

Section 12: Member Rights and Responsibilities

Medicaid/STAR Member Rights and Responsibilities

Member Rights:

1. To respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
 - a. be treated fairly and with respect; and
 - b. know that your medical records and discussions with your providers will be kept private and confidential.
2. To a reasonable opportunity to choose a health care plan and primary care provider (the doctor or health care provider you will see most of the time and who will coordinate your care) and to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - a. be informed of how to choose and change your health plan and your primary care provider;
 - b. choose any health plan you want that is available in your area and choose your primary care provider from that plan;
 - c. change your primary care provider;
 - d. change your health plan without penalty; and
 - e. be educated about how to change your health plan or your primary care provider.
3. To ask questions and get answers about anything you don't understand. That includes the right to:
 - a. have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated; and
 - b. be told why care or services were denied and not given.
4. To consent to or refuse treatment and actively participate in treatment decisions. That includes the right to:

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Prior Authorization and Referrals: 1-877-455-1053 (FAX 1-866-741-5650)

Case Management: 1-877-222-2759 (FAX 1-866-741-5650)

CHIP Member Services: 1-877-451-5598 STAR Member Services: 1-877-220-6376

Member Services FAX: 361-904-0187

- a. work as part of a team with your provider in deciding what health care is best for you; and
 - b. say yes or no to the care recommended by your provider.
5. To utilize each available complaint and appeal process through the managed care organization and through Medicaid, and receive a timely response to complaints, appeals and fair hearings. That includes the right to:
- a. make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan;
 - b. get a timely answer to your complaint;
 - c. access the plan's appeal process and the procedures for doing so; and
 - d. request a fair hearing from the state Medicaid program and request information about the process for doing so.
6. Timely access to care that does not have any communication or physical access barriers. That includes the right to:
- a. have telephone access to a medical professional 24 hours a day, 7 days a week in order to obtain any needed emergency or urgent care;
 - b. get medical care in a timely manner;
 - c. be able to get in and out of a health care provider's office, including barrier free access for persons with disabilities or other conditions limiting mobility, in accordance with the Americans with Disabilities Act;
 - d. have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, assist with a disability, or help you understand the information; and
 - e. be given an explanation you can understand about your health plan rules, including the health care services you can get and how to get them.
7. To not be restrained or secluded when doing so is for someone else's convenience, or is meant to force you to do something you don't want to do, or to punish you.

Member Responsibilities:

1. To learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - a. learn and understand your rights under the Medicaid program;

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- b. ask questions if you don't understand your rights; and
 - c. learn what choices of health plans are available in your area.
2. To abide by the health plan and Medicaid policies and procedures. That includes the responsibility to:
 - a. learn and follow your health plan rules and Medicaid rules;
 - b. choose your health plan and a primary care provider quickly;
 - c. make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan;
 - d. keep your scheduled appointments;
 - e. cancel appointments in advance when you can't keep them;
 - f. always contact your primary care provider first for your non-emergency medical needs;
 - g. be sure you have approval from your primary care provider before going to a specialist; and
 - h. understand when you should and shouldn't go to the emergency room.
3. To share information relating to your health status with your primary care provider and become fully informed about service and treatment options. That includes the responsibility to:
 - a. tell your primary care provider about your health;
 - b. talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated; and
 - c. help your providers get your medical records.
4. To actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
 - a. work as a team with your provider in deciding what health care is best for you;
 - b. understand how the things you do can affect your health;
 - c. do the best you can to stay healthy; and
 - d. treat providers and staff with respect.

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CHIP Member Rights and Responsibilities

Member Rights:

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. This means that you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
4. You have a right to know how the health plan decides about whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If your child is confirmed to have special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
8. Children who are confirmed to have special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health

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plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.

11. You have a right to emergency services when you need them if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a few dollars depending on your income. This is called a "co-payment."
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals and other providers.
16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan say it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

Member Responsibilities

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. Try to follow healthy habits, such as, encourage your child to exercise, to stay away from tobacco, and to eat a healthy diet.
2. Become involved in the doctor's decisions about your child's treatments.
3. Work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.

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4. If you have a disagreement with your health plan, try first to resolve it using the health plan's complaint process.
5. Learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. To pay your doctor and other providers co-payments that you owe them.
8. Report misuse of CHIP by health care providers, other CHIP members, or CHIP health plans

Member's Right to Designate an OB/GYN

Driscoll Children's Health Plan has limited the Member's selection of an OB/GYN to the same network as her PCP.

NOTICE TO FEMALE MEMBERS: ATTENTION FEMALE MEMBERS

Member's have the right to select an OB/GYN without a referral from their PCP. The access to health care services of an OB/GYN includes:

- one well-woman check-up per year
- care related to pregnancy
- care for any female medical condition
- referral to special doctor within the network

Member's Right To Report Provider Waste, Abuse Or Fraud

Medicaid/STAR And CHIP

Members' are instructed that If they suspect a client (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, they have a responsibility and a right to report it.

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Reporting Provider/Clients Waste, Abuse and Fraud

- Member's can report providers / clients directly to the health plan:

**Driscoll Children's Health Plan
Compliance Officer
615 N Upper Broadway, Suite 1070
Corpus Christi, Texas, 78401
1-877-324-7543**

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- Or through the HHSC OIG website at <http://www.hhs.state.tx.us> and select "Reporting Waste, Abuse and Fraud". The site provides information on the types of waste, abuse and fraud to report. If you do not have Internet access and prefer to talk to a person, call the Office of Inspector General (OIG) Fraud Hotline at **1-800-436-6184**, or you may send a written statement to the following OIG addresses:

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To report providers, use this address:

To report clients, use this address:

Office of Inspector General

Office of Inspector General

Medicaid Provider Integrity

General Investigations/Mail Code 1362

Mail Code 1361

P.O. Box 85200

P.O. Box 85200

Austin, TX 78708-5200

Austin, TX 78708-5200

To report waste, abuse or fraud, gather as much information as possible.

- When reporting a provider (e.g., doctor, dentist, counselor, etc.) provide the following:
 - Name, address, and phone number of provider;
 - Name and address of the facility (hospital, nursing home, home health agency, etc.);
 - Medicaid number of the provider and facility is helpful;
 - Type of provider (physician, physical therapist, pharmacist, etc.);
 - Names and phone numbers of other witnesses who can aide in the investigation
 - Dates of events; and
 - Summary of what happened.
- When reporting a client (a person who receives benefits) provide the following:

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- The person's name;
- The person's date of birth, social security number, or case number if available;
- The city where the person resides; and
- Specific details about the waste, abuse or fraud.

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