



QUALITY MANAGEMENT POLICY & PROCEDURE

Policy Title: Member's Rights and Responsibilities			
Policy # QM – 116	Effective Date: 01/03	Revision No: 2	Page 1 of 4
Revision Date: 9/04, 8/07, 4/11			
Line of Business: <input checked="" type="checkbox"/> MCL <input checked="" type="checkbox"/> HF <input checked="" type="checkbox"/> HK <input checked="" type="checkbox"/> COMM <input checked="" type="checkbox"/> SR <input checked="" type="checkbox"/> ERISA			

- I. **Purpose:** To ensure that members receive quality care that is professionally delivered in a respectful manner.
- II. **Policy:** It is the policy of the provider network to demonstrate a commitment to treating members in a manner that respects their rights.
- III. **Scope:** Quality Management Staff, Provider Network, Customer Service, Utilization Management
- IV. **Procedure:**
1. Members have the right to have a confidential relationship with their physician. This means that their health care will not be discussed without their permission.
 2. Members have the right to have access to their medical records and have them kept confidential other than authorized by law.
 3. Members have the right to have an appointment with their doctor/PCP within a reasonable time and have their doctor/PCP listen and work with them to take care of their health care needs.
 4. Members have the right to a dignified, courteous, and considerate care regardless of race, religion, creed, sex, age, national origin, cultural, or ethnic background, mental or physical disability or medical condition such as ESRD, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.
 5. Members have the right to voice grievances about the organization or the care provided. In turn, the provider network will have a timely and organized system(s) for resolving members' complaints and formal grievances.
 6. Each member will be provided information which identifies the grievance and appeals process for their health plan.
 7. Members will be provided with information about the organization, its services, the practitioners providing care, and members' rights and responsibilities.
 8. Members will participate in the decision-making process involving their health care.
 9. Members have the right to receive preventive health care services.
 10. Members have the right to know and understand their medical problem and treatment plan. They have the right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
 11. Members have the right to be represented by parents, guardians, family members or other conservators for those who are unable to fully participate in their treatment decisions.
 12. Members have the right to have a response to a request for service, including routine specialty referral authorizations within five (5) working days. They can also have an urgent referral



QUALITY MANAGEMENT POLICY & PROCEDURE

Policy Title: Member's Rights and Responsibilities			
Policy # QM – 116	Effective Date: 01/03	Revision No: 2	Page 2 of 4
Revision Date: 9/04, 8/07, 4/11			
Line of Business: <input checked="" type="checkbox"/> MCL <input checked="" type="checkbox"/> HF <input checked="" type="checkbox"/> HK <input checked="" type="checkbox"/> COMM <input checked="" type="checkbox"/> SR <input checked="" type="checkbox"/> ERISA			

authorization request the same day, and an emergency referral authorization request immediately upon request.

13. Members have the right to a second opinion.
14. Members have the right to refuse treatment.
15. Members have the right to receive information and to be spoken to in the language that they understand and are comfortable with.
16. Members will have the right to obtain the name, qualifications, and titles of the professionals providing their care. This information can be obtained through discussion with the health care provider. If this is not possible, the patient can obtain this information from the Health Plan or Medical Group.
17. Members have the right to know when their doctor/PCP is no longer contracted with the Plan Partner.
18. The provider network will provide a copy of policies on members' rights and responsibilities to all participating providers and directly to members.
19. Members will be informed in writing about services provided, access to services, charges and scheduling via the "member's handbook" specific to the health plan.
20. Member information will be comprehensible and well designed.
21. The provider network will ensure that confidentiality of specified patient information and records is protected and maintained.
22. The provider network will assess and enhance member satisfaction with its services by periodically conducting member satisfaction surveys, assessment of patient complaints, requests to change practitioners and disenrollments by members. The provider network will inform practitioners and providers of assessment results. Complaints/ grievance data is used in the credentialing and recredentialing process of providers. Members are responsible for participating in Satisfaction Surveys.
23. If the provider network delegates any member services activities (i.e. complaints and grievances, processes, and member surveys) to contractors there is evidence of oversight of the contracted activity.
24. Members have the responsibility for participating in their health care and the health care of their family. This means taken care of problems before they become serious. They should always follow their doctor's instructions, take all their medications, and participate in health programs that keep them well.
25. Members have a responsibility to provide, to the extent possible, information that the IPA and its practitioners and providers need in order to care for them.
26. Members are responsible for using the Emergency Room for real emergencies only. Their



QUALITY MANAGEMENT POLICY & PROCEDURE

Policy Title: Member's Rights and Responsibilities			
Policy # QM – 116	Effective Date: 01/03	Revision No: 2	Page 3 of 4
Revision Date: 9/04, 8/07, 4/11			
Line of Business: <input checked="" type="checkbox"/> MCL <input checked="" type="checkbox"/> HF <input checked="" type="checkbox"/> HK <input checked="" type="checkbox"/> COMM <input checked="" type="checkbox"/> SR <input checked="" type="checkbox"/> ERISA			

doctor/PCP will provide most of the medical care they need.

27. Members are responsible for being courteous and cooperative to people who provide them and their family with health care needs.
28. Members are responsible for making and keeping appointments for check-ups. They should always call their doctor/PCP's office when they need to cancel.
29. Members have the right to make recommendations regarding the PMG/IPA's members' rights and responsibilities policies.
30. Members have the right to the provision of member information in large print Braille formats or recorded cassettes for visually impaired.
31. Public declarations are made (e.g. via posters, member handbooks, newsletters or mission statement) that provision of health services is not influenced by member race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.
32. Provider receives formal training or materials regarding the importance of providing clinically competent and culturally appropriate services.
33. The PMG/IPA will not refuse to treat or otherwise discriminate against a member who has completed an advance directive.
34. Provider education on Members' Rights and Responsibilities will be done by Provider Relations and posted at participating provider offices. Members' Rights and Responsibilities are also a part of the Physician Tool Kit.
35. PMG/IPA informs new members of its advance directive policy via the welcome letter.
36. Member communication regarding Emergency Care Services:
 - (1) Definition of Emergency Medical Services:
 - A medical emergency service shall mean those services required for the alleviation of severe pain, protection of the public health, or the immediate diagnosis and treatment of an unforeseen medical condition(s) which, if not treated, would lead to further disability, severe pain or death.
 - Federal law defines emergency medical condition as follows: 'a medical condition manifesting itself by acute symptoms of sufficient severity including severe pain, psychiatric disturbances and/or symptoms of substance abuse such that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - a) Serious jeopardy to the health of the individual or, in the case of a pregnant woman,



QUALITY MANAGEMENT POLICY & PROCEDURE

Policy Title: Member's Rights and Responsibilities			
Policy # QM – 116	Effective Date: 01/03	Revision No: 2	Page 4 of 4
Revision Date: 9/04, 8/07, 4/11			
Line of Business: <input checked="" type="checkbox"/> MCL <input checked="" type="checkbox"/> HF <input checked="" type="checkbox"/> HK <input checked="" type="checkbox"/> COMM <input checked="" type="checkbox"/> SR <input checked="" type="checkbox"/> ERISA			

the health of the woman or her unborn child.

- b) Serious impairment to bodily functions
- Medicare Definition for Emergency Services: Emergency services means covered inpatient and outpatient services that are:
 - a) Furnished by a provider qualified to furnish emergency services
 - b) Needed to evaluate or stabilize an emergency medical condition
- (2) Members are encouraged to appropriately use the "911" emergency response system when they have an emergency medical condition which requires an emergency response.
- (3) Emergency health care services do not require prior authorization.
- (4) Emergency health care services shall be available and accessible within the service area 24 hours a day, 7 days a week.
- (5) Emergency health care services include ambulance services within the service area to transport member to the nearest 24-hour emergency facility with physician coverage.
- (6) Recorded after-hours messages will refer members to 911 for emergency services.