Chapter 8: Your rights and responsibilities

Introduction

In this chapter, you will find your rights and responsibilities as a member of the plan. We must honor your rights. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[**Note:** Plans may add to or revise this chapter as needed to reflect NCQA-required language or language required by state Medicaid programs.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, “refer to Chapter 9, Section A, page 1.” An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

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# Your right to get information in a way that meets your needs

[Plans may edit the section heading and content to reflect the types of alternate format materials available to plan members. Plans may not edit references to language except as noted below.]

[Plans must insert a translation of this section in all languages that meet the language threshold.]

We must tell you about the plan’s benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

* To get information in a way that you can understand, call Member Services. Our plan has people who can answer questions in different languages.
* Our plan can also give you materials [Plans must insert if they are required to provide materials in any non-English languages: in languages other than English and] in formats such as large print, braille, or audio. To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page.
* If you are having trouble getting information from our plan because of language problems or a disability and you want to file a complaint, call Medicare at 1-800-MEDICARE (1-800-633-4227). You can call 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. [Plans should insert plan specific information about filing a complaint with the health plan.]

# Our responsibility to ensure that you get timely access to covered services and drugs

[Plans may edit this section to add specific requirements for minimum access to care and remedies].

As a member of our plan:

* You have the right to choose a primary care [insert as appropriate: physician **or** provider] (PCP) in the plan’s network. A network provider is a provider who works with the health plan. You can find more information about choosing a PCP in Chapter 3 [plans may insert reference, as applicable].
* Call Member Services or view the *Provider and Pharmacy Directory* online at <Internet address> to learn more about network providers and which doctors are accepting new patients.
* [Plans may edit this sentence to add other types of providers that members may use without a referral.] You have the right to use a women’s health specialist without getting a referral. A referral is approval from your PCP to use someone that is not your PCP. [If applicable, replace the previous sentences with: We do not require you to get referrals. **or** We do not require you to use network providers.]
* You have the right to get covered services from network providers within a reasonable amount of time.
* This includes the right to get timely services from specialists.
* If you cannot get services from network providers within a reasonable amount of time, we have to pay for out-of-network care.
* You have the right to get emergency care or urgently needed care without prior approval.
* You have the right to get your prescriptions filled at any of our network pharmacies without long delays.
* You have the right to know when you can use an out-of-network provider. To learn about out-of-network providers, refer to Chapter 3 [plans may insert reference, as applicable].

Chapter 9 [plans may insert reference, as applicable] tells what you can do if you think you are not getting your services or drugs within a reasonable amount of time. Chapter 9 [plans may insert reference, as applicable] also tells what you can do if we have denied coverage for your services or drugs and you do not agree with our decision.

# Our responsibility to protect your personal health information (PHI)

We protect your personal health information (PHI) as required by federal and state laws.

Your PHI includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.

You have rights to get information and to control how your PHI is used. We give you a written notice that tells about these rights. The notice is called the “Notice of Privacy Practice.” The notice also explains how we protect your PHI.

## C1. How we protect your PHI

We make sure that unauthorized people do not look at or change your records.

In most situations, we do not give your PHI to anyone who is not providing your care or paying for your care. If we do, we are required to get written permission from you first.Written permission can be given by you or by someone who has the legal power to make decisions for you.

There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.

* We are required to release PHI to government agencies that are checking on our quality of care.
* We are required to give Medicare your PHI. If Medicare releases your PHI for research or other uses, it will be done according to Federal laws.
* We, and the health providers who take care of you, have the right to look at information about your health care. When you enrolled in the Minnesota Health Care Program, you gave your consent for us to do this. We will keep this information private according to law.

## C2. You have a right to look at your medical records

You have the right to look at your medical records and to get a copy of your records. We are allowed to charge you a fee for making a copy of your medical records.

You have the right to ask us to update or correct your medical records. If you ask us to do this, we will work with your health care provider to decide whether the changes should be made.

You have the right to know if and how your PHI has been shared with others.

If you have questions or concerns about the privacy of your PHI, call Member Services at the number at the bottom of this page.

[Plans may insert custom privacy practices.]

# Our responsibility to give you information about the plan, its network providers, your covered services, and your rights and responsibilities

[Plans may edit the section to reflect the types of alternate-format materials available to plan members and/or languages primarily spoken in the plan’s service area.]

As a member of <plan name>, you have the right to get information from us. If you do not speak English, we have free interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call Member Services at the number at the bottom of the page. This is a free service. [Plans must insert information, if applicable, about the availability of written materials in languages other than English, if the threshold is met, stating specifically what languages are offered.] We can also give you information in large print, braille, or audio. [If applicable, plans should insert information about the availability of written materials in other formats.]

If you want information about any of the following, call Member Services:

* How to choose or change plans
* Our plan, including:
* Financial information
* How the plan has been rated by plan members.
* The results of an external quality review study from the State
* The number of appeals made by members
* How to leave the plan
* Our network providers and our network pharmacies, including:
* How to choose or change primary care [insert as appropriate: physicians **or** providers]
* Professional qualifications of our network providers, pharmacies, and other health care providers
* How we pay providers in our network
* Whether we use a physician incentive plan that affects the use of referral services and the type(s) of physician incentive arrangements used
* Whether stop-loss protection is provided
* Results of a member survey if one is required because of our physician incentive plan
* A listing of our network providers and pharmacies. This is available in our online *Provider and Pharmacy Directory* on our website at <Internet address> or by calling Member Services at the number at the bottom of this page for more information and to request a copy of the *Provider and Pharmacy Directory*.
* Covered services and drugs and rules you must follow, including:
* Services and drugs covered by the plan
* Limits to your covered services and drugs
* Rules you must follow to get covered services and drugs
* Reason a service or drug is not covered and what you can do about it, including asking us to:
* Put in writing why a service or drug is not covered
* Change a decision we made
* Pay for a bill you got

# Rules against network providers charging you for services

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot charge you if we pay for less than the provider charged us. To learn what to do if a network provider tries to charge you for covered services or drugs, refer to Chapter 7 [plans may insert reference, as applicable].

# Your right to leave the plan

No one can make you stay in our plan if you do not want to.

* You have the right to get most of your health care services through Original Medicare or a Medicare Advantage plan.
* You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan.
* Refer to Chapter 10 [plans may insert reference, as applicable] for more information about when you can join a new Medicare Advantage or prescription drug benefit plan.
* If you leave our plan, you will remain in our plan’s Minnesota Senior Care Plus (MSC+) plan to get your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county.

You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan’s MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions.

If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

# Your right to make decisions about your health care

## G1. Your right to know your treatment options and make decisions about your health care

You have the right to get full information from your doctors and other health care providers when you get services. Your providers must explain your condition and your treatment choices in a way that you can understand. You have the right to:

* **Know your choices.** You have the right to be told about all the kinds of treatment.
* **Know the risks.** You have the right to be told about any risks involved. You must be told in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
* **Get a second opinion.** You have the right to go to another doctor before deciding on treatment.
* **Say “no.”** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You also have the right to stop taking a drug. If you refuse treatment or stop taking a drug, you will not be dropped from the plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
* **Ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider has denied care that you believe you should get.
* **Ask us to cover a service or drug that was denied or is usually not covered.** This is called a coverage decision. Chapter 9 [plans may insert reference, as applicable] tells how to ask the plan for a coverage decision.

## G2. Your right to say what you want to happen if you are unable to make health care decisions for yourself

[**Note:** Plans that would like to provide members with state-specific information about advance directives may do so. Include contact information for the appropriate state agency.]

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

* Fill out a written form to **give someone the right to make health care decisions for you**.
* **Give your doctors written instructions** about how you want them to handle your health care if you become unable to make decisions for yourself.

The legal document that you can use to give your directions is called an advance directive. There are different types of advance directives and different names for them. Examples are a living will and a power of attorney for health care or a health care directive.

You do not have to use an advance directive, but you can if you want to. Here is what to do:

* **Get the form.** You can get a form from your doctor, a lawyer, a legal services agency, or a social worker. The Senior LinkAge Line® is an organization that gives people information about Medicare or Medical Assistance (Medicaid), including resources for getting a form at [www.minnesotahelp.info/](https://www.minnesotahelp.info/). [Insert if applicable: You can also contact Member Services to ask for the form.]
* **Fill it out and sign the form.** The form is a legal document. You should consider having a lawyer help you prepare it.
* **Give copies to people who need to know about it.** You should give a copy of the form to your doctor. You should also give a copy to the person you name as the one to make decisions for you. You may also want to give copies to close friends or family members. Be sure to keep a copy at home.
* If you are going to be hospitalized and you have signed an advance directive, **take a copy of it to the hospital**.

The hospital will ask you whether you have signed an advance directive form and whether you have it with you.

If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

**Remember, it is your choice to fill out an advance directive or not.**

## G3. What to do if your instructions are not followed

If you have signed an advance directive, and you believe that a doctor or hospital did not follow the instructions in it, you may file a complaint with the Office of Health Facility Complaints at the Minnesota Department of Health at 651-201-4201, or toll-free at 1-800-369-7994.

# Your right to make complaints and to ask us to reconsider decisions we have made

Chapter 9 [plans may insert reference, as applicable] tells what you can do if you have any problems or concerns about your covered services or care. For example, you could ask us to make a coverage decision, make an appeal to us to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other members have filed against our plan. To get this information, call Member Services.

## H1. What to do if you believe you are being treated unfairly or you would like more information about your rights

If you believe you have been treated unfairly – andit is **not** about discrimination for the reasons listed in Chapter 11 – or you would like more information about your rights, you can get help by calling:

* **Member Services** at the number at the bottom of this page.
* **The State Health Insurance Assistance Program**. For details about this organization and how to contact it, refer to Chapter 2 [plans may insert reference, as applicable].
* **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. (You can also read or download “Medicare Rights & Protections,” found on the Medicare website at [www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf](http://www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf).)
* **The Minnesota Ombudsman for Public Managed Health Care Programs**. For details about this office and how to contact them, refer to Chapter 2 [plans may insert reference, as applicable].

# Your responsibilities as a member of the plan

[Plans may modify this section to include additional member responsibilities. Plans may add information about estate recovery and other requirements mandated by the state.]

As a member of the plan, you have a responsibility to do the things that are listed below. If you have any questions, you can call Member Services at the number at the bottom of the page.

* **Read this *Member Handbook*** to learn what is covered and what rules you need to follow to get covered services and drugs. For details about your:
* Covered services, refer to Chapters 3 and 4 [plans may insert reference, as applicable]. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
* Covered drugs, refer to Chapters 5 and 6 [plans may insert reference, as applicable].
* **Tell us about any other health or prescription drug coverage** you have. We are required to make sure you are using all of your coverage options when you get health care. Please call Member Services at the number at the bottom of this page if you have other coverage.
* **Tell your doctor and other health care providers** that you are enrolled in our plan. Show your <plan name> Member ID Card whenever you get services or drugs.
* **Help your doctors** and other health care providers give you the best care.
* Give them the information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.
* Establish a relationship with a plan network primary care doctor before you become ill. This helps you and your primary care doctor understand your total health condition.
* Make sure your doctors and other providers know about all of the drugs you are taking. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
* Practice preventive health care. Have tests, exams, and shots recommended for you based on your age and gender.
* If you have any questions, be sure to ask. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you do not understand the answer, ask again.
* **Be considerate.** We expect all our members to respect the rights of other patients. We also expect you to act with respect in your doctor’s office, hospitals, and other providers’ offices.
* [Plans may edit as needed to reflect the costs applicable to their members.] **Pay what you owe.** As a plan member, you are responsible for these payments:
* Medicare Part A and Medicare Part B premiums. For most <plan name> members, Medical Assistance (Medicaid) pays for your Medicare Part A premium and for your Medicare Part B premium.
* [Delete this bullet if the plan does not have cost sharing:] For some of your [insert if the plan has cost sharing for long-term services and supports: long-term services and supports [or drugs]] covered by the plan, you must pay your share of the cost when you get the [insert if the plan has cost sharing for services: service [or drug]]. This will be a [insert as appropriate: [copayment/copay] (a fixed amount) **or** coinsurance (a percentage of the total cost)]. [Insert if the plan has cost sharing for long-term services and supports: Chapter 4 [plans may insert reference, as applicable] tells what you must pay for your long-term services and supports.] Chapter 6 [plans may insert reference, as applicable] tells what you must pay for your drugs.
* **If you get any services or drugs that are not covered by our plan, you must pay the full cost.** (**Note:** If you disagree with our decision to not cover a service or drug, you can make an appeal. Please refer to Chapter 9 [plans may insert reference, as applicable] to learn how to make an appeal.)
* **Tell us if you move.** If you are going to move, it is important to tell us right away. Call Member Services at the number at the bottom of this page or notify your county social services offices.
* **If you move outside of our service area, youcannot stay in this plan.** Only people who live in our service area can get <plan name>.Chapter 1 [plans may insert reference, as applicable] tells about our service area.
* We can help you figure out whether you are moving outside our service area. [Plans that do not offer plans outside the service area may delete the following sentence:] Because you are eligible for Medical Assistance (Medicaid) you have a special enrollment period that allows you to switch to Original Medicare or enroll in a Medicare health or prescription drug plan in your new location at any time. We can let you know if we have a plan in your new area.
* Also, be sure to let Medicare and Medical Assistance (Medicaid) know your new address when you move. Refer to Chapter 2 [plans may insert reference, as applicable] for phone numbers for Medicare and Medical Assistance (Medicaid).
* **If you move within our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
* Call Member Services at the number at the bottom of this page for help if you have questions or concerns.