

Government Business Division

Policies and Procedures

Section (Primary Department) Provider Relations		SUBJECT (Document Title) Provider and Member Bill of Rights - LA	
Effective Date <u>October 13, 2023</u>	Date of Last Review	Date of Last Revision	Dept. Approval Date <u>October 13, 2023</u>
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Healthy Blue adheres to all LDH requirements relative to the Provider Manual Section 2.2324, regarding Provider and Member Bill of Rights. Each network provider who contracts with Healthy Blue to furnish services to members has the right to, while acting within the lawful scope of practice, advise or advocate on behalf of a member who is his or her patient regarding:

- **The member's health status, medical care or treatment options, including any alternative treatment that may be self-administered.**
 - **Any information the member needs to decide among all relevant treatment options, whether the benefits for such care or treatment are provided under the contract.**
 - **The risks, benefits and consequences of treatment or nontreatment.**
 - **The member's right to participate in decisions regarding their health care, including the right to refuse treatment and express preferences about future treatment decisions.**
- **Receive information on the grievance, appeal and state fair hearing procedures.**
 - **Have access to Healthy Blue policies and procedures covering the precertification of services.**
 - **Be notified of any decision by Healthy Blue to deny a service authorization request or authorize a service in an amount, duration or scope that is less than requested.**
 - **Challenge on the member's behalf, at the request of the Medicaid/Children's Health Insurance Program member, the denial of coverage or payment for medical assistance.**
 - **Be free from discrimination where Healthy Blue selection policies and procedures govern particular providers that serve high-risk populations or specialize in conditions that require costly treatment.**
 - **Be free from discrimination for the participation, reimbursement or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that**

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license or certification.

- Healthy Blue complies with the provisions of 42 CFR §438.102(a)(1)(ii) concerning the integrity of professional advice to members, including interference with provider's advice to members and information disclosure requirements related to physician incentive plans.

DEFINITIONS

None

PROCEDURE:

Healthy Blue has a number of committees, surveys, electronic/public portal access, telephonic outreach, and posted resources for both members and providers. In accordance with the LDH MCO manual, both provider and member public and private portals are kept up to date with current information. Information regarding appeals, grievances, rights, community resources, manuals, and forms are included here.

[SG1]

REFERENCES [MVCV2]:

- Member site: <https://www.myhealthybluela.com/la/benefits/member-resources.html>
- Provider site: <https://provider.healthybluela.com/louisiana-provider/resources/provider-manuals-and-guides>

Member site: <https://www.myhealthybluela.com/la/benefits/member-resources.html>

RESPONSIBLE DEPARTMENTS:

Primary Department: Provider Relations

Secondary Department(s):

EXCEPTIONS:

None

REVISION HISTORY:

~~This section was added to comply with NCQA. The purpose is to provide documentation of the changes made at each review, making it unnecessary to search old records for that information.~~

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Sample below.

Review Date	Changes
<u>Add date of</u> <u>10/13/2023</u> <u>review</u> <u>and changes</u>	<ul style="list-style-type: none"><u>Add details of what has changed.</u>New Policy
	<ul style="list-style-type: none">
	<ul style="list-style-type: none">
	<ul style="list-style-type: none">