyaring tumawag sa Alliance Member Services Department sa **1.510.747.4567**.

إذا كنت بحاجة إلى مساعدة في قراءة هذه الوثيقة أو تود الحصول على تنسيق آخر لها، يرجى الاتصال بقسم خدمات أعضاء

Alliance على الرقم **1.510.747.4567**

Timely Access to Care

As an Alliance member, you also have the right to receive timely access to care.

California Law requires the Alliance to provide timely access to care. This means there are limits on how long our members have to wait to receive health care appointments and telephone advice. The Alliance will do our best to ensure that you are best cared for and treated in a timely manner.

APPOINTMENT WAIT TIMES

APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Urgent appointment that <i>does not</i> require PA	48 hours of the request
Urgent appointment that <i>requires</i> PA	96 hours of the request
Non-urgent primary care appointment	10 business days of the request
First prenatal visit	2 weeks of the request
Non-urgent appointment with a specialist physician	15 business days of the request
Non-urgent appointment with a behavioral health provider	10 business days of the request
Non-urgent appointment with an ancillary services provider for the diagnosis or treatment of injury, illness, or other health conditions	15 business days of the request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE SERVICES/TRAVEL TIME

TYPE:	WITHIN:
In-office wait time	60 minutes
Call return time	1 business day
Time to answer call	10 minutes
Telephone access – Provide coverage 24 hours a day, 7 days a week.	
Telephone triage and screening – Wait time not to exceed 30 minutes.	
Emergency instructions – Ensure proper emergency instructions.	
Language services – Provide interpreter services 24 hours a day, 7 days a week.	
Distance – A primary care provider/hospital within 15 miles or 30 minutes from where members live or work.	

PA = Prior Authorization

**Required by the Department of Managed Health (DMHC) and Department of Health Care Services (DHCS) Regulations, and National Committee for Quality Assurance (NCQA) Health Plan (HP) Standards and Guidelines.*

If you are not able to get an appointment within the timely access standard, please contact the Alliance Member Services Department for help. You can also call the California Department of Managed Health Care (DMHC) Help Center toll-free at **1.888.466.2219** (TDD: **1.877.688.9891**) or **www.HealthHelp.ca.gov**. The Alliance and DMHC Help Center can work with you to ensure you receive timely access to care. If you believe you are experiencing a medical emergency, dial 9-1-1 or go to the nearest hospital.

Questions? Please call the Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567** • Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

www.alamedaalliance.org



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Words to Know

Ancillary Services – The diagnosis or treatment of injury, illness, or other health conditions.

Advice Nurse Line – The Advice Nurse Line can give you free medical information and advice 24 hours a day, every day of the year.

Call the Advice Nurse Line toll-free at **1.888.433.1876** or **711** to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

Behavioral Health Provider/Mental Health Services Provider: Licensed persons who provide mental health and behavioral health services to patients.

Durable Medical Equipment (DME) – Equipment that is medically necessary and ordered by your doctor or other provider. The Alliance decides whether to rent or buy DME. Rental costs must not be more than the cost to buy.

Emergency Care – An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency Medical Condition – A medical or mental condition with such severe symptoms, such as active labor or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right

Grievance – A member's verbal or written expression of dissatisfaction about the Alliance, a provider, the quality of care, or the services provided. A complaint filed with the Alliance about a network provider is an example of a grievance.

Medically Necessary (or medical necessity) – Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Primary Care/Routine Care – Medically necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

Triage (or screening) – The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent Care (or urgent services) – Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if in-network providers are temporarily not available or accessible.