Stanford Hospital and Clinics
Lucile Packard Children's Hospital

Medi-Cal Program Overview New Provider Training

About Medi-Cal Managed Care

- Medi-Cal Managed Care provides high quality, accessible, and cost-effective healthcare through managed care delivery systems.
- Medi-Cal Managed Care contracts for healthcare services through established networks of organized systems of care, which emphasize primary and preventive care. Managed care plans are a cost-effective use of healthcare resources that improve healthcare access and assure equality of care.
- Members select a PCP (primary care provider) who is responsible for members' primary and preventive care and arranging and coordinating all other aspects of their health care.

Balance Billing is Prohibited

Providers who offer services or supplies to Medi-Cal members are prohibited from balance billing the member for any cost- sharing not related to the member's share of cost for Medi-Cal services. This includes deductibles, co-insurance and co-payments.

Medi-Cal State Fair Hearing Process

Medi-Cal members or their authorized representatives have the option of filing a State Hearing with the Department of Social Services if they disagree with a Medi-Cal Managed Care Plan's decision regarding denial of a requested service. A State Hearing is an appeal with an Administrative Law Judge from the Department of Social Services.
An expedited State Hearing may also be requested. Requests for State Hearings can be submitted by telephone at **800-952-5253** or in writing to:

California Department of Social Services State Hearing Division
PO Box 944243,
Mail Station 9-17-37
Sacramento, CA 94244-2430

Fax: (916)651-5210 or (916)651-2789

Online:http://www.dss.cahwnet.gov/shd/PG1110.htm

A Medi-Cal member must first exhaust a Medi-Cal Managed Care plan's appeals process prior to proceeding with a State Hearing. Requests for State Hearings must be submitted within 120 calendar days of an

action with which the member is dissatisfied. For standard State Hearings, the State will make a decision within 90 days of the request. For expedited State Hearings, the State will make a decision within 72 hours.

Member Rights

Members have the following rights per DHCS:

- 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.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a Primary Care Provider within the plan's network.
- To participate in decision making regarding their own health care including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.

Members have the following rights per DHCS:

- To receive oral interpretation services for their language. This includes communication access to SPD beneficiaries in alternative formats or through other methods that ensure communication, including assistive listening systems, sign language interpreters captioning, written communication, plain language or written translations and oral interpreters, including for those who are limited English proficient, or non-English speaking.
- To formulate advance directives.
- To have access to family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and Emergency Services outside the plan's network pursuant to the Federal law.
- To request a State Medi-Cal state hearing, including information on the circumstances under which an expedited state hearing is possible.

Members have the following rights per DHCS:

- To have access, and where legally appropriate, receive copies of, amend or correct their Medical Record.
- To access Minor Consent Services.
- To receive written Member informing materials in an alternative format (including Braille, large size print, or audio format) upon request and in a timely fashion appropriate for the format being requested.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Freedom to exercise these rights without adversely affecting how they are treated by the plan, providers, or the State.
- 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.

Person with Disabilities

What is defined as a disability and/or functional limitation?

Disability may be physical, cognitive, mental, sensory, emotional, developmental or some combination of these. A disability may be present from birth or occur during a person's lifetime.

Functional limitations are difficulties completing a variety of basic or complex activities that are associated with a health problem. For example, vision loss, hearing loss, and inability to move one's legs are functional limitations.

How SPD members may have barriers to access and care:

Physical Access – the ability to get into a building or the area where healthcare services are offered

Areas of the office to consider: buildingentrances,restrooms,parkinglots,doors, doorways and hallways, waiting areas and reception desk , drinking fountainsandwatercoolers,elevators,postedsigns,telephones,formsand documents

Communication Access – the ability of the provider and member to communicate and understandthe information askedanddirections given

Methods of communication: Qualified ASL Interpreters,Relayservice,Assistive listening device, Text message, Email, Captioning, Qualified readers,Audiorecordings,Braille,Largeprint

An accommodation checklist wasdeveloped tohelpprovidersandoffice staffidentify accommodation needs for SPDmembers. Please place checklist in medical recordofpatient foreasyaccessandfutureuse.

Here are some ways you may modify your office policies:

- Flexibleappointment time
- Longer appointment time
- Providing assistancefilling out forms
- Providing lifting assistance
- Providingprint materials in alternative,accessible formats
- Allowing service animals

Cultural Competency

What is culture?

- Culture is comprised of a group's learned patterns of **behavior, values, norms,and practices.**

What is Cultural Competency?

- Organizational cultural competency is the ability of health care organizations and individualsto actively apply knowledgeof culturalbehaviorandlinguisticissueswheninteracting with members from diverse cultural and linguistic backgrounds. Cultural competency requires there cognitionand integrationby the healthcare professionalsof health plan members' behaviors, values, norms, practices, attitudes, and beliefs aboutdiseasecausationandpreventionintohealthcareservices provided.

Why is cultural competency important?

- Being culturally competent means improved communication between providers and health plan members who may be from different ethnic and cultural backgrounds. Culturallycompetentcare ultimatelyleadsto improved access andhealth outcomes.

Elements of Culture Include:

- Collective values,experiences,beliefs-beliefs about health and healthcare, aswellas behavioral styles
- Non-verbal communication
- Perspectives,worldviews,frames of reference
- Community motivationandsocialidentification
- Cultural awareness
- Languagesand dialect

Language Access Services

Accurate communication between patientsandhealthcareprovidershelpsreduce healthdisparities andimproves qualityofcare.

When using interpreterservices be sure to:

- Ensure inclusion of statement on informing assigned members with Limited English Proficiency, on right to qualified interpreter (phone orvideo) free of charge.
- Document member's language preference in medical record
- Document member's request or refusal of interpreter service (phone orvideo) at each visit

- When member declines offer to use free interpreter service (phone orvideo), document how language barrier was addressed (i.e. certified bilingual staff person, member brought friend or relative to serve as interpreter)

Member Grievances

Time frames for filing & resolving complaints	
Time frame for filing (from date of denial, service, incident or bill)	
Type of complaint	Timeframe
Grievance	No time limit
Time frame for processing	
Type	Grievance and appeals process
Standard	30 calendar days
Expedited	72 hours