

6 - Member Rights and Responsibilities

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

HPN strives to create a solid partnership with members and their providers by establishing the following clearly defined members' rights and responsibilities. Due to differing regulatory requirements for members' rights and responsibilities, HPN has created the following members' rights and responsibilities statements as appropriate.

HPN's members' rights and responsibilities for commercial members are as follows:

6.1 HPN Commercial HMO Members' Rights and Responsibilities

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 physician/dentist from HPN'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.
- To have available oral interpretation services free of charge for all non-English languages.

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 they have agreed to with their practitioners.
- To understand individual health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- To know how HPN's Managed Care Program operates.

- To consult their primary physician and HPN before seeking non-emergency care in the service area. The member is urged to consult their physician and HPN when receiving urgently needed care while temporarily outside the HPN service area.
- To obtain prior authorization from HPN 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 HPN, 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 wrong doing 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 will 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 the primary care provider if they stop taking medications for any reason.
- To ask questions during appointment time regarding physical complaints, medications, any side effects, etc.

6.2 HPN Federal Members' Rights and Responsibilities

Member Rights:

- To receive information about the plan, its services, its practitioners and providers and members' rights and responsibilities.
- To be treated with respect and recognition of dignity and their right to privacy.
- To participate with practitioners in making decisions about their health care.
- To have a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage.
- To voice complaints or appeals about the organization and the care it provides.
- To make recommendations regarding the plan's members' rights and responsibilities policies.
- To select a primary physician from HPN's provider list.
- To have direct access to women's health services for routine and preventive care.
- To have direct access to medically necessary specialist care, in conjunction with an approved treatment plan developed with their primary physician. Required authorizations should be submitted for an adequate number of direct access visits.
- To have access to emergency services in cases where a "prudent layperson" reasonably would have believed that an emergency existed.

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- To have assistance in developing transition of care plans if they involuntarily change health plans and is in a current treatment plan for chronic or disabling conditions or is in the second or third trimester of pregnancy.
- To have assistance in developing transition of care plans with providers whose participation with a plan is involuntarily terminated for reasons other than cause if they are in current treatment for a chronic or disabling condition or are in the second or third trimester of pregnancy.
- To have all communications and records pertaining to their care treated confidentially.
- To have access to their medical records. HPN must provide the member with timely access to their records and any information that pertains to them. Except as authorized by State law, HPN must get written permission from the member or the member's authorized representative before medical records can be made available to any person not directly concerned with the member's health care or not responsible for making payments for the cost of such care.
- To extend these rights to any person who may have the legal responsibility to make decisions on their behalf regarding their medical care.
- To refuse treatment or leave a medical facility, even against the advice of physicians, providing they accept the responsibility and consequences of the decision.
- To be able to exercise these rights regardless of their race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for care.
- To be involved in decisions to withhold resuscitative services, or to forego or withdraw life-sustaining treatment.

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 practitioners.
- To understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- To take responsibility for maximizing a healthy lifestyle and to follow the treatment plan that they have agreed upon with their Case Manager and Physician.
- To consult their primary physician and HPN before seeking non-emergency care in the service area. HPN urges the member to consult their primary physicians and HPN when receiving urgently needed care while temporarily outside the HPN service area.
- To obtain a written referral from a physician before going to a specialist unless they are using a point of service benefit, if one is available under their benefit plan.
- To obtain prior authorization from HPN and their physician for any routine or elective surgery, hospitalization or diagnostic procedures and as required by the plan/managed care program.
- To be on time for appointments and provide timely notification when canceling appointments the member cannot keep.
- To accept financial responsibility for copayments, coinsurance and/or deductibles associated with Covered Services received.
- 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 behave in a manner that supports the health care provided to them (this applies to care provided in any location, whether it be in the home, a provider's office or a health care facility) and behave in a manner that supports care provided to other patients and the general functioning of the facility.
- To abide by administrative requirements of HPN, health care providers, and government health benefit programs.
- To report wrongdoing and fraud to appropriate resources or legal authorities.
- To know medications they take and keep a list to bring to appointments with providers.
- To address medication refill needs at the time of an office appointment. When they obtain the last refill, they should notify the office that they will need refills at that time. They should not wait until they are out of medication.
- To report all side effects of medications to their primary physician and notify their primary physician if they stop taking medications for any reason.
- To ask questions during an appointment time regarding physical complaints, medications, any side effects, etc.
- To review information regarding covered services, policies and procedures as stated in the Evidence of Coverage.
- To access or utilize HPN's internal complaint and appeal processes to address concerns that may arise to the extent applicable to the respective program.

For Medicaid Member Rights and Responsibilities, see Section 8.7

6.3 Member Access to Medical Records

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

HPN 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. As of January 2009 the CMS medical record retention requirement is 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 office's responsibility to ensure compliance with any future modified medical record retention requirements mandated by CMS.

6.4 Confidentiality

It is the policy of HPN 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. HPN 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, HPN requests authorization from the individual or authorized

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representative before we share protected health information. Our Notice of Privacy Practices, which is delivered to members upon their enrollment, available upon request, and posted on our Web site, describes in detail the ways in which we use protected health information.

HPN has implemented mechanisms to guard against unauthorized or inadvertent disclosure of confidential information to persons inside and outside the organization to whom such disclosure is not authorized in accordance with plan policies and procedures. HPN 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 HPN takes include electronic security systems and release of information only by certain levels of management. For example, when transmitting data, HPN 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 HPN's policy to afford members the opportunity to authorize or deny the release of personally identifiable medical or other information by HPN, 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, HPN will require them to sign an Individual Authorization Form. HPN 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 HPN to release protected health information and explains to members how and with whom their personal information will be shared.

HPN may share protected health information with a member's employer (if the member is covered 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 protected health information from HPN, employers must certify that they will not use the information for employment-related activities.

HPN 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 HPN conducts research and measures quality, HPN does so using summary information, whenever possible, not individual patient information. When HPN 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 HPN without our members' authorization.

HPN'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.

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

- Protect all confidential information concerning HPN 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.
- Not 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 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.

6.5 Member Complaints

As a provider for HPN 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. It is in all of our best interest to address any issues that are expressed and we would like the opportunity to do so.

If a HPN member wants to file a complaint, please have them complete the HPN Complaint Form located in Section 24.4.

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 that are expressed.