

The Health Plan Members' Rights and Responsibilities Statement

Statement of Members' Rights

- Members have the rights to receive information regarding the Plan. Information such as a summary of the Plan's accreditation report and the Plan's: services, policies, benefits, limitations, practitioners, and providers. Members have the right to information on member's rights and responsibilities and any charges they may be responsible for. Members have the right to obtain evidence of medical credentials of a Plan Provider, (i.e. diplomas and board certifications). If a member needs assistance with any of the above, they may contact the Plan's Customer Service Department at 1-888-847-7902 or (740) 695-7902.
- Members can expect to receive courteous and personal attention and to be treated with dignity. Plan employees, providers, and their staff will respect members' privacy.
- All information concerning a Health Plan member's medical history and enrollment file is confidential. The member has a right to approve or refuse the release of personal information by The Health Plan except when the release is required by law. The Health Plan assures that all patient information is held in the strictest confidence. All Health Plan staff must adhere to the Health Plan Confidentiality Policy revised and adopted in November 1993. This statement acknowledges the confidential nature of the review work, includes an agreement to honor that confidentiality, and documents the consequences of failing to do so.
- The member's personal choice of a primary care physician enables the member to participate in the management of his/her total health care needs, including the right to refuse care from a specific practitioner. Health Plan members are encouraged to establish a relationship with their chosen PCP so that they can work together to maintain good health. A Health Plan member may change physicians once per calendar month if so desired (depending upon the availability of the chosen physician).

Statement of Members' Responsibilities

- A member must choose a Primary Care Physician ("PCP") for each person listed on the Health Plan ID card. The member has a responsibility to maintain a relationship with a PCP, as the PCP will act as the coordinator for all of his/her health care needs.
- A member must identify him/herself as a Health Plan member to avoid unnecessary errors; always carry their ID cards; and never permit anyone else to use their ID card.
- A member is asked, through "Outreach" calls to new members, to read their Member Handbook and understand the benefits and procedures for receiving health care services. To assure maximum coverage, the member has a responsibility to follow the rules and to contact The Health Plan for assistance, if necessary.
- A member is required to notify The Health Plan of any changes in the following:
 1. Name, Address, Telephone Number.
 2. Number of Dependents (Marriage, Divorce, Newborns, etc.)
 3. Loss of an Identification Card.
 4. Selection of a Primary Care Physician.
- Members are asked to be on time for appointments and to call the physician's office promptly if appointment can't be kept.
- Members must provide necessary information to the providers rendering care. Such information is necessary for the proper diagnosis and/or treatment of potential or existing conditions.
- Understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible, and follow those instructions and guidelines given by those providers who deliver health care services.
- If members receive emergency care outside The Health Plan's service area, they are required to contact The Health Plan as soon as possible with 48 hours.

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- Health Plan members have the right to express their comments, opinions or complaints about The Health Plan or the care provided and to file a grievance for an administrative or medical complaint and hearing procedures without reprisal from The Health Plan. Members also have the right to have coverage denials reviewed by the appropriate medical professionals consistent with The Health Plan review procedures. Both informal and formal steps are available to Health Plan members to resolve all complaints/grievances.
- Health Plan members may participate in decision-making about their health care when possible and within the Plan guidelines. Members have a right to discuss with providers, without limitations or restrictions being placed upon the providers, appropriate or medically necessary treatment options for their condition(s) regardless of cost or benefit coverage. However, this does not expand coverage by the Plan. Members also have the right to formulate Advance Directives.
- Health Plan members have the right to have a meaningful voice in the organization by expressing their suggestions & comments regarding their Health Plan coverage, policies, Members' Rights & Responsibilities, and operations. Member's comments and opinions are received by The Health Plan through yearly member satisfaction surveys, telephone calls from our members, by e-mail to: information@healthplan.org, by Internet Web Page: www.healthplan.org (under "Member Services" – "Comments & Feedback"), and can also be placed in our "Member's Suggestion Box" located in The Health Plan lobby. Member's comments/opinions are also received through various Health Plan Departments.
- Members have the right to full disclosure, from their health care provider, of any information relating to their medical condition or treatment plan. Members have the right to examine and offer corrections to their own medical records, in accordance with applicable federal and state laws. The Plan will not release personal health information to an employer, or its designee, without a signed Plan Authorization Form by the member. For information on obtaining medical records, contact The Health Plan Customer Service Department at 1-888-847-7902 or (740) 695-7902.

Statement of Members' Responsibilities

- Members must contact their Primary Care Physician, Secondary Care Physician or OB/GYN before seeking any specialty physician/service.
- Members must provide The Health Plan with all relevant, correct information and pay The Health Plan any money owed according to coordination of benefits or subrogation policies.
- Members must make required co-payments under the "Schedule of Benefits".
- Members are asked to be courteous and respectful of Health Plan employees, providers, and their staff.