

## 12 – Members' Rights and Responsibilities

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Sierra Health and Life (SHL) is committed to treating members in a manner that respects their rights and promotes effective health care. SHL has also identified its expectations of members' responsibilities in this joint effort. SHL is committed to maintaining a strong relationship with its members that promote quality health care.

### 12.1 SHL Commercial PPO

#### Member Rights:

- To receive information about the plan, its services, its providers and practitioners and members' rights and responsibilities
- To be treated with respect and recognition of their dignity and their right to privacy.
- To participate with practitioners in the decision-making process regarding their health care.
- To have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- To voice complaints or appeals about the plan and/or the care provided.
- To make recommendations regarding the plan's members' rights and responsibilities policy.
- To select a primary care provider from SHL's extensive provider list including the right to refuse care from specific practitioners.
- To have direct access to women's health services for routine and preventive care.
- To have access to medically necessary specialist care, in conjunction with an approved treatment plan developed with the primary care physician. Required authorizations should be for an adequate number of direct access visits.
- To have access to emergency health care services in cases where "prudent layperson" acting reasonably, would believe that an emergency existed.
- To formulate Advanced Directives.
- To have access to their medical records in accordance with applicable state and federal laws, including the ability to request and receive a copy of their medical records, and request that the medical records be amended or corrected, as specified in federal regulation.

#### Member Responsibilities:

- To supply information, to the extent possible, that the health plan and its practitioners and providers need in order to provide care.
- To follow plans and instructions for care that has been agreed upon with their practitioner.
- To understand individual health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- To know how SHL's Managed Care Program operates.
- To participate in developing and following mutually agreed-upon treatment goals established by with their provider.
- To consult their primary care physician and SHL before seeking non-emergency care in the service area. The member is urged to consult their physician and SHL when receiving urgently needed care while temporarily outside the SHL service area.
- To obtain prior authorization from SHL and their physician for any routine or elective surgery, hospitalization, or diagnostic procedures.

- To review information regarding covered services, policies and procedures as stated in their Evidence of Coverage.
- To be on time for appointments and provide timely notification when canceling any appointment they cannot keep.
- To pay all applicable co-payments at the time of service.
- To avoid knowingly spreading disease.
- To recognize the risks and limitations of medical care and the health care professional.
- To be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients in the community.
- To show respect for other patients, health care providers and plan representatives.
- To abide by administrative requirements of SHL, health care providers, and government health benefit programs.
- To behave in a manner that supports the health care provided to the member and other patients in any location, whether it is their home, a provider's office or at a health care facility.
- To report wrongdoing and fraud to appropriate resources or legal authorities.
- To know their medications. Members should keep a list of all current medications including over the counter drugs, vitamins, and supplements to bring to appointments with providers.
- To address medication refill needs at the time of their office appointment. When they obtain their last refill, they should notify the office that they would need refills at that time. They are asked not to wait until they are out of medication.
- To report all side effects of medications to their primary care provider and to notify their primary care provider if they stop taking their medications for any reason.
- To ask questions during appointment time regarding physical complaints, medications, any side effects, etc.

## **12.2 Medical Records**

It is SHL's policy that members have a right to access their medical records, as allowed by law. Members who contact SHL requesting access to their medical records will be instructed to contact their providers of care, and when necessary, SHL will assist the member in obtaining their records.

SHL requires its contracted practitioners and institutional providers to have policies and procedures that describe how and under what circumstances medical records are made available to their patients.

Providers are expected to remain in compliance with CMS guidelines and retain patients' medical records in compliance with the Centers for Medicare and Medicaid Services (CMS) medical record retention requirement. Since January 2009 the CMS medical record retention requirement has been ten (10) years. Please understand that this medical record retention requirement is subject to change at the discretion of CMS and it is each provider offices' responsibility to ensure compliance with any future modified medical record retention requirements mandated by CMS.

## **12.3 Confidentiality**

It is the policy of SHL to protect the confidentiality of member and patient information in a manner that is consistent with the needs to conduct business but does not divulge more information than is necessary to accomplish the task. SHL routinely shares information with individuals or entities when necessary to coordinate member health care or administer member health benefits. We

also share member information when required by state or federal law or regulation. In all other instances, SHL requests authorization from the individual or authorized representative before we share protected health information (PHI). Our Notice of Privacy Practices are delivered to members upon their enrollment, available upon request, and posted on our Web site. This Notice describes in detail the ways in which we use protected health information.

SHL has implemented mechanisms to guard against unauthorized or inadvertent disclosure of confidential information to persons inside and outside the organization, and to whom such disclosure is not authorized in accordance with plan policies and procedures. SHL uses a variety of security precautions to protect any information or data that contains personal facts and health information about our members, including medical records, claims, benefits, and other administrative data that are personally identifiable, either implicitly or explicitly. Just a few of the precautions SHL takes include electronic security systems and release of information only by certain levels of management. For example, when transmitting data, SHL operates under policies and procedures that may require dedicated fax lines use of an encryption format, password protection, or other secured methods.

It is also SHL's policy to afford members the opportunity to authorize to or deny the release of personally identifiable medical or other information by SHL, except when such authorization is not required by law or regulation. When members request specific member-identifiable records be shared with others for reasons other than treatment, payment, or health care operations, SHL will require them to sign an Individual Authorization Form. SHL may also ask members to allow release of personal data for non-routine uses of personal data. Of course, when we ask our members for individual authorization forms, they have the right to refuse. This step authorizes SHL to release protected health information and explains to members how and with whom their personal information will be shared.

SHL may share PHI with a member's employer if the member is covered under a group health plan, only if the employer agrees to use the information exclusively for plan administration functions. Plan administration functions include actions such as eligibility and enrollment functions, claims processing, auditing, monitoring, and management of carve-out plans - such as vision and dental benefits. In order to receive PHI from SHL, employers must certify that they will not use the information for employment-related activities.

SHL uses medical data to monitor and improve the quality of care our members receive. Our Quality Initiatives must be approved by our Quality Improvement Committee and the Plan follows HIPAA guidelines prior to the release of any personal information. When SHL conducts research and measures quality, whenever possible, SHL does so using summary information and not individual patient information. When SHL does use patient information, we take steps to protect it from inappropriate disclosure. For example, we use blinded medical records when possible and we require everyone involved in collecting data to sign a confidentiality agreement. We do not allow individually identifiable data to be used for research by organizations outside SHL without our members' authorization.

SHL's policy to protect the confidentiality of member/patient information impacts all internal departments that use member identifiable information, external entities to which member identifiable information is released, and any entities to which health plan functions have been delegated.

SHL also requires contracted providers of care to take similar steps to ensure that member/patient health care information remains confidential. SHL requires practitioners and institutional providers take steps to:

- Protect all confidential information concerning SHL members.
- Protect the privacy of all members and third parties, including families of members.
- Maintain confidentiality of all health related information, except when disclosure is needed for emergency care and/or treatment or required by law.
- Disclose patient-identifiable information for any reason other than treatment, payment, or health care operations only upon receipt of a valid authorization, or as stipulated by law.
- Apply confidentiality procedures to any information that could disclose medical conditions, such as claims or case management notes.
- Have specific procedures to provide for confidentiality of electronic records, mail, e-mail, and facsimiles.
- Promote patient privacy, dignity, and respect, such as positioning exam tables to face away from doors and placing curtains, doors, blinds, etc., in exam rooms to protect privacy.
- Provide an area where financial, insurance, or medical discussions will not be overheard by other patients.
- Identify a person responsible for maintaining the confidentiality of medical records.
- Provide for secure storage of confidential information.
- Store records in a separate room or area without public access and ensure they cannot be removed without being seen.
- Release medical records according to written policy that includes tracking and confidentiality of the record.
- Implement procedures to disclose information on an identified need-to-know basis only.
- Prior to the release of personal health information, obtain a signed authorization to release information from the member or their authorized representative when such authorization is required by law or regulation.
- Release information only to authorized individuals.
- Allow patients to add a statement to their record upon request.
- Provide for secure disposal of confidential information that is no longer needed, such as shredding of obsolete documents.
- Have a policy in place that describes where records will be stored if the office practice is permanently closed.
- Require that employees sign confidentiality statements.

### **12.4 Member Complaints**

As a provider for SHL members, there may be occasions in which you or your staff might be the recipient of complaint information. This could include dissatisfaction with benefit or claims payment issues, services or care issues, or other topics related to your patient's insurance plan. As it is our intent to provide benefits, services and care that meet the expectations of our members, we appreciate the opportunity to review any concerns expressed.

**If an SHL member does express a complaint to you or your staff, please ask them to contact Member Services.**