live 360° HEALTH PLAN

FEATURING HSHS NETWORK

Underwritten by Medical Associates Health Plans

Member Rights & Responsibilities

Medical Associates posts its member rights and responsibilities, as shown below. Questions may be directed to our Member Services Department, 563-584-4885 or 1-866-821-1365.

Member Rights

- You have the Right:
  - to receive information in a way that works for you (in languages other than English, in Braille, in large print, or other alternate formats, etc.).
  - to be treated with fairness, respect and recognition of dignity and the right to privacy at all times.
  - to participate with practitioners in making decisions about your health care. We must support your right to make decisions about your care.
  - to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
  - to receive timely access to your covered services.
  - to receive information about the Health Plan, its network of providers, rights and responsibilities and your covered services.
  - to voice complaints or appeals about the Health Plan or the care it provides
  - to make recommendations regarding the organization's member rights and responsibilities policy.
  - to receive 60-day notice of provider termination (Illinois members).

Member Responsibilities

- You are expected:
  - to become familiar with your covered services and the rules you must follow to get these covered services.
  - to tell us if you have any other health insurance coverage in addition to our plan.
  - tell your doctor and other health care providers that you are enrolled in our plan.
  - to supply information (to the extent possible) to the Health Plan, your doctors and other providers needed in order to provide care.
  - to ask questions, follow plans and instructions for care that you have agreed to with your provider
  - to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible. .
  - to be considerate.
  - to pay what you owe.
  - to tell us if you move.
  - to call Member Services for help if you have questions or concerns.

Chain of Communication

The development and revision of members' rights and responsibilities will be the responsibility of Medical Associates Health Plans. Any changes will reflect the input and guidance of the Quality Improvement Committee and/or Clinic Board of Directors.

The Quality Improvement Committee will be responsible for review and approval of member rights and responsibilities.

Upon approval by the Quality Improvement Committee, rights and responsibilities will be sent to the Medical Associates Clinic Board of Directors for review and approval.

If recommendations or revisions are deemed necessary by the Board of Directors, these will be channeled through the Quality Improvement Committee.

Utilization Management…Ensuring Appropriate Care

A health plan's Utilization Management (UM) program works to ensure that the most appropriate and cost effective resources are utilized in the delivery of health care. A sound UM process provides members with clearly defined benefits review, authorization of coverage, guidance on available sources for in-network care, protocols for out-of-area care, and a step-by-step procedure for the appeal of denied coverage.

Medical Associates Health Plans is committed to providing quality care. We base our UM decisions solely on *appropriateness of care and service* and *existence of coverage*, because we believe that quality is achieved through an intricate balance of cost and utilization.

Please be reassured that we *do not* reward practitioners (or other individuals conducting utilization review) for issuing denials of coverage or services. At times during the decision making process (such as in the denial and appeal process), we may call upon board certified physicians with the same/similar expertise to be part of the decision making. None of these physicians, nor any staff, receive compensation for issuing or upholding denials.

Financial incentives for UM decision makers *do not* encourage decisions that result in under-utilization. To ensure this, we continuously monitor all forms of utilization data.

UM Criteria are Available. If you wish to have a copy of the criteria that is followed during the UM decision making process, please feel free to call our Health Care Services Department at 563-584-3275 or 1-800-325-7442, and we will provide a copy to you.

External Review Process. Medical Associates Health Plans complies with regulations that address external appeal. Some denials, after they exhaust our internal appeal processes, may be eligible for review by an Independent Review Organization (IRO). For most of our plans, the denial of coverage must be based on medical necessity to be eligible for external review. If you would like more information on the external appeal process, please contact Laura Boge, Member Services Manager, at 563-584-4857 or 1-800-747-8900.

Physician Reviewers are Available. If you wish to speak with a physician reviewer regarding a UM decision, including behavioral health cases, please call our Health Care Services Department at 563-584-3275 or 1-800-325-7442, and we will help you arrange for this.

Communication between Practitioners and Members

Medical Associates Health Plans is a medical delivery system comprised of over 40,000 members, a large network of dedicated health care providers and nursing professionals, and a full service operations team located in Dubuque, IA.

We are deeply committed to the satisfaction of our enrollees, with the belief that each member should be treated as an *individual*. Our expert caregivers combine their wisdom, knowledge, and resources to deliver the most compassionate, quality care possible.

An important aspect of efficient, quality care is open discussion. Our participating practitioners are encouraged to freely communicate with members about treatment options *regardless* of any benefit coverage limitation.

We believe it is essential for healthcare providers to talk openly with members regarding medical care sought, the risks, benefits, and consequences of treatment (or non-treatment), the option to refuse treatment, and the opportunity to express preferences about future care.

A collaborative and communicative partnership between healthcare provider and patient is an important goal of our health plan.