



# KERN HEALTH SYSTEMS

## Policy and Procedure Review/ Revision

**Policy 3.18-P Confidential HIV Testing** has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>[Signature]</i>
Dr. Tasinga	10/14/2020	<i>[Signature]</i> M Tasinga
Alan Avery	9/18/2020	Alan Avery
Emily Duran	9/15/2020	Emily Duran
Robin Dow-Morales	09/15/2020	<i>Robin Dow-Morales</i>
Nate Scott	9/13/2020	Nate Scott
Louis Iturriria	9/11/2020	Louis Iturriria
Isabel Silva	9/2/20	<i>Isabel Silva</i>
Deb Murr	8/24/2020	<i>Deborah C Murr RD</i>

(CEO decision(s))

Board approval required: Yes \_\_\_ No  QI/UM Committee approval: Yes \_\_\_ No \_\_\_  
 Date approved by the KHS BOD: \_\_\_\_\_ Date of approved by QI: \_\_\_\_\_  
 PAC approval: Yes \_\_\_ No \_\_\_ Date of approval by PAC: \_\_\_\_\_  
 Approval for internal implementation: Yes \_\_\_ No \_\_\_  
 Provider distribution date: Immediately \_\_\_\_\_ Quarterly \_\_\_\_\_

Effective date: \_\_\_\_\_  
 DHCS submission: \_\_\_\_\_  
 DMHC submission: \_\_\_\_\_  
 Provider distribution: \_\_\_\_\_



<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Member Rights and Responsibilities			POLICY #: 5.05-P		
DEPARTMENT: Member Services					
Effective Date: 1997-08	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

\_\_\_\_\_ Date \_\_\_\_\_  
 Douglas A. Hayward  
 Chief Executive Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Medical Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Operating Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Health Services Officer

\_\_\_\_\_ Date \_\_\_\_\_  
 Director of Marketing and Public Relations

\_\_\_\_\_ Date \_\_\_\_\_  
 Director of Member Services

**POLICY:**

Kern Health Systems (KHS) has developed, implemented and maintains written policies that address the member's rights and responsibilities and will communicate these to its members and providers.<sup>1</sup> KHS Plan members will be informed of their rights and responsibilities<sup>2</sup> regarding participation in their health care.

**PROCEDURES:**

**1.0 MEMBER NOTIFICATION AND EDUCATION**

Member rights and responsibilities are communicated to each member via the *Member*

*Handbook* which is provided at the time of enrollment and in annual mailings. Member Services stresses the importance and promotes awareness of KHS member rights and responsibilities during New Member Orientations and when a member contacts the Member Services Department, as appropriate.

## **2.0 PRACTITIONER/PROVIDER TRAINING AND EDUCATION**

Practitioners/providers are made aware of the KHS member rights & responsibilities through Provider Orientations and the *Provider Manual*.

## **3.0 MEMBER RIGHTS**

KHS members have the right to all of the following<sup>3</sup>:

- A. To be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the member's medical information.
- B. To be provided with information about the organization and its services.
- C. To be able to choose a Primary Care Provider in the KHS Provider Network.
- D. To participate in decision making regarding their own health care, including the right to refuse treatment.
- E. To voice Grievances, either verbally or in writing, about the organization or the care received.
- F. To receive oral interpretation services for their language.
- G. To formulate advance directives.
- H. To have access to family planning services, Federally Qualified Health Centers (FQHCs), American Indian Health Programs, sexually transmitted disease (STD) services, and emergency services outside the KHS Provider Network pursuant to the federal law
- I. To request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.
- J. To have access to, and where legally appropriate, receive copies of, amend or correct their medical record.
- K. To change Medi-Cal Managed Care Health Plans upon request, if applicable.
- L. To access Minor Consent Services.
- M. To receive written Member informing materials in alternative formats, including Braille, large size print, and audio format upon request and in accordance with W & I Code Section 14182 (b)(12).
- N. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- O. To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- P. To receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR §164.524 and 164.526.
- Q. Freedom to exercise these rights without adversely affecting how they are treated by the KHS, Providers, or the State.
- R. To file a request for an Appeal of an action within 60 days of the date on the NOA.

## **4.0 MEMBER RESPONSIBILITIES**

KHS members have the following responsibilities<sup>4</sup>:

- A. To cooperate with their health care practitioners/providers.
- B. To provide, to the extent possible, accurate information needed by professional staff who are caring for them.

- C. To follow instructions and guidelines given by those providing health care services.
- D. To keep appointments which they or their practitioner have made.

## 5.0 ANALYSIS AND DOCUMENTATION

Potential sources for identification of member rights violations include member grievances, enrollment data, accessibility monitoring, member satisfaction surveys, etc. This information is tracked and trended by the appropriate manager.

Quality Improvement receives information obtained from Member Services regarding surveys and grievances and provides feedback to the Provider Relations Department, the Chief Medical Officer or Medical Director, and the Quality Improvement/Utilization Management Committee, as appropriate.

## 6.0 FEEDBACK

Feedback regarding violations of member rights and responsibilities is given to practitioners/providers through *Provider Newsletters* or communication from Provider Relations staff regarding specific grievances. Practitioners/providers identified as having significant violation issues are requested by the Chief Medical Officer, Medical Director or the Provider Relations Manager, as appropriate, to complete a Corrective Action Plan (CAP) within a defined time frame.

## ATTACHMENTS:

- Attachment A – *Policies and Procedures for Preserving the Confidentiality of Member Information*

## REFERENCE:

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**Revision 2020-05:** Policy approved by DHCS Contract Manager 10/13/2020. Routing update requested by Compliance Department. **Revision 2016-05:** Policy review overdue. Review requested by Compliance Department. **Revision 2005-12:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-08:** Revised per DHS comment (09/19/01). **Revision 2001-06:** Revised to reflect changes in HSC §1364.5. New Attachment A.

<sup>1</sup> DHS Contract A-13 1(A)

<sup>2</sup> Title 10, CCR, Section 1300.68

<sup>3</sup> DHS Contract A-13 1(A)(1)

<sup>4</sup> DHS Contract A-13 1(A)(2)



## POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEMBER INFORMATION

Kern Health Systems (KHS) employees and contracted providers who create, maintain, preserve, store, abandon, destroy, or dispose of confidential medical information must do so in a manner that preserves the confidentiality of the information and does not allow for retrieval in any individually identifiable form by any other person or entity. Any disclosure of confidential information beyond the provisions of the law is prohibited.

KHS and its contracted providers may collect medical information regarding treatment, plans of care, test results, diagnoses, and any complaints you may file. KHS uses your medical information to assist in treatment, payment, and health care operations.

Copies of our confidentiality policies are attached for your information.

- #2.27 – Medical Records and Other Protected Health Information – Content, Maintenance, and Security
- #2.28-P: Medical Records and Other Protected Health Information – Privacy, Use, and Disclosure

If you have questions or concerns regarding the confidentiality of your medical information, you may call our Member Services Department for more information. Dial 1-800-391-2000 to talk to a Member Services Representative.