

Your Rights and Responsibilities as a Santa Clara Family Health Plan (SCFHP) Medi-Cal Plan Member

As a member of SCFHP, you have certain rights and responsibilities. Rights are what you can expect to receive, including needed treatment and information. Responsibilities are what we expect you to do as an SCFHP member. The next two lists explain these rights and responsibilities.

Member Rights

SCFHP members have these rights:

- To receive needed and appropriate medical care, including preventive health services and health education.
- 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.
- To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
- To receive fully translated written member information in your preferred language, including all grievance and appeals notices.
- To make recommendations about SCFHP's member rights and responsibilities policy.
- To be able to choose a primary care provider within SCFHP's networks.
- To have 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 SCFHP'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 oral interpretation services for their language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, if a service or benefit is denied and you have already file an appeal with SCFHP 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 from SCFHP 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 & Institutions Code Section 14182 (b)(12).

- 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 §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by SCFHP, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and emergency services outside SCFHP's networks pursuant to the federal law.
- To take part in establishing SCFHP's public policy, by attending and/or joining the SCFHP Consumer Advisory Committee.
- To make recommendations regarding the organization's member rights and responsibilities policy.

Member Responsibilities

SCFHP members have these responsibilities:

- To carefully read all SCFHP materials as soon as you enroll so you understand how to use SCFHP's services.
- To carry your SCFHP ID card and your Medi-Cal Benefits Identification Card (BIC) with you at all times and show it to all providers and pharmacies when getting services.
- To ask questions when you do not understand something about your coverage or medical care.
- To follow the rules of SCFHP membership as explained in this Member Handbook.
- To be responsible for your and your children's health.
- To talk to your health care provider so you can develop a strong relationship based on trust and cooperation.
- To call your health care provider when you need routine or urgent health care.
- To report unexpected changes in your health to your PCP.
- To ask questions about your medical condition. Make sure you understand the answers, what you are supposed to do, and participate in developing mutually-agreed upon treatment goals (to the extent possible).

- To supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- To follow the treatment plan you and your health care provider create together, and know what might happen if you do not follow the treatment plan.
- To make and be on time for medical appointments. Let your health care provider know at least 24 hours before your scheduled appointment if you need to cancel.
- To tell SCFHP about any changes in: address; phone number; and changes in any other health care coverage you might have. Tell SCFHP about these changes as soon as you know them or within 10 days of these changes.
- To call or write SCFHP as soon as possible if you feel you were improperly billed or if the bill is wrong.
- To treat all SCFHP personnel and health care providers with respect and courtesy.
- To submit requests for claims reimbursement for covered services within the required time period.
- To be honest in your dealings with SCFHP and its plan providers. Do not commit fraud or theft or do anything that threatens the property of SCFHP or the property or safety of any of its representatives, plan providers, plan providers' employees, or agents.
- To report wrongdoing. You are responsible for reporting health care fraud or wrongdoing to SCFHP. You can do this without giving your name by calling the SCFHP Compliance Hotline at 1-408-874-1450, go to www.scfhp.com, or you can call the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at 1-800-822-6222.

Discrimination is against the law. Santa Clara Family Health Plan (SCFHP) follows State and Federal civil rights laws. SCFHP does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SCFHP provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SCFHP between 8:30 a.m. and 5:00 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

**Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
1-800-260-2055 (TTY: 711)**

HOW TO FILE A GRIEVANCE

If you believe that Santa Clara Family Health Plan (SCFHP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SCFHP. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP between 8:30 a.m. to 5 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **711**.
- In writing: Fill out a complaint form or write a letter and send it to:

**Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119**

- In person: Visit your doctor's office or SCFHP and say you want to file a grievance.
 - Electronically: Visit SCFHP's website at www.scfhp.com.
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OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English Tagline – ATTENTION: If you need help in your language call 1-800-260-2055 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-260-2055 (TTY: 711). These services are free of charge.

Mensaje en español (Spanish) – ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-260-2055 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-260-2055 (TTY: 711). Estos servicios son gratuitos.

Khẩu hiệu tiếng Việt (Vietnamese) – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-260-2055 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-260-2055 (TTY: 711) . Các dịch vụ này đều miễn phí.

☒体中文☒☒ (**Chinese**) – ☒注意：如果您需要以您的母☒提供帮助，☒致☒1-800-260-2055 (TTY: 711)。另外☒提供☒☒残疾人士的帮助和服☒，例如盲文和需要☒大字体☒☒，也是方便取用的。☒致☒1-800-260-2055 (TTY: 711)。☒些服☒都是免☒的。

Tagalog Tagline (Tagalog) – ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-260-2055 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-260-2055 (TTY: 711) . Libre ang mga serbisyo ng ito.

(Arabic) الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-260-2055 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-260-2055 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian) – ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-260-2055 (TTY: 711) : Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյուրթեր: Չանզահարեք 1-800-260-2055 (TTY: 711) : Այդ ծառայություններն անվճար են:

ប្រាសាទសំខាន់ (Cambodian) – ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-260-2055 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពផ្ទៃ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-260-2055 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

(Farsi) فارسی زبان به مطلب

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-260-2055 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-260-2055 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi) – ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-260-2055 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-260-2055 (TTY: 711) पर कॉल करें। ये सेवाएं निः शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong) – CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-260-2055 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-260-2055 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese) – 注意日本語での対応が必要な場合は 1-800-260-2055 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-260-2055 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean) – 한국어를 사용하는 고객은 1-800-260-2055 (TTY: 711)에 전화하십시오. 한국어를 사용하는 고객은 1-800-260-2055 (TTY: 711)에 전화하십시오. 한국어를 사용하는 고객은 1-800-260-2055 (TTY: 711)에 전화하십시오. 한국어를 사용하는 고객은 1-800-260-2055 (TTY: 711)에 전화하십시오.

ພາສາລາວ (Laotian) – ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-260-2055 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິຕິພິມໃຫຍ່ໃຫ້ໂທຫາເບີ 1-800-260-2055 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien) – LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-260-2055 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-260-2055 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi) – ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-260-2055 (TTY: 711). ਅਪਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-260-2055 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian) – ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-260-2055 (линия ТТУ: 1-800-260-2055). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-260-2055 (линия ТТУ:711). Такие услуги предоставляются бесплатно.

แท็กโลภาษาไทย (Thai) – โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-260-2055 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-260-2055 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian) – УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-260-2055 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-260-2055 (TTY: 711). Ці послуги безкоштовні.