

Members' Rights and Responsibilities

Master Policy:	Members' Rights and Responsibilities	
Master Policy #:	QIR 223.00	
Attached Policies:	<i>QIR 223.01</i>	<i>HPN Commercial Members' Rights and Responsibilities</i>
	<i>QIR 223.02</i>	<i>HPN Medicaid Members' Rights and Responsibilities</i>
	<i>QIR 223.03</i>	<i>HPN Senior Dimensions and Federal Employee Members' Rights and Responsibilities</i>

1.0 Purpose of Policy

- 1.1 To define the Health Plan of Nevada (HPN) Members' Rights and Responsibilities, in order to promote a mutually respectful relationship between HPN and its members and to establish a structure for cooperation among members, practitioners, and HPN. The purpose of this policy is to also define mechanisms to communicate these rights and responsibilities to the provider network, members, and employees.

2.0 Scope of Policy

- 2.1 The rights and responsibilities for the HPN commercial, Medicaid, Senior Dimensions, and Federal employee memberships.

3.0 Policy Statement

- 3.1 HPN is committed to maintaining a strong relationship with its members and treating members in a manner that respects their rights and promotes effective health care. HPN strives to create a solid partnership with its members and your providers. To these ends:
- 3.1.1 HPN has established certain Members' Rights as detailed in the attached policies.
 - 3.1.2 HPN has established its expectations of certain Members' Responsibilities as detailed in the attached policies.
 - 3.1.3 HPN has established separate Members' Rights and Responsibilities for its various memberships, as detailed in the attached policies, due to differing regulatory and accrediting requirements.
- 3.2 HPN provides its statement of members' rights and responsibilities annually to employees, participating providers and members.
- 3.2.1 Distribution to members is through a variety of communication mechanisms, such as member enrollment materials, member newsletters, member mailings, the Internet, or other means appropriate for mass distribution.
 - 3.2.2 Distribution to providers is through a variety of communication mechanisms such as provider newsletters, the Provider Summary Guide, provider mailings, the Internet, or other means appropriate for mass distribution.

3.2.3 Distribution to employees is through the organization's Intranet, orientation materials for new employees, or other appropriate communication mechanisms.

3.3 This policy is reviewed annually by the departments identified on this policy's title page and updated as necessary.

4.0 Policy Processes/Procedures

4.1 See attached policies for specific processes and procedures.

5.0 Policy Attachments

5.1 See attached policies for related attachments.

Policy name:	HPN Commercial Members' Rights and Responsibilities		
Policy #:	QIR 223.01	Original effective date:	01/10/1995
		Last review/revision date:	11/1/2005
Attached to Master Policy #:	QIR 223.00	Quality Improvement Committee Approval	
Application:	HPN	<i>Approved with Master Policy QIR 223.00</i>	<i>11/1/2005</i>
		Chair's signature	<i>Date</i>

1.0 Purpose of Policy

- 1.1 The purpose of this policy is to define the Members' Rights and Responsibilities for the HPN commercial membership.

2.0 Scope of Policy

- 2.1 Members' Rights and Responsibilities for the HPN commercial membership.

3.0 Policy Statement

- 3.1 HPN commercial members have the following rights:
- 3.1.1 To be treated with respect and dignity and every effort made to protect your privacy.
 - 3.1.2 To select a primary care physician from HPN's extensive provider list including the right to refuse care from specific practitioners.
 - 3.1.3 To be provided the opportunity to voice complaints or appeals about the plan and/or the care provided.
 - 3.1.4 To receive information about the plan, its services, its providers, and members' rights and responsibilities.
 - 3.1.5 To participate with your primary care physician/dentist in the decision making process regarding your health care.
 - 3.1.6 To have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
 - 3.1.7 To have direct access to women's health services for routine and preventive care.
 - 3.1.8 To have direct access to medically necessary specialist care, in conjunction with an approved treatment plan developed with the primary care physician. Required authorizations should be for an adequate number of direct access visits.
 - 3.1.9 To have access to emergency health care services in cases where a "prudent layperson" acting reasonably, would have believed that an emergency existed.
 - 3.1.10 To formulate Advance Directives.

- 3.1.11 To have access to your medical records in accordance with applicable state and federal laws.
- 3.1.12 To make recommendations regarding the organization's members' rights and responsibilities policies.
- 3.2 HPN's commercial members have the following responsibilities:
 - 3.2.1 To know how HPN's Managed Care Program operates.
 - 3.2.2 To provide, to the extent possible, information that HPN and its providers need in order to provide the best care possible.
 - 3.2.3 To take responsibility for maximizing health habits and to follow the health care plan that you, your physician and HPN have agreed upon.
 - 3.2.4 To consult your primary care physician and HPN before seeking non-emergency care in the service area. We urge you to consult your physician and HPN when receiving urgently needed care while temporarily outside the HPN service area.
 - 3.2.5 To obtain a written referral from your physician before going to a specialist, unless you are utilizing Point of Service benefits or the Specialist Direct option.
 - 3.2.6 To obtain prior authorization from HPN and your physician for any routine or elective surgery, hospitalization, or diagnostic procedures.
 - 3.2.7 To be on time for appointments and provide timely notification when canceling any appointment you cannot keep.
 - 3.2.8 To pay all applicable co-payments at the time of service.
 - 3.2.9 To avoid knowingly spreading disease.
 - 3.2.10 To recognize the risks and limitations of medical care and the health care professional.
 - 3.2.11 To be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients in the community.
 - 3.2.12 To show respect for other patients, health care providers and plan representatives.
 - 3.2.13 To abide by administrative requirements of HPN, health care providers, and government health benefit programs.
 - 3.2.14 To report wrongdoing and fraud to appropriate resources or legal authorities.
 - 3.2.15 To know your medications. Keep a list and bring it with you to your appointment with your primary care provider.
 - 3.2.16 To address medication refill needs at the time of your office appointment. When you obtain your last refill, notify the office that you will need refills at that time. Do not wait until you are out of your medication.
 - 3.2.17 To report all side effects of medications to your primary care provider. Notify your primary care provider if you stop taking your medications for any reason.
 - 3.2.18 To ask questions during your appointment time regarding physical complaints, medications, any side effects, etc.

3.2.19 To participate in understanding their health problems and developing mutually agreed upon treatment goals.

4.0 Policy Processes/Procedures

4.1 N/A

5.0 Policy Attachments

5.1 N/A

Policy name:	HPN Medicaid Members' Rights and Responsibilities		
Policy #:	QIR 223.02	Original effective date:	01/10/1995
		Last review/revision date:	11/1/2005
Attached to Master Policy #:	QIR 223.00	Quality Improvement Committee Approval	
Application:	HPN	<i>Approved with Master Policy 223.00</i>	<i>11/1/2005</i>
		Chair's signature	<i>Date</i>

1.0 Purpose of Policy

- 1.1 The purpose of this policy is to define the Members' Rights and Responsibilities for the HPN Medicaid membership.

2.0 Scope of Policy

- 2.1 Members' Rights and Responsibilities for the HPN Medicaid membership.

3.0 Policy Statement

- 3.1 HPN Medicaid members have the following rights:
- 3.1.1 To be treated with respect and dignity and every effort made to protect your privacy.
 - 3.1.2 To select a primary care physician/dentist from HPN's extensive provider list including the right to refuse care from specific practitioners.
 - 3.1.3 To be provided the opportunity to voice grievances-or appeals about the plan and/or the care provided and to pursue resolution of the grievance or appeal.
 - 3.1.4 To receive information about the plan, its services, its providers, and members' rights and responsibilities in a manner and format that is easily understood and in languages (other than English) that are commonly used in the service area.
 - 3.1.5 To participate with your primary care physician/dentist in the decision making process regarding your health/dental care, including the right to refuse treatment.
 - 3.1.6 To have timely access to care and services, taking into account the urgency of your medical needs.
 - 3.1.7 To have a candid discussion of available treatment options and alternatives for your conditions, regardless of cost or benefit coverage.
 - 3.1.8 To have direct access to women's health services for routine and preventive care.
 - 3.1.9 To have direct access to medically necessary specialist care, in conjunction with an approved treatment plan developed with the primary care physician/dentist. Required authorizations should be for an adequate number of direct access visits.
 - 3.1.10 To have access to emergency health care services in cases where a "prudent layperson" acting reasonably, would have believed that an emergency existed.

- 3.1.11 To have adequate and timely services outside the network, if HPN's network is unable to provide necessary services covered under your contract.
 - 3.1.12 To have a second opinion, at no cost, from a qualified health care professional within the network or arrangements made for you to obtain one outside the network.
 - 3.1.13 To formulate Advance Directives.
 - 3.1.14 To have access to your medical records in accordance with applicable state and federal laws, including the ability to request and receive a copy of your medical records, and request that the medical records be amended or corrected, as specified in federal regulation.
 - 3.1.15 To have available oral interpretation services available free of charge for all non-English languages.
 - 3.1.16 To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in federal regulation on the use of restraints and seclusion.
 - 3.1.17 To make recommendations regarding the organization's members' rights and responsibilities policies.
- 3.2 HPN Medicaid members have the following responsibilities:
- 3.2.1 To know how HPN's Managed Care Program operates.
 - 3.2.2 To provide, to the extent possible, information that HPN and its providers need in order to provide the best care possible.
 - 3.2.3 To take responsibility for maximizing health habits and to follow the health care plan that you, your physician/dentist and HPN have agreed upon.
 - 3.2.4 To consult your primary care physician/dentist and HPN before seeking non-emergency care in the service area. We urge you to consult your physician/dentist and HPN when receiving urgently needed care while temporarily outside the HPN service area.
 - 3.2.5 To obtain a written referral from your physician/dentist before going to a specialist.
 - 3.2.6 To obtain prior authorization from HPN and your physician/dentist for any routine or elective surgery, hospitalization, or diagnostic procedures.
 - 3.2.7 To be on time for appointments and provide timely notification when canceling any appointment you cannot keep.
 - 3.2.8 To avoid knowingly spreading disease.
 - 3.2.9 To recognize the risks and limitations of medical care and the health care professional.
 - 3.2.10 To be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients in the community.
 - 3.2.11 To show respect for other patients, health care providers and plan representatives.
 - 3.2.12 To abide by administrative requirements of HPN, health care providers, and government health benefit programs.

- 3.2.13 To report wrongdoing and fraud to appropriate resources or legal authorities.
- 3.2.14 To know your medications. Keep a list and bring it with you to your appointment with your primary care provider.
- 3.2.15 To address medication refill needs at the time of your office appointment. When you obtain your last refill, notify the office that you will need refills at that time. Do not wait until you are out of your medication.
- 3.2.16 To report all side effects of medications to your primary care provider. Notify your primary care provider if you stop taking your medications for any reason.
- 3.2.17 To ask questions during your appointment time regarding physical complaints, medications, any side effects, etc.
- 3.2.18 To participate in understanding their health problems and developing mutually agreed upon treatment goals.

4.0 Policy Processes/Procedures

4.1 N/A

5.0 Policy Attachments

5.1 N/A

Policy name:	HPN Senior Dimensions and Federal Employee Members' Rights and Responsibilities		
Policy #:	QIR 223.03	Original effective date:	01/10/1995
		Last review/revision date:	11/1/2005
Attached to Master Policy #:	QIR 223.00	Quality Improvement Committee Approval	
Application:	HPN	<i>Approved with Master Policy 223.00</i>	<i>11/1/2005</i>
		Chair's signature	<i>Date</i>

1.0 Purpose of Policy

- 1.1 The purpose of this policy is to define the Members' Rights and Responsibilities for the HPN Senior Dimensions membership and the federal employee membership.

2.0 Scope of Policy

- 2.1 Members' Rights and Responsibilities for the HPN Senior Dimensions membership and the federal employee membership.

3.0 Policy Statement

- 3.1 HPN Senior Dimensions members' and federal employee members' rights are as follows:
- 3.1.1 To be treated with respect and dignity, with every effort made to protect your privacy.
 - 3.1.2 To select a primary care provider from HPN's provider list.
 - 3.1.3 To be provided the opportunity to voice complaints or appeals about the plan and/or the care provided without being discriminated against, and to expect that problems will be fairly examined and appropriately addressed.
 - 3.1.4 To receive information about the plan, its services, its providers, and members' rights and responsibilities.
 - 3.1.5 To participate with your primary care provider in the decision making process regarding your health care.
 - 3.1.6 To have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
 - 3.1.7 To have direct access to women's health services for routine and preventive care.
 - 3.1.8 To have direct access to medically necessary specialist care, in conjunction with an approved treatment plan developed with your primary care provider. Required authorizations should be for an adequate number of direct access visits.
 - 3.1.9 To have access to emergency services in cases where a "prudent layperson" acting reasonably, would have believed that an emergency existed.
 - 3.1.10 To have assistance in developing transition of care plans (if you are in current treatment for chronic or disabling conditions or are in the second or third trimester of pregnancy) if you involuntarily change health plans.
 - 3.1.11 To have assistance in developing transition of care plans (if you are in current treatment for chronic or disabling conditions or are in the second or third trimester of pregnancy)

with providers whose participation with a plan is involuntarily terminated for reasons other than cause.

- 3.1.12 To have all communications and records pertaining to your care treated confidentially.
 - 3.1.13 To access your medical records. HPN must provide you with timely access to your records and any information that pertains to them. Except as authorized by State law, HPN must get written permission from you or your authorized representatives before medical records can be made available to any person not directly concerned with your health care or not responsible for making payments for the cost of such care.
 - 3.1.14 To extend these rights to any person who may have the legal responsibility to make decisions on your behalf regarding your medical care.
 - 3.1.15 To refuse treatment or leave a medical facility, even against the advice of physicians, providing you accept the responsibility and consequences of the decision.
 - 3.1.16 To be able to exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care.
 - 3.1.17 To be involved in decisions to withhold resuscitative services, or to forego or withdraw life-sustaining treatment.
 - 3.1.18 To formulate Advance Directives.
 - 3.1.19 To make recommendations regarding the organization's members' rights and responsibilities policies.
- 3.2 HPN Senior Dimension members' and federal employee members' responsibilities are as follows:
- 3.2.1 To know how HPN's Managed Care Program operates.
 - 3.2.2 To provide, to the extent possible, information that HPN and its providers need in order to provide the best care possible.
 - 3.2.3 To take responsibility for maximizing a healthy lifestyle and to follow the treatment plans that you, your Case Manager and your physicians have agreed upon.
 - 3.2.4 To consult your primary care provider and HPN before seeking non-emergency care in the service area. We urge you to consult your primary care provider and HPN when receiving urgently needed care while temporarily outside the HPN service area.
 - 3.2.5 To obtain a written referral from your physician before going to a specialist unless you are using a point of service benefit, if one is available under your benefit plan.
 - 3.2.6 To obtain prior authorization from HPN and your physician for any routine or elective surgery, hospitalization, or diagnostic procedures.
 - 3.2.7 To be on time for appointments and provide timely notification when canceling appointments you cannot keep.
 - 3.2.8 To accept financial responsibility for Copayments, Coinsurance and/or Deductibles associated with covered services received.
 - 3.2.9 To avoid knowingly spreading disease.

- 3.2.10 To recognize the risks and limitations of medical care and the health care professional.
- 3.2.11 To be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients in the community.
- 3.2.12 To show respect for other patients, health care providers and plan representatives.
- 3.2.13 To behave in a manner that supports the health care provided you (this applies to care provided in any location, whether it be your home, a provider's office or a health care facility.) This applies to treatment in a provider's office, health care facility or any location where there are other patients.
- 3.2.14 To abide by administrative requirements of HPN, health care providers, and government health benefit programs.
- 3.2.15 To report wrongdoing and fraud to appropriate resources or legal authorities.
- 3.2.16 To know your medications. Keep a list and bring it with you to your appointments with your primary care provider.
- 3.2.17 To address medication refill needs at the time of your office appointment. When you obtain your last refill, you should notify the office at that time that you will need refills. Do not wait until you are out of your medications.
- 3.2.18 To report all side effects of medications to your primary care provider. Notify your primary care provider if you stop taking your medications for any reason.
- 3.2.19 To ask questions during your appointment time regarding physical complaints, medications, any side effects, etc.
- 3.2.20 To review information regarding covered services, policies and procedures as stated in your Evidence of Coverage.
- 3.2.21 To exhaust HPN's internal complaint and appeal processes to address concerns that may arise to the extent applicable to the respective program.
- 3.2.22 To understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- 3.2.23 To actively participate in determining your health care goals and to comply with a mutually agreed upon plan of care.

4.0 Policy Processes/Procedures

4.1 N/A

5.0 Policy Attachments

5.1 N/A