



MEMBER RIGHTS & RESPONSIBILITIES

Please click the link below to view either the Commercial or Medicaid Member Rights & Responsibilities.

[Commercial Member Rights & Responsibilities](#)

[Medicaid Member Rights & Responsibilities](#)

COMMERCIAL MEMBER RIGHTS & RESPONSIBILITIES

Members have the **RIGHT** to:

- **Receive full benefits.** Receive all the benefits to which they are entitled under their plan.
- **Quality and timely care.** Receive quality health care through their Primary Care Clinic and network providers in a timely manner and in a medically appropriate setting.
- **Respect.** Be treated with respect and with due consideration for his or her dignity and privacy.
- **Privacy of health information.** Privacy and confidentiality concerning their medical care in accordance with the Cooperative's Notice of Privacy Practices, including the following rights:
 - › Access and inspect health information. Request to access and/or inspect your protected health information in a designated record set. Please see the Notice of Privacy Practices for more information.
 - › Accounting of disclosures. Receive an accounting of disclosures made by us of your protected health information after April 14, 2003. Please see the Notice of Privacy Practices for more information.
 - › Restriction on disclosures. Request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. Please see the Notice of Privacy Practices for more information.
 - › Copies of health information. If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E applies, request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR 164.524 and 164.526.
 - › Alternate communications. Request that communications from the Cooperative be sent to an alternate location or by an alternate means. The Cooperative will accommodate reasonable requests for such confidential communications. You are not required to give a reason for this request.
- **Freedom from seclusions and restraints.** 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.
- **Treatment options and alternatives.** Receive information on available treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand.
- **Cultural competency and nondiscrimination in service delivery.** Receive benefit and other important communications in alternate formats if needed, including non-English languages and via use of auxiliary aids/devices, in accordance with the Language and Accessibility Policy and Nondiscrimination Statement.
- **Informed consent.** Receive from a physician or other provider information necessary to give informed consent prior to the start of any procedure or treatment.
- **Participation in health care decisions.** Participate in discussion regarding his or her health care and appropriate or medically necessary treatment options, including the right to refuse treatment regardless of cost or benefit coverage.

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- **Refuse treatment.** Refuse treatment to the extent permitted by law and to be informed of the medical consequences of that decision (including refusal to participate in research).
- **Benefit rules.** Receive written documentation regarding rules and regulations of their health care benefits.
- **Primary Care coordination.** Expect their Primary Care Clinic to coordinate and monitor their care.
- **Grievances and complaints.** Voice complaints or appeals about the Cooperative or the care it provides without facing discrimination.
- **Powers of Attorney and Advance Directives.** Designate an individual to make treatment decisions on their behalf in the event that they are unable to do so.
- **Direct access to certain care.** Receive direct access (without authorization or referral) to in-network women's health specialists for females seeking routine and preventive services, including mammography; and certain immunizations in an office setting (such as influenza and meningococcal).
- **Organization.** Right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities and make recommendations regarding the members rights and responsibilities policy.

Members have the RESPONSIBILITY to:

- **Select a network primary care provider.** Select their Primary Care Clinic from the Cooperative's Provider Directory. Primary Care Clinics will coordinate and monitor their member's health care needs.
- **Use the network for most services.** Use the Cooperative's providers, hospitals, laboratories or other diagnostic facilities whenever possible, unless members are in an emergency.
- **Provide accurate health information.** Provide complete and honest information about their health care status, including medications and allergies.
- **Report changes in health condition.** Report unexpected changes in their medical condition to their medical providers, and make it known whether they understand the contemplated course of action and what is expected of them.
- **Keep provider appointments.** Keep appointments and notify the medical office of their cancellation.
- **Notify us of demographic changes.** Notify the Cooperative whenever they change their address or phone number so that records may be updated.
- **Read and understand their benefits.** Read and understand their Member Handbook, policy form/documents, authorization guidelines, and other benefit and coverage information.
- **Coordinate benefits.** Provide accurate and complete information to the Cooperative about other health care coverage and/or insurance benefits they may carry.



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- **Follow treatment plans.** Actively participate in care and follow the treatment plan recommended by their doctor.
- **Provide information on advance directives.** Notify the Cooperative and providers of any advance directives that may affect care.
- **Understand health problems.** To understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

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

MEDICAID

MEMBER RIGHTS & RESPONSIBILITIES

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 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.
- 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:
 - You move out of the Cooperative's service area.
 - The Cooperative does not, for moral or religious objections, cover a service you want.
 - 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.
 - 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.



MEDICAID MEMBER RIGHTS & RESPONSIBILITIES

- 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.

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