 <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:	11/18/2022
	LAST REVIEWED DATE:	11/18/2022

SCOPE:

To ensure Group Health Cooperative of Eau Claire (the Cooperative) meets the needs of its members and providers by ensuring each member and provider understands their rights and responsibilities.


POLICY:

It is the policy of the Cooperative to provide new members and providers with a copy of the Member Rights and Responsibilities. Existing members and providers will receive a copy of the Member Rights and Responsibilities, if requested. Member Rights and Responsibilities are 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 at no cost to them.

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 the 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 participate with practitioners to make decisions about your health care.
- You have the right to be treated with respect and recognition of your dignity and your right to privacy.
- 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 practitioners 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.

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- 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:
 - 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 at no cost to them.

Reference source, if applicable: N/A

Dual Spurlock

APPROVED: _____ DATE: 11/18/2022

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

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
10/14/2010	Erika Thorson	
05/03/2012	Erika Thorson	
02/25/2013	Erika Thorson	No revisions
04/24/2014	Erika Thorson	No changes made
09/04/2015	Karen Ring/ Service Manager	No changes made
01/12/2016	Karen Ring/ Service Manager	No changes made
01/25/2017	Karen Ring/ Service Manager	Added information under member rights
10/26/2017	Jen Rust Anderson, Compliance Officer	Updated per AAAHC 2017 handbook and added information about posting via website
01/25/2018	Karen Ring/ Service Manager	No changes
02/14/2019	Karen Ring/ Service Manager	No changes
04/08/2020	Karen Ring/ Service Manager	No changes
03/15/2021	Brea Michaelson	Added information to policy section about how rights and responsibilities are communicated. Added information about the organization to member rights section. Included "appropriate or medically necessary treatment options, including the right to refuse treatment regardless of cost or benefit coverage" to participation in health care decisions under member rights. Added "understand health problems" under the "members have a responsibility to" section. Changed the policy approval description under approval signature to align with the "Policy and Procedure Approval" policy.
04/14/2022	Dual Spurlock/Service Manager	Updated for NCQA guidelines
11/18/2022	Dual Spurlock/Service Manager	Updated for NCQA guidelines