



a division of Valley Care IPA



MEMBER HANDBOOK



Steps for Using Valley Care Select IPA

- 1) Choose your Primary Care Physician (PCP).
- 2) Medical Records. If you are a new member of this physician, request that your medical records be sent by your prior physician.
- 3) First Appointment. At your first appointment, your PCP will conduct an Initial Health Assessment. Your Initial Health Assessment should be conducted within the first 90 days of membership. Be prepared with your health history and medications. Please be sure to bring your health plan member ID card with you whenever you visit a physician or use any laboratory, x-ray or other services.
- 4) Specialist Care. Should specialist care be required, your PCP will request an authorization from Valley Care Select IPA. Return to your PCP for all other required health services.
- 5) Diagnostic Testing. Remember to use Valley Care Select IPA contracted facilities for lab and x-ray.

Questions? If you have any questions, contact Valley Care Select IPA Customer Services toll-free, at (877) 299-5599 or (805) 604-3332. Hearing Impaired, (866) 212-8408
Monday through Thursday, 8 a.m. to 5 p.m. Friday, 9 a.m. to 5 p.m. Pacific Time (PT)
(closed on weekends and most holidays)

Your Primary Care Physician: _____

PCP Phone #: _____

PCP Address: _____

Valley Care Select IPA Customer Services

751 E. Daily Drive, Suite 120 • Camarillo, CA 93010
(877) 299-5599 or (805) 604-3332
Hearing Impaired: (866) 212-8408
www.valleycareipa.com

Save this page for future reference

Welcome to Valley Care Select IPA

Valley Care Select IPA, established in 1994, is committed to providing the highest standard of care for families in Ventura County.

We offer access to our local network of independent physicians and facilities. Choose from over 200 dedicated, board certified physicians practicing in their private offices. You can select your own Primary Care Physician (PCP) from our wide range of internist, family practitioners and pediatricians. Also available to you, is our network of specialists to better manage care for you and your family. You will get to know your doctor personally, at a location that is most convenient for you.

Valley Care Select IPA and your PCP work as a team to help you coordinate your healthcare plan benefits and keep you well. As your provider, Valley Care Select IPA will ensure that your healthcare needs are met quickly, efficiently and professionally.

Valley Care Select IPA's physicians maintain staff privileges at Community Memorial Hospital, Santa Paula Hospital, St. John's Pleasant Valley Hospital, St. John's Regional Medical Center and Ventura County Medical Center.

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You and Your Doctor

Your Primary Care Physician Leads Your Medical Team

When you first became our member, you chose a Primary Care Physicians (PCP) from one of these specialties:

- Family and General Practice specialists for members of all ages
- Internal Medicine specialists (internists) for adults
- Pediatricians for children from birth to age 18

A PCP leads the medical team and directs the medical care for you and your family. Your PCP will coordinate your healthcare and maintain your records. When necessary, your PCP will refer you to other doctors for specialty care services. For additional information please refer to the Specialty Care section on page 9.

Having a good relationship with your PCP is very important. Chances are you will never need to change your PCP. Should you ever need assistance in finding a new PCP, simply contact our Customer Services Department.

Tell Your Health Plan Which Doctor You've Chosen

You will need to inform your health plan which PCP you are selecting for you and each family member. Your health plan will provide you with an ID card containing your PCP's contact information. Contact your PCP's office directly to schedule an appointment. Please be sure to bring your ID card to each appointment.

Get To Know Your Primary Care Physician

You do not need to wait to see your PCP until you need treatment. We recommend that you call and set up an appointment for an Initial Health Assessment within the first 90 days of membership. Your PCP will talk to you about your medical history, medications and address any concerns. It is very important that you understand your healthcare needs and work with your medical team to develop treatment goals.

Preventive Health Screenings

Valley Care Select IPA provides preventive health services intended to help maintain your health and to promote early detection of disease. We strongly encourage you to work with your PCP to obtain routine physicals, as well as the preventive screenings and/or immunizations recommended for you and the enrolled members of your family.

Preventative services available to you through your PCP include:

- Cervical cancer screening
- Chlamydia screening
- Cholesterol screening
- Colorectal cancer screening
- Diabetes screening
- Mammography
- Nephropathy screening for diabetic members
- Routine immunizations for both adults and children

Payments

Your medical services are coordinated and paid for directly through Valley Care Select IPA or your health plan. You are only responsible to pay your co-pays, deductible (if any) and for any non-covered services based on your health plan covered benefits. In the event that you receive a misdirected bill from a physician or outpatient provider, please notify Valley Care Select IPA's Customer Services Department.

Accessibility

Valley Care Select IPA provides appropriate auxiliary aids and services, free of charge and in a timely manner, to individuals with disabilities. For hearing impaired, please call TDD/TYY: 711.

Valley Care Select IPA:

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

If you need these services, contact our Compliance Officer.

If you believe that Valley Care Select IPA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Compliance Officer, 751 E. Daily Drive, Suite 120, Camarillo, CA 93010, Phone: 877-299-5599, TDD/TYY: 711, Fax: 805-256-7840, mail to: 751 E. Daily Drive, Suite 120, Camarillo, CA 93010, or email Compliance@IdentityMSO.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [OCRPortal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at HHS.gov/ocr/office/file/index.html.

Language Assistance

Valley Care Select IPA provides language assistance services, free of charge and in a timely manner, to individuals with limited English proficiency. You can get an interpreter, documents read to you and some sent to you in your language. For help, please call the number listed on your ID card.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help please call your health plan at the number listed on the back of your ID card.

Arabic

تقدم خدمات اللغة دون أية تكلفة. فيمكنك الحصول على مترجم. ويمكنك التمتع بخدمة قراءة المستندات إليك وإرسال بعض المستندات إليك بلغتك. للحصول على المساعدة، يُرجى الاتصال بخطتك الصحية على الرقم الوارد في الجزء الخلفي من بطاقة الهوية الخاصة بك.

Armenian

Անվճար թարգմանչական ծառայություններ: Ձեզ կարող է թարգմանիչ տրամադրվել: Փաստաթղթերը կարող են ընթերցվել Ձեզ համար, դրանցից որոշները կարող են Ձեզ ուղարկվել Ձեր մայրենի լեզվով: Օգնություն ստանալու համար խնդրում ենք զանգահարել Ձեր առողջական ծրագրի գրասենյակ՝ նույնականացման քարտի ետևում նշված հեռախոսահամրով:

Chinese

免費語言服務。您可以得到口譯服務或者有人可以幫您看文件，有些還可以翻成您的語言寄給您。如果需要幫忙，請打電話至您的健康保險公司，電話顯示於您的保險卡後面。

Farsi

خدمات زبانی رایگان. می‌توانید یک مترجم شفاهی داشته باشید. می‌توانید درخواست کنید که اسناد و مدارک به زبان خودتان برای شما خوانده و ارسال شوند. برای دریافت کمک، لطفاً با برنامه سلامت خود به شماره موجود در پشت کارت شناسایی تماس بگیرید.

French

Services Linguistiques Sans Frais. Vous pourrez avoir un interprete. Vous pourrez avoir des documents lus pour vus et en avoir quelques uns envoyes a vous dans votre langue. Pour avoir de l'aide, veuillez contacter votre plan de sante au numero repris au dos de votre carte d'identification.

Hmong

Cov kev Pabcuam Txhais Lus Dawb. Koj tuaj yeem tau txais ib tug neeg txhais lus. Koj tuaj yeem tau txais kev pab nyeem cov ntaub ntawv rau koj thiab muab ib co xa tuaj rau koj ua koj horn lus. Yog xav tau kev pab thov hu rau koj qhov kev npaj tus xov tooj nyab ntawm sab nrob qaum ntawm koj daim npav ID card.

Japanese

ノーコスト翻訳サービス。通訳者を手配します。文書を読み上げて差し上げますほか、一部はあなたの母語で送信されます。ヘルプが必要な場合は ID カード裏に記載の加入健保プラ

Khmer

មិនគិតថ្លៃសេវាភាសា។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់។
 អ្នកអាចឱ្យគេអានឯកសារឱ្យស្តាប់ និងផ្ញើឯកសារខ្លះឱ្យជាភាសារបស់អ្នក។ សម្រាប់ជំនួយ
 សូមទូរស័ព្ទទៅផែនការសុខភាព
 របស់អ្នកតាមលេខដែលបានរាយនៅខាងខ្នងនៃប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក។

Korean

비용이 드는 언어 서비스가 아닙니다. 당신은 통역을 얻을 수 있습니다. 당신은 당신의 언어로
 당신에게 읽고 발송하는 문서를 얻을 수 있습니다. 도움이 필요하면 귀하의 ID 카드 뒷면에
 나와있는 번호로 건강 계획에 전화하시기 바랍니다.

Punjabi

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਹਾਨੂੰ ਇੱਕ ਦੁਆਸ਼ੀਆ ਮਿਲ ਸਕਦਾ ਹੈ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ ਅਤੇ
 ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਦੇ
 ਪਿਛਲੇ ਪਾਸੇ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਆਪਣੇ ਹੈਲਥ ਪਲੈਨ ਨੂੰ ਕਾਲ ਕਰੋ।

Russian

Бесплатные лингвистические услуги. Вы можете получить переводчика. Вы можете получить
 документы для чтения, присланные вам кем-либо, на вашем языке. Для помощи, пожалуйста,
 позвоните в программу страхования здоровья по номеру, указанному на обратной стороне вашей
 удостоверения личности.

Spanish

Servicios de idioma sin costo. Puede conseguir un interprete. Puede conseguir que se le lean documentos y
 que se le envíen algunos en su idioma. Para obtener ayuda llame a su plan de salud al numero que se encuentra
 en la parte posterior de su tarjeta de identificación.

Tagalog:

Walang Bayad na mga Serbisyo sa Wika. Maaari kang kumuha ng isang interpreter. Maaari kang magpabasa
 ng mga dokumento para sa iyo at ang iba ay ipapadala sa iyo sa wika mo. Para sa tulong pakitawagan ang iyong
 health plan sa numerong nakatala sa likod ng iyong ID card.

Vietnamese

Dịch Vụ Ngôn Ngữ Không Tính Phí. Quý vị có thể đề nghị một phiên dịch. Quý vị có thể đề nghị ai
 đó đọc hồ sơ cho quý vị và gửi một số cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin
 vui lòng gọi cho chương trình sức khỏe của quý vị theo số liệt kê ở mặt sau thẻ ID của quý vị.

Specialty Care and Referrals

Because you enrolled in an HMO health plan, your PCP manages all of your healthcare needs. When necessary, your PCP will refer you to one of our Valley Care Select IPA specialty providers. Most specialty services must be approved in advance and provided by a Valley Care Select IPA specialty provider in order for your health plan to cover the services. Your PCP's office will provide you with information on making an appointment with your designated specialist.

Women May See an OB/GYN Without a Referral

Female members of all ages may go to one of our OB/GYN specialists for routine care. You are welcome to choose your own from our list or ask your PCP for assistance. Please note that a referral is not needed to see an OB/GYN.

If you are pregnant, the OB you choose will care for you throughout your pregnancy and the birth. Your baby will need a pediatrician, so you should choose one before the baby is born.

Sometimes a referral is not needed for ongoing care, based on your condition and care needs. Check with your PCP before starting any special treatment with the OB/GYN.

Your Health Plan Sets Review Requirements

Your health plan requires us to review requests for a number of services. Here are a few examples (this is not a complete list):

- Home healthcare
- Hospital admissions for non-emergency medical care or surgery
- Medical equipment and supplies
- Referrals to specialists (there are exceptions)
- Skilled nursing facility stays
- Some advanced diagnostic and radiology services, such as MRIs, PET-scans, bone scans, sonograms, and other highly technical tests

Refer to your health plan member materials for information about the services that require advance review.

If your health plan does not cover the services you have requested, we are not allowed to approve them. If that happens, you should talk to your doctor to see if you should consider going ahead with the treatment and paying for it out of pocket.

The Referral Authorization Process

We pride ourselves on making the referral authorization process for testing and specialist care simple and quick for both our providers and our members. Most physicians use our secure and confidential “Provider Log-in” to submit referral information electronically.

The authorization will be submitted using one of three categories:

- Routine: Processed by Valley Care Select IPA within two business days of receipt from your physician.
- Urgent: Processed by Valley Care Select IPA within 24 hours of receipt from your physician. “Urgent” is defined as any service(s) that is medically needed within two to three days.
- Stat: Requests are phoned in to Valley Care Select IPA by the physician’s office and processed immediately. “Stat” is defined as any service(s) that is medically needed within 24 hours.

Your Doctor Starts the Review Process

Your PCP or other doctor treating you starts the pre-service review process by sending us a request for services. The doctor must wait for our decision.

We review service requests daily. We will notify you and your doctor if we approve the request. Your doctor will let you know if you can go ahead with the requested services and will help you with the next steps.

How We Make Our Decisions

Our staff of nurses and doctors consider your medical condition and treatment needs when they review a service request. They also take into account your health plan's benefits, any conditions that must be met, exclusions and limitations that may apply. Our nurses and doctors base their decisions on nationally recognized, objective standards, criteria and guidelines that are based on sound medical evidence. All decisions are monitored to ensure that criteria is applied consistently to all members with the same kinds of treatment needs.

We make these promises when we make decisions about our members' healthcare services:

- Only board certified doctors and qualified health professionals do service reviews and make decisions about the services your doctor requests.
- We base service review decisions solely on whether the services are medically appropriate and if they are covered by your health plan benefits.
- We do not reward our reviewers for denying any kind of coverage, services or care.
- We do not offer our reviewers any financial incentives to limit, restrict or discourage you from using healthcare services.
- Providers are ensured independence and impartiality in making referral decisions. Decisions do not influence: hiring, compensation, termination, promotion or any other similar matters.
- Valley Care Select IPA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition, sexual orientation, genetic information, source of payment, claims experience, medical history or evidence of insurability. Valley Care Select IPA does not exclude people or treat them differently because of race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition, sexual orientation, genetic information, source of payment, claims experience, medical history or evidence of insurability.
- If we do not approve a service request, you are entitled to receive the services at your own expense. Together, you and your treating doctor decide whether you receive a particular service or treatment.
- Once we approve a requested treatment or service, we will not change or reverse that decision after you receive the approved services.

Please contact our Customer Services Department with any questions regarding a review decision.

Care Coordination Program

Our Care Coordination Program is designed to assist members through the continuum of care and is especially beneficial for members with special needs, chronic conditions or hospitalized with an acute need. Our nurses and support staff are here to assess risk factors, develop a care plan and provide assistance with referrals and timely access to providers.

The goal of Care Coordination is to improve or maintain functional and clinical status, enhance quality of life, improve member satisfaction with their healthcare delivery system, improve adherence to their individualized care plan while providing continuity of care through care coordination and community resources.

Ongoing Specialist Care

Once you have been seen by a specialist, that specialist may determine that additional testing, procedures or specialty care are advisable. If so, the specialist will initiate the authorization request directly to Valley Care Select IPA, keeping your PCP informed of his/her findings and recommendations. For members who need the ongoing care of a specialist due to chronic or medically complex conditions, Valley Care Select IPA has special processes that allow for authorization of multiple visits or standing referrals to see the specialist for a defined period of time. In these cases, you may not need to return to the PCP in order to obtain follow-up care from the specialist.

Medicine and Pharmacy

If you have a benefit for prescription drugs, your ID card will list the amount of your co-payment. It is generally less costly if you only use medications listed on your health plan's formulary. The pharmacist can provide assistance with prescriptions. Please consult your benefits booklet or health plan website for pharmacies available to you and the appropriate mail-in program. Call your health plan for more information.

Laboratory and X-Ray Facilities

Valley Care Select IPA contracts with specific facilities to provide lab test and x-rays and other diagnostic imaging. In the course of your care, you may need one of these procedures. Your PCP or specialist will direct you to an approved facility most conveniently located to you. Be sure to go to the specific facility as directed by the doctor and bring your health plan member ID card. A complete list of laboratories and radiology facilities is also available on our website www.valleycareipa.com.

Emergency And Urgent Care

Emergency care saves lives. However, it is important to know the distinction between the need for emergency care, urgent care and a visit to your PCP. Knowing in advance how to respond to a true emergency situation can help you avoid unnecessary out-of-pocket expenses—and, most importantly, ensure the most appropriate care in the most appropriate setting. A complete list of hospitals and urgent care facilities is available on our website at www.valleycareipa.com.

In An Emergency, You Must Act Quickly

An emergency is defined as a severe and sudden medical condition (or injury, severe pain, or active labor or childbirth) that requires immediate medical care to avoid any of the following:

- Putting the member's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction or disfigurement of a bodily organ or body part
- For a pregnant woman, serious jeopardy to the health of the baby

An emergency medical condition is also one that manifests as acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who has an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a life or limb-threatening condition.

It is imperative that any symptoms or conditions such as those listed above—and any other symptom, condition or injury that is potentially life-threatening must be treated right away. Do not rely on the lists above or below, or any other list of emergency medical conditions and urgent situations. Sometimes it can be hard to tell how serious your condition is, so you must use your best judgment.

If you believe you need emergency medical care for a life-threatening condition, you should immediately do one of the following:

- Call 911.
- Go to the nearest hospital emergency room.

Examples of an emergency medical condition include:

- Apparent heart attack
- Broken bones
- Convulsions
- Difficulty breathing
- Fever over 102 degrees
- Head injuries
- Injuries resulting from an animal attack
- Poisoning
- Severe burns
- Severe pain
- Severe or multiple injuries
- Stupor or mental confusion
- Sudden severe pain and swelling in a joint
- Unconsciousness
- Uncontrolled bleeding

If you face an emergency, do not hesitate to go to the nearest emergency room for treatment or call 911. You should contact your PCP within 24-48 hours or as soon as possible after receiving emergency treatment. Your PCP will help arrange for follow-up care, if needed.

If the documentation for an emergency room visit does not indicate an emergent situation, our medical staff will carefully review the circumstances surrounding your visit. If after medical review, it is determined that emergency criteria was not met, you may be responsible for payment of the charges incurred.

Urgent Care Is For Less Serious Situations

Sometimes situations occur that, in your judgment, require prompt medical attention, but you do not require emergency care. Those are considered urgent situations. You may need to make an appointment to be seen right away, or you may need to go to one of the urgent care centers that we approve.

It is preferred that you first call your PCP prior to proceeding to an urgent care center. Urgent care center visits during normal office hours are approved only if your PCP thinks you need care before he or she is able see you.

Here are some examples of urgent care situations that are best treated in your PCP's office or an urgent care center if your PCP's office is closed:

- Colds or flu
- Contagious viruses (measles, chicken pox)
- Ear infections
- Fever under 102 degrees
- Long-lasting or high fevers
- Mild allergic reactions
- Minor sprains, pulls or strains

If you have any questions about emergency or urgent care, please call our Customer Services Department at (877) 299-5599 or (805) 604-3332. Hearing Impaired: (866) 212-8408

For a detailed listing of affiliated hospitals and urgent care centers, please visit www.valleycareipa.com

Our Member Care Policies

Our Quality Makes a Real Difference

We are committed to seeing that our members receive the quality healthcare they deserve and expect. Our Quality and Utilization Management Programs was developed to ensure that we deliver safe, effective and quality healthcare services.

This is how we ensure that we deliver safe, effective, quality healthcare and services:

We Honor Our Members' Rights

All of our members are entitled to be treated in a manner that respects their rights. We recognize the specific needs of our members and maintain a mutually respectful relationship with them. This is our commitment to the rights of our members . . . and to those other than the member who are legally responsible for making healthcare decisions for the member.

As our member, you have the right to:

- Receive healthcare services regardless of your race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical conditions, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), genetic information, or source of payment.
- Receive information about us and our services, doctors, healthcare professionals and providers, members' rights and responsibilities, as well as information about your health plan's coverage for services you may need or are considering.
- Be treated with respect and recognition of your dignity and right to privacy.
- Be represented by parents, guardians, family members or other conservators if you are unable to fully participate in treatment decisions.
- Have information about our contracting physician and provider payments agreements, as well as explanations for any bills you receive for services not covered by us or your health plan.
- Receive healthcare services without requiring you to sign an authorization, release, consent or waiver that would permit us to disclose your medical information. We will treat information about you, including information about services and treatment we provide, as confidential according to all current privacy and confidentiality laws.
- Have round-the-clock access, seven days a week, to your PCP or an on-call physician when your PCP is unavailable.
- Know the name and qualifications of the doctor who is mainly responsible for coordinating your care . . . and the names, qualifications, and specialties of other doctors, and other providers who are involved in your care.
- Have a candid discussion of medically appropriate or necessary treatment options for your condition – regardless of the cost, the extent of your benefits or the lack of coverage. To the extent permitted by law, this includes the right to refuse any procedure or treatment.
- Actively participate in decisions regarding your healthcare and treatment plan and receive services at your own expense if we deny coverage. You and your treating doctor or healthcare provider decide whether you will receive a particular service or treatment.

- Receive complete information — before receiving care and in terms you can understand — about an illness, proposed course of treatment or procedure, and prospects for recovery, so that you may be well informed when consenting to refuse a course of treatment. This includes:
 - o being able to request and receive information about how medical treatment decisions are made by our review staff, and
 - o the criteria or guidelines applied when making such decisions, and
 - o an explanation of the cost of the care you will receive and what you will be expected to pay out of your own pocket

Except in emergencies, this information will include a description of the recommended procedure or treatment, the medically significant risks involved, any alternate course of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the recommended procedure or treatment.

- Receive information about your medications - what they are, how to take them, and possible side effects.
- Reasonable continuity of care and to know the time and location of appointments, the name of the physician providing care and continuing healthcare requirements following discharge from inpatient or outpatient facilities.
- Be advised if a doctor proposes to engage in experimental or investigational procedures affecting your healthcare or treatment. Members have the right to refuse to participate in such research projects.
- Obtain upon request a copy or summary of the Utilization Management Program Description and the Quality Management Program Description that we publish annually.
- Voice complaints about us or appeal our care decisions.
- Be informed of rules about member conduct in any of the various settings where you receive healthcare services as our member.
- Complete an advance directive, living will or other instructions concerning your care in the event that in the future you become unable to make those decisions while receiving care through our physicians, healthcare professionals and providers.
- Make recommendations about these members’ rights and responsibilities policies.

Our Members Share Responsibility for Their Care

Just as we honor our members’ rights, we have expectations of our members. You have a responsibility to:

- Be familiar with the benefits, limitations and exclusions of your health plan coverage.
- Supply your healthcare provider with complete and accurate information which is necessary for your care (to the extent possible).
- Be familiar and comply with our rules for receiving routine, urgent, and emergency care.
- Contact your PCP (or covering doctor) for any non-urgent or emergency care that you may need after the doctor’s normal office hours, including on weekends and holidays.
- Be on time for all appointments and notify the physician’s or other provider’s office as far in advance as possible for appointment cancellation or rescheduling.

- Obtain an authorized referral form from your PCP before making an appointment with a specialist and/or receiving any specialty care.
- Understand your health problems . . . participate in developing mutually agreed upon treatment goals to the degree possible . . . and inform your doctors and healthcare providers if you do not understand the information they give you.
- Follow treatment plans and instructions for care you have agreed on with your doctors and healthcare providers, and report changes in your condition.
- Accept your share of financial responsibility for services received while under the care of a physician or while a patient at a facility.
- Treat your doctors and healthcare providers and their office staff with respect.
- Contact our Customer Services Department or your health plan's member services if you have questions or need assistance.
- Respect the rights, property and environment of your physicians and healthcare providers, their staff and other patients.

We Listen To What Our Members Say

Our grievance and appeals process gives our members a way to resolve concerns with the medical care and services we provide. We work closely with our members' health plans and follow their rules for handling the issue. Whether the problem concerns access to care, dissatisfaction with our doctors or employees or a decision we made about medical services, we will investigate the issue and work toward a satisfactory solution.

If you have a problem that needs to be brought to our attention or disagree with a decision we made about a service request, you must first contact your health plan. You can file your complaint over the phone by calling the number printed on your health plan ID card. Please refer to your health plan member information materials for more detailed instructions on how to file a complaint/grievance or service denial appeal.

In addition to your health plan's grievance and appeal process, you may also contact the California Department of Managed Health Care (DMHC). The DMHC regulates healthcare service plans. Before contacting the DMHC, you should first phone your health plan and use their grievance process. The DMHC has a toll-free telephone number (1-800-400-0815) to receive complaints regarding health plans. The hearing and speech impaired may use the California Relay Service's toll-free numbers (800) 735-2929 (TTY) or (888) 877-5378 (TTY) to contact the DMHC. The Department's Internet web site (<http://www.hmohelp.ca.gov>) has complaint forms and instructions online.

If you need more information about your health plan or DMHC complaint/grievance or appeal process, call our Customer Services Department at the number listed in the Call Us For Help section.

We Value Your Opinion

Our member surveys give us a better picture of how we are doing and whether we need to change anything. We regularly contact our members to find out how things are going for them. Do they think they get good care? Do they feel their doctor listens to them? Is it easy for them to get appointments? Are they treated with respect and dignity by our staff? Are we honoring their member rights? We also survey our providers to see what they think and to find out better ways to give their members the care they need.

Your Personal Health Information Is Safe with Us

We carefully observe all of the laws, regulations and professional ethics that govern member privacy and the confidentiality of member information. We do not give out any information that makes it possible for anyone or any organization to individually identify any of our members.

We gather general data about our members and the healthcare services we provide them, group the data together, and use the information to develop our quality programs and services. We share the grouped data with health care organizations, regulatory agencies and accreditation organizations. They in turn use the data to monitor the delivery of healthcare services to certain populations. Any member data that is exchanged electronically between our doctors, our administrative staff, health plans or any other entity is protected as required by current state and federal laws.

When requested, we will tell our members how we use their personal health information. They may review their own personal health information and amend it. We have a process for receiving, analyzing, resolving, and complying with our members' requests to restrict the uses and disclosures of their protected health information.

Advance Health Care Directives

If you have not already done so, you should think about completing an Advance Health Care Directive. Also known as a Durable Power of Attorney for Health Care, an Advance Health Care Directive can help ensure that your wishes concerning your medical care are followed if you are unable to make your own healthcare decisions. You can designate a person to be your "agent" in making some or all healthcare decisions for you at any time that you may not be able to make such decisions for yourself. Your agent can be anyone over age 18, except your physician or his/her employees.

Under California law, all adults of sound mind have the right to make their own decisions with regard to accepting or refusing medical treatment or life-sustaining procedures. The multi-part Advance Health Care Directive is a legal document through which you can communicate your wishes about the care and treatment you want—or don't want—if you reach a point where you are no longer able to make or articulate your own healthcare decisions. You may want to discuss these decisions with your physician and family members.

Talk to your PCP about setting up an Advance Health Care Directive. They make very good legal sense for anyone over 18 years of age. You can review and download the Advance Directive from our website [**www.valleycareipa.com**](http://www.valleycareipa.com).

Call Us For Help

Our Customer Services Department is ready to assist you. We are available from 8:00 a.m until 5:00 p.m PT, Monday through Thursday and 9:00 a.m. until 5:00 p.m. PT Friday. We are closed on weekends and most holidays.

If you call after normal business hours, on a weekend or holiday, you may leave a message. We will call you back the next business day.

We can answer a variety of questions about your care and coverage, including:

- Our PCPs, specialists and other healthcare professionals and providers
- Service authorizations, denials and conditions of coverage
- Health plan eligibility
- Co-payments and deductibles
- Claims information
- Complaints and compliments
- Changes in address or PCP

Customer Services Department at (877) 299-5599 or (805) 604-3332
Hearing Impaired: (866) 212-8408

Interpreter Services are available.

We invite you to visit our website, **www.valleycareipa.com**, where you will find additional information about us, including provider rosters, health plan directories, affiliated hospitals and urgent care locations.

Thank You

Valley Care Select IPA welcomes you and looks forward to serving you and being your healthcare partner. This booklet provides general guidelines. Consult your Evidence of Coverage for the exact terms, conditions and limitations of your plan.



VALLEY CARE SELECT

751 E. Daily Drive, Suite 120
Camarillo, CA 93010

direct (805) 604-3332 | *toll free* (877) 299-5599
hearing impaired (866) 212-8408

valleycareipa.com