

INDEPENDENT CARE HEALTH PLAN

<b>Department: Member Advocacy</b>	<b>Policy Name: Member Rights and Responsibilities</b>
<b>Policy Number: MA-027</b>	<b>Page: 1 of 6</b>
<b>Cross Reference: FCP CM-002; ND-003</b>	

**Policy:** To promote effective health care, Independent Care Health Plan (*iCare*) is committed to maintaining a mutually respectful relationship with its Medicare/Medicaid members and their authorized representatives. We communicate our expectations regarding rights and responsibilities of our members in order to create a structure for cooperation among us, our members and our providers. Clear statement, endorsement and communication of a member's rights and responsibilities minimize potential misunderstandings. We are committed to informing and ensuring our members of their rights in relation to the plan and its providers upon enrollment in the *iCare* program.

**Process:**

**1) Member Rights**

Independent Care members have the right to:

- a) Confidentiality and privacy as outlined in *iCare*'s Notice of Privacy Practices;
- b) Access to an interpreter for any covered service;
- c) Receive information provided in the Member Handbook in another language or another format;
- d) Receive health care services as provided for in Federal and State law. All covered services must be available and accessible. When medically appropriate, services must be available twenty-four (24) hours a day, seven (7) days a week;
- e) Receive information on available treatment options and alternatives including the right to request a second opinion, presented in a manner appropriate to the member's condition and ability to understand. Upon request, *iCare* will provide a member the opportunity to have a second opinion from a qualified network provider. If an appropriately qualified provider is not available within the network, the Care Coordinator will help arrange for a second opinion outside of the network with no charge to the member. *ND-003 Non-Network Exceptions* provides additional guidance for situations whereby use of non-contracted providers is allowed;
- f) Request results of an External Quality Review study;
- g) Participate in decisions regarding his or her health care, including the right to refuse treatment. Be treated with respect and with due consideration for his or her dignity and privacy;
- h) Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion;
- i) All medically necessary covered services available to all members;
- j) All services provided in the same manner to all members;

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- k) Be treated in the same manner by all persons or organizations connected with *iCare* who refer or recommend members for services;
- l) Receive a timely response to a complaint;
- m) Appeal to the State of Wisconsin, Division of Hearings and Appeals, for a fair hearing if the member believes their benefits were wrongly denied, limited, reduced, delayed, or stopped by *iCare*;
- n) Grieve regarding any aspect of service delivery provided or arranged by the plan, including the right to appear in person before the Grievance Committee to present written and oral information;
- o) The right to accept or refuse medical or surgical treatment. Plan and direct the types of health care the member may receive in the future should they become unable to express their wishes through an advance directive, living will, or power of attorney for health care;
- p) File a grievance with the DHS Division of Quality Assurance if their advance directive, living will, or power of attorney wishes are not followed;
- q) Select and change doctors;
- r) Voluntarily disenroll from the program;
- s) Purchase private health insurance when eligibility ends;
- t) Request and receive a copy of their medical records, and to request that they be amended or corrected. Independent Care's assistance can be asked for in doing so. Information about our providers that includes the provider's education, Board certification and recertification;
- u) Ask if *iCare* has special arrangements with its physicians that can affect the use of referrals and other needed services;
- v) Timely, quality care;
- w) Choice of a qualified contracting primary care physician and contracting hospital;
- x) A candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage. This includes an explanation of their condition, proposed treatments and alternatives, benefits, drawbacks, and likelihood of success of each option, and the possible consequences of refusal or non-compliance with a recommended course of care;
- y) Receive coverage for emergency services as a prudent layperson\* acting reasonably, believe that a medical emergency condition exists. Payment will not be withheld in cases where emergency services are sought;
- z) Actively participate in decisions regarding their health and treatment options; and

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- aa) Be provided with reasonable continuity of care and to know in advance the time and location of an appointment, as well as the name and qualifications of the physician providing care.

Additional member rights specific to Family Care Partnership members are outlined in *FCP CM-002 Partnership Member Rights*.

\* A prudent layperson is someone who is not a health care professional, but who uses reasonable judgment when determining that a condition requires emergency care.

### 2) **Member Responsibilities**

Independent Care works best when members:

- a) Ask questions if they do not understand;
- b) Know about their health plan coverage to help make good health care decisions;
- c) Treat providers and other members with respect and dignity;
- d) Review information regarding covered services, policies and procedures as stated in the Evidence of Coverage and Schedule of Benefits information;
- e) Ask questions of their primary care physician or *iCare*. If they have a suggestion, concern, or payment issue, *iCare* recommends that members call the Customer Service Department at the number on the back of their member identification card;
- f) Provide information (to the extent possible) that *iCare* and their providers need in order to provide care; and
- g) Follow plans and instructions for care that they have agreed to with their providers.

### 3) **Medicare Advantage Information**

- a) Receive information about *iCare*, their benefit plan, and covered services;
- b) Know the names and qualifications of physicians and health care professionals involved in their medical treatment;
- c) Receive information about an illness, the course of treatment, and prospects for recovery in terms they can understand;
- d) Receive as much information about any proposed treatment or procedure as needed in order to give an informed consent or to refuse a course of treatment, except in cases of emergency services, this information shall include a description of the procedure or treatment, the medically significant risks involved, any alternative course of treatment or non-treatment, and the risks involved in each, and the name of course treatment, the medically significant risks involved, any alternative course of treatment or non-treatment, and risks involved in each, and the name of the person who will carry out the procedure or treatment;

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- e) Be provided with reasonable continuity of care and to know in advance the time and location of an appointment, as well as the name and qualifications of the physician providing care;
- f) Examine and receive an explanation of any bills for non-covered services, regardless of payment source;
- g) Information regarding all formal actions, reviews, or findings by regulatory agencies, or any other certifying accreditation organizations; and
- h) Make recommendations regarding iCare's Medicare Rights and Responsibilities policy.

#### 4) **Timely Problem Resolution**

- a) Make complaints and appeals without discrimination and expect problems to be fairly examined and appropriately addressed;
- b) Responsiveness to reasonable requests made for services;
- c) Initiate disenrollment from the plan;
- d) Timely access to their primary care physician and referrals to specialists when medically necessary; and
- e) Receive urgently needed services when traveling outside the plan's service area or in the plan's service area when unusual or extenuating circumstances prevent a member from obtaining care from their primary care physician.

#### 5) **Treatment with Dignity and Respect**

- a) Be treated with dignity and respect and have their right to privacy recognized;
- b) Exercise these rights, regardless of your race, physical or mental disability, ethnicity, gender, sexual orientation, genetic information, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, mental abilities, source of payment for care, cost or benefit coverage. Members have the right to expect that both the plan and the contracting providers will uphold these rights;
- c) Confidential treatment of all communications and records pertaining to their care. Members have the right to access their medical records. The plan must provide timely access to records and any information that pertains to members. Written permission from a member or their authorized representative shall be obtained before medical records can be made available to any person not directly concerned with the care or responsible for making payments for the cost of such care;
- d) Extend rights to any person who may have legal responsibility to make decisions on behalf of the member regarding their medical care;

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- e) Translation and sign language interpreter services in accordance with applicable laws and regulations when such services are necessary to enable a person with special communication need to effectively communicate with iCare or a provider;
- f) Refuse treatment or leave a medical facility, even against the advice of physicians (provided the member accepts the responsibility and consequences of the decision); and
- g) Complete an advance directive, living will, or other directive to a contracting medical provider.

**6) Independent Care Responsibilities**

Independent Care will:

- a) Treat members with respect and dignity;
- b) Treat members equally no matter what their race, color, age, gender, sexual; orientation, disability, association with a person with a disability, sex, marital status, arrest or conviction record, military participation, political belief, use of legal substance outside of work hours, life situation, condition or need for long-term care or health care services (FCP), religion or national origin;
- c) Inform members about the iCare program;
- d) Inform members about providers;
- e) Keep member information confidential with members and their providers as outlined in iCare’s Notice of Privacy Practices;
- f) Assess members’ needs;
- g) Include members in care planning process;
- h) Set goals for meeting members’ needs;
- i) Coordinate services for members;
- j) Ensure continuity of care;
- k) Inform members about Advance Directives;
- l) Inform members of their rights and responsibilities;
- m) Explain the complaint and grievance process to members;
- n) Explain how members can disenroll;
- o) Employ a Member Advocate/Member Rights Specialist to work with both members and providers to facilitate the provision of benefits to members;
- p) Inform members of ways they can maintain their own health and properly use health care services; and
- q) Encourage and foster cultural competency among staff and providers to recognize, address, and respect members’ beliefs and cultural backgrounds.

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**Responsible Department: Member Advocacy**

**Responsible Party: Member Rights Specialist/Member Advocate**

**Reviewing Department(s): Member Advocacy**

**References:** Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between iCare and DHS, 1/1/20-12/31/21, NCQA 2020 Standards and Guidelines for the Accreditation of Health Plans. RR 1: Statement of Members' Rights and Responsibilities; CMS Standards, 42 CFR 438.10, 45 CFR 164.524 and 164.526, Section 1557 of the Affordable Care Act of 2010

**Recommended Distribution:** All staff via Independent Care's SharePoint Site

**Approvals:**

<b>Approved By: Liz Bartlett</b>	<b>Chief Operating Officer</b>	<b>Date: 12/9/2021 6:36 AM</b>
<b>Comments:</b>		
<b>Approved By: Tony Mollica</b>	<b>CEO/President</b>	<b>Date: 12/9/2021 12:02 PM</b>
<b>Comments:</b>		

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