POLICY AND PROCEDURE

DEPARTMENT: Member Services	**DOCUMENT NAME:** Member Rights and Responsibilities
PAGE: 1 of 5	**REPLACES DOCUMENT:**
APPROVED DATE: 8/11	**RETIRED:**
EFFECTIVE DATE: 1/12	**REVIEWED/REVISED:** 10/13, 9/14, 7/15, 7/16,12/16, 6/17, 6/18, 2/19, 2/20, 9/21, 5/22
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.MBRS.25

SCOPE:
Louisiana Healthcare Connections (Plan or MCO)

PURPOSE:
To define how Louisiana Healthcare Connections (Plan) advises the Members of their rights and responsibilities and how these rights are protected.

POLICY:
It is the policy of the Plan to advise their Members of their rights and responsibilities and how they will be protected in accordance with the Centers for Medicare & Medicaid Services (CMS) regulations, Louisiana state laws and regulations, NCQA guidelines, and federal regulations and laws including, but not limited to Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act. All eligible individuals are accepted in the order in which they apply. Enrollment is voluntary except in the case of mandatory enrollment.

12.19. Member Rights

12.19.1. The MCO shall have written policies regarding member rights and responsibilities. The MCO shall comply with all applicable state and federal laws pertaining to member rights and privacy. The MCO shall further ensure that the MCO's employees, contractors and MCO providers consider and respect those rights when providing services to members.

12.19.2. Member's Rights - The rights afforded to current members are detailed in Medicaid MCO Contract.

12.20 Member Responsibilities

12.20.1. The MCO shall encourage each member to be responsible for his own health care by becoming an informed and active participant in their care. Members have the responsibility to cooperate fully with providers in following mutually acceptable courses of treatment, providing accurate medical and personal histories, and being present at scheduled appointments and reporting on treatment progress,

such as notifying their health care provider promptly if serious side effects and complications occur, and/or worsening of the condition arises.

12.20.2. The MCO members' responsibilities shall include but are not limited to:

- Informing the MCO of the loss or theft of their ID card;
- Presenting their MCO ID card when using health care services;
- Being familiar with the MCO procedures to the best of the member's abilities;
- Calling or contacting the MCO to obtain information and have questions
- answered;
- Providing participating network providers with accurate and complete medical
- information;
- Asking questions of providers to determine the potential risks, benefits and costs
- of treatment alternatives and following the prescribed treatment of care
- recommended by the provider or letting the provider know the reasons the
- treatment cannot be followed, as soon as possible;
- Living healthy lifestyles and avoiding behaviors known to be detrimental to their
- health;
- Following the grievance process established by the MCO if they have a
- disagreement with a provider; and
- Making every effort to keep any agreed upon appointments, and follow-up
- appointments; and accessing preventive care services, and contacting the
- provider in advance if unable to keep the appointment.
- The Contractor shall provide the information specified in 42 C.F.R. §422.210(b) regarding its Physician Incentive Plans to any Enrollee upon request.

PROCEDURE:

1. All Plan Members receive a Member Packet and information on how to request a member handbook upon enrollment into the Plan. The Member Packet contains a welcome letter and describes their Member Rights and Responsibilities and meets a reading level of 6.9 or lower. The Member Handbook contains and describes their Member Rights and Responsibilities and meets a reading level of 6.9 or lower.

2. All Plan members that are dis-enrolled and re-enrolled from the Program within 180 days will not receive a new Member Packet.

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3. All Plan members are informed of their Member Rights and Responsibilities at least yearly and when changes occur. The notification is included in a newsletter, member handbook or Plan website that includes Member Rights and Responsibilities.

4. Member Rights and Responsibilities will include (but not be limited to), information on available options and alternatives, the right to participation decisions, the right to refuse any treatment, is free from restraint as well as request a copy of medical records including corrections.

5. Contracted providers receive Member Rights and Responsibilities in their yearly provider manual, available on the Plan website. New practitioners are oriented to the provider manual, provider website, etc. upon joining the network.

6. Plan Representatives treat all Members with dignity and respect, acknowledging their rights.

7. Plan Representatives do not discriminate against any potential Member because of race, creed, age, color, sex, religion, culture, national origin, ancestry, marital status, sexual orientation, physical or mental disability, health status, or requirements for health care services. Services shall provide individuals equal access to its health programs or activities without discrimination on the basis of sex and treat individuals consistently with their gender identify.

8. Plan members that do not follow the Rights and Responsibilities distributed to them, may be terminated from the Plan after all appropriate measures are employed to correct the issue and all appropriate persons are notified, including State personnel.

9. Plan will post taglines in at least the top 15 (fifteen) non-English languages spoken in the State in which the Plan does business.

10. Prior to any changes to the Member's Rights and Responsibilities, Plan will submit the materials to state entity, allowing 30 days for review and approval.

REFERENCES:

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- Plan Provider Manual and Member Handbook
- CC.SECR.23 - Encrypting Emails that contain PHI
- CC.SECR.30 Encrypting PHI/Confidential Business information on storage devices for transport
- CC.COMP.PRVC.13 - Obtaining Authorization for Use or Disclosure of PHI
- CC.COMP.PRVC.15 - Prohibiting the Use of an Invalid Authorization to Disclose PHI
- CC.COMP.PRVC.16 - Individual Revocation of an Authorization to Disclose PHI
- CC.COMP.PRVC.17 through CC.COMP.PRVC.27b (covering Individual Rights to PHI)
- CMS finalized the MEGA Rule May 2016
- Louisiana Medicaid Contract Statement of Work Section 12.19 and 12.20

ATTACHMENTS:
Member Rights and Responsibilities

DEFINITIONS:

REVISION LOG	**DATE**
No revisions	9/2014
Updated bullet 1 under procedure to show members no longer receive a handbook in the welcome packet, but rather instructions on how to obtain a handbook and that the welcome letter describes their rights and responsibilities.	7/2015
Updated to include CMS mega Rule updates 2016	7/2016
Added additional language to item #8 regarding equal access to programs or activities w/o discrimination and teat individuals consistently with their gender identity. Added #9 (tag line) and reordered the items	12/16
No revisions	6/17
No revisions	6/18
No revisions	2/19
Added Medicaid MCO contract requirements, references	2/20
No Revisions	9/21

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Added *"The Contractor shall provide the information specified in 42 C.F.R. §422.210(b) regarding its Physician Incentive Plans to any Enrollee upon request" under rights and responsibilities section*	5/2022

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer software, is considered equivalent to a physical signature.