

## POLICY AND PROCEDURE

<b>Policy Manual: Member Services Manual</b>	<b>Origination Date: 6/96</b>	<b>Policy #: MS II</b>
<b>Policy Title: Members Rights and Responsibilities</b>	<b>Revision Dates: 6/97, 1/98, 1/99, 1/00, 4/01</b>	
	<b>Last Reviewed Date: 1/8/04: 2/05</b>	<b>Page 1 of 4</b>

**Purpose:**

The member rights and responsibilities have been developed to ensure that the most appropriate cost-effective care is comprehensively provided by ProMed providers in the network, and that the care is responsibly received by ProMed members.

**Scope:**

The member rights and responsibilities are included in the ProMed provider manual and member services handbook as appropriate. The policy is also posted in the provider offices.

**Policy:**

1. ProMed participating providers and members abide by the rights and associated responsibilities of the members in the process of health care service delivery.
2. All ProMed providers and members are provided with a copy of the Member's Rights and Responsibilities. The providers and members also are notified of revisions or updates in these documented rights and responsibilities.
3. Member information is well designed, comprehensible and written in languages that represent the major populations groups served by ProMed.

**Procedure:**

ProMed has implemented comprehensive member rights and responsibilities policy:

### **Member Rights Policy**

The ProMed Member has the right to:

1. Exercise these rights without regard to gender, sexual orientation or cultural, economic, educational, or religious background.
2. Be provided with comprehensible information about ProMed, its services, providers and the health care service delivery process. This information includes instructions on how to obtain care with various providers and at varied facilities ( e.g. Primary Care, specialty care, behavioral health services, and hospital services). Additionally, information is included on how to obtain services outside the ProMed system or service area.
3. Be informed of emergent and non-emergent cost of care and receive an explanation of the member's financial obligations as appropriate, prior to incurring the expense (including co-payments, deductibles, and co-insurance).
4. Be provided with information on how to obtain care after normal office hours and how to obtain emergency care including when to directly access emergency care or use 911 services.
5. Examine and receive an explanation of bills generated for services delivered to the member.
6. Be provided with information on how to submit a claim for covered services.
7. Be informed of the name and qualifications of the physician who has primary responsibility for coordinating the member's care; and be informed of the names, qualifications, and specialties of other physicians and non-physicians who are involved in the member's care.
8. Have 24-hour access to the member's primary care physician (or covering physician).
9. Receive complete information about the diagnosis, proposed course of treatment or procedure, alternate courses of treatment or non-treatment, the clinical risks involved in each, and prospects for recovery in terms that are understandable to the member, in order to give informed consent or to refuse that course of treatment.
10. Candidly discuss appropriate or medically necessary treatment options for the member's condition, regardless of cost or benefit coverage.
11. Actively participate in decisions regarding the member's health care and treatment plan. To the extent permitted by law, this includes the right to refuse any procedure or treatment. If the recommended procedure or treatment is refused, an explanation will be given addressing the effect that this will have on the member's health.
12. Be treated with respect and dignity
13. Receive considerate and respectful care with full consideration of the member's privacy.
14. Receive confidential treatment of all information and records associated with the member's care.

15. Be afforded the opportunity to consent or deny the release of identifiable medical or other information except when such release is required by law, This activity includes non member identifiable data shared with employers.
16. Be informed of the policies and procedures concerned with the use of a drug formulary.
17. Be informed of applicable rules in the various health care settings regarding member conduct.
18. Express opinions or concerns about ProMed or the care provided and offer recommendations for change in the health care service delivery process by contacting the ProMed Customer Services Department.
19. Be informed of the member complaint/ grievance and appeal process including how to express a complaint or appeal.
20. Be informed of the availability of providers, termination of a primary care provider or practice site and receive assistance in selecting a new primary care provider or site in this situation.
21. Change primary care physicians by contacting the Customer Services Department.
22. Be provided with information on potential restrictions incorporated in the operational procedures, how ProMed evaluates with health plans, new technology for inclusion as a covered benefit.
23. Receive reasonable continuity and coordination of care and be given timely and sensible responses to questions and requests made for service, care covered benefits, noncovered services and payment (including complaints and appeals).
24. Be informed of continuing health care requirements following office visits, treatments, procedures, and hospitalizations.
25. Have all member rights apply to the person who has the legal responsibility to make health care decisions for the member.

**Member Responsibilities Policy:**

The ProMed Member has the responsibility to:

1. Be familiar with the benefits and exclusions of the member's health plan coverage.
2. Provide the member's health care provider with complete and accurate information that is necessary for the care of the member (to the extent possible).
3. Be on time for all appointments and notify the provider's office as far in advance as possible for appointment cancellation or rescheduling.
4. Report changes in the member's condition according to provider instructions.
5. Inform providers of the member's inability to understand the information given to them.
6. Carryout the treatment plan which has been developed and agreed upon by the health care provider and the member.

7. Contact the member's primary care physician (or covering physician) for any care that is needed after that physician's normal office hours.
8. Treat the health care providers and staff with respect.
9. Obtain an authorized referral from the member's primary care physician for a visit to a specialist and/or to receive any specialty care, as required.
10. Be familiar and comply with ProMed's health care service delivery system regarding access to routine, urgent, and emergent care.
11. Contact ProMed's Customer Services Department or the member's Health Plan Member Services Department regarding questions and assistance.
12. Respect the rights, property and environment of all physicians and ProMed providers, staff, and other members.
13. Have all of these responsibilities apply to the person who has the legal responsibility to make health care decisions for the member.