

 <p>KMTSJ, Inc.</p>	DEPARTMENT:	Member and Provider Services
	SUBJECT:	Member Rights and Responsibilities
	PRODUCT LINE:	BadgerCare and SSI
	POLICY NUMBER:	MS149
	ORIGINAL POLICY EFFECTIVE DATE:	2/1/2008
	LAST REVISED DATE:	4/14/2022
	LAST REVIEWED DATE:	04/14/2022

SCOPE:

To ensure Group Health Cooperative of Eau Claire meets the needs of its members by ensuring each member is given and understands their rights and responsibilities.

POLICY:

It is the policy of Group Health Cooperative of Eau Claire to provide a copy of the Members Rights and Responsibilities and ensure members understand them. A copy of this notice will be posted on the Cooperative’s public website and incorporated into significant member communications, such as the Member Handbook. A copy will also be made available to members and providers upon request via email, fax, or paper.

PROCEDURE:

MEMBER RIGHTS:

- You have the right to have an interpreter with you during any BadgerCare Plus or Medicaid SSI covered service.
- You have the right to get the information provided in this member handbook in another language or format.
- You have the right to get health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, seven days a week.
- You have the right to get information about treatment options including the right to request a second opinion.
- You have the right to make decisions about your health care.
- You have the right to be treated with dignity and respect.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease, or reprisal.
- You have the right to be free to exercise your rights without adverse treatment by the Cooperative and its network providers.
- You may switch HMOs without cause during the first 90 days of enrollment into the Cooperative.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on the Cooperative.
- You have the right to receive information from the Cooperative regarding any significant changes with the Cooperative at least 30 days before the effective date of the change.
- You have the right to receive information about the Cooperative, its services, its practioners and providers, and member rights and responsibilities.
- You have the right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- You have the right to make recommendations regarding the Cooperative’s member rights and responsibilities policy.
- You have the right to appeal decisions or voice complaints about the Cooperative or the care it provides.
- You have the right to disenroll from the Cooperative if:



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- o You move out of the Cooperative’s service area.
- o The Cooperative does not, for moral or religious objections, cover a service you want.
- o You need a related service performed at the same time, not all related services are available within the provider network and your primary care provider, or another provider determines that receiving the services separately could put you at unnecessary risk.
- o Other reasons, including poor quality of care, lack of access to services covered under the contract or lack of access to providers experienced in dealing with your care needs.

MEMBER RESPONSIBILITIES

- You have a responsibility to follow plans and instructions for care that you have agreed to with your practitioner.
- You have a responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- You have a responsibility to read and understand your benefits or call us if you have questions.
- You have a responsibility to select a primary care clinic/doctor from any in-network provider.
- You have a responsibility to use providers in the network unless it is an emergency.
- You have a responsibility to provide us and your providers with complete and accurate information about your health.
- You have a responsibility to report changes in your health to your doctor and understand the care being provided to you.
- You have a responsibility to keep your scheduled appointments or call your provider if you need to cancel.
- You have a responsibility to contact us to update your address or phone number if it changes.
- You have a responsibility to provide us with complete information about other insurance you have.

Upon request a copy of the Member Rights and Responsibilities will be made available to members and providers via email, fax, or paper.

Reference source, if applicable: N/A

APPROVED: Dual Spurlock DATE: 04/14/2022

All policies and procedures require department manager review and approval before being sent to CEO, COO, and CMO for final approval and signature.