

CHAPTER 1: GENERAL INFORMATION

UNIT 5: MEMBER RIGHTS & RESPONSIBILITIES

IN THIS UNIT



TOPIC	SEE PAGE
Introduction	2
Member Rights & Responsibilities:	
• Pennsylvania	3
• Delaware	4
• West Virginia	6
Medicare Advantage Member Rights & Responsibilities:	
• Pennsylvania	8
• West Virginia	11
Pennsylvania CHIP Member Rights & Responsibilities	13

[What Is My Service Area?](#)

The *Highmark Provider Manual* contains information, policies, and procedures that apply to Highmark network participating providers in Pennsylvania, Delaware, West Virginia, and contiguous counties. The symbols below are used in the manual to identify information that is specific to one state. In some instances, information may be designated as applicable to two states only. **Where no symbol is present, the information is relevant to all states.**



The PA ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Pennsylvania and contiguous counties.



The DE ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Delaware and contiguous counties.



The WV ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in West Virginia and contiguous counties.

OBSOLETE

1.5 INTRODUCTION

Overview

Highmark will treat members in a manner that respects their rights and will clearly communicate our expectations of member responsibilities to members, practitioners, and Highmark staff to promote effective health care, maintain a mutually respectful relationship with our members, and enhance cooperation among members, practitioners, and Highmark.

How Highmark communicates member rights and responsibilities

Highmark will communicate the member rights and responsibilities to all newly participating practitioners at the time of orientation via the *Highmark Provider Manual* and the applicable website, and annually to existing practitioners via the website. A paper copy will be provided upon request.

Highmark will communicate the member rights and responsibilities to the member through the *Member Handbook* upon enrollment, via the member website, and annually in the member newsletter.

OBSOLETE

1.5 MEMBER RIGHTS & RESPONSIBILITIES: PENNSYLVANIA

Overview



The member rights and responsibilities for Highmark commercial products in Pennsylvania are outlined below.

[What Is My Service Area?](#)

Member Rights



Members have the right to:

1. Receive information about Highmark, its products and its services, its practitioners and providers, and your rights and responsibilities.
2. Be treated with respect and recognition of your dignity and right to privacy.
3. Participate with practitioners in decision making regarding your health care. This includes the right to be informed of your diagnosis and treatment plan in terms that you understand and participate in decisions about your care.
4. Have a candid discussion of appropriate and/or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage. Highmark does not restrict the information shared between practitioners and patients and has policies in place, directing practitioners to openly communicate information with their patients regarding all treatment options regardless of benefit coverage.
5. Voice a complaint or file an appeal about Highmark or the care provided, and receive a reply within a reasonable time period.
6. Make recommendations regarding the Highmark Members' Rights and Responsibilities policies.

Member Responsibilities



Members have the responsibility to:

1. Supply to the extent possible, information that the organization needs in order to make care available to you, and that its practitioners and providers need in order to care for you.
2. Follow the plans and instructions for care that you have agreed on with your practitioners.
3. Communicate openly with the physician you choose. Ask questions and make sure you understand the explanations and instructions you are given and participate in developing mutually agreed upon treatment goals. Develop a relationship with your doctor based on trust and cooperation.

1.5 MEMBER RIGHTS & RESPONSIBILITIES: DELAWARE

Overview



The member rights and responsibilities for Highmark Delaware commercial products are outlined below.

[What Is My Service Area?](#)

Member Rights



Members have the right to:

1. Be treated with courtesy, consideration, respect, and dignity.
2. Have their protected health information (PHI) and health records kept confidential and secure, in accordance with applicable laws and regulations.
 - a. Receive communications about how Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) uses and discloses their PHI.
 - b. Request restrictions on certain uses and disclosures of their PHI.
 - c. Receive confidential communications of PHI.
 - d. Inspect, amend, and receive a copy of certain PHI.
 - e. Receive an accounting of disclosures of PHI.
 - f. File a complaint when they feel their privacy rights have been violated.
3. Available and accessible services when medically necessary, including urgent and emergent care 24 hours a day, 7 days a week.
4. Receive privacy during office visits and treatment.
5. Refuse care from specific practitioners.
6. Know the professional background of anyone giving them treatment.
7. Discuss their health concerns with their health care professional.
8. Discuss the appropriateness or medical necessity of treatment options for their condition, regardless of cost or benefit coverage for those options.
9. Receive information about their care and charges for their care.
10. Receive from their provider, in easy to understand language, information about their diagnoses, treatment options including risks, expected results, and reasonable medical alternatives.
11. All rights afforded by law or regulation as a patient in a licensed health care facility, including the right to refuse medications and treatment after possible consequences of this decision have been explained to them in their primary language.
12. Received information about Highmark Delaware, its policies, procedures regarding its products, services, practitioners and providers, complaint procedures, and members'/enrollees' rights and responsibilities.
13. Prompt notification of termination or changes in benefits, services, or the provider network.
14. Play an active part in decisions about their health care including formulating an advance directive.

Continued on next page

1.5 MEMBER RIGHTS & RESPONSIBILITIES: DELAWARE, Continued

Member Rights (continued)



15. Receive benefits and care without regard to race, color, gender, country of origin, or disability.
16. File a complaint with Highmark Delaware and receive a response to the complaint within a reasonable period of time.
 - a. This includes requesting an internal appeal or review by an independent Utilization Review Organization, or filing a petition for arbitration for decisions made about their coverage.
 - b. To register a complaint or request an appeal, members are instructed to call the Customer Service number listed on their ID card.
17. Submit a formal complaint about the quality of care given by their providers.
18. Make recommendations regarding Highmark Delaware's members' rights and responsibilities policies.

What Is My Service Area?

Member Responsibilities



Members have the responsibility to:

1. Double-check that any facilities from which they receive care are covered by Highmark Delaware. They can visit highmarkbcbsde.com or call the Customer Service number listed on their ID card to ask about a facility.
2. Show their ID card to all caregivers before having care.
3. Keep their appointments. If they will be late or they need to cancel, give timely notice (in accordance with the provider's office policy). They may be responsible for charges for missed appointments.
4. Treat their providers with respect.
5. Provide truthful information (to the extent possible) about their health to their providers. This includes notifying their providers about any medications they are currently taking.
6. Understand their health and participate in developing mutually agreed upon treatment goals.
7. Tell their health care providers if they do not understand the care he or she is providing.
8. Follow the advice of their health care provider for medicine, diet, exercise, and referrals.
9. Follow the plans and instructions for care that they have agreed on with their practitioners.
10. Pay all fees in a timely manner.
11. Maintain their Highmark Delaware eligibility. Notify Highmark Delaware of any change in their family size, address, or phone number.
12. Tell Highmark Delaware about any other insurance they may have.

1.5 MEMBER RIGHTS & RESPONSIBILITIES: WEST VIRGINIA

Overview



The member rights and responsibilities for Highmark West Virginia commercial products are outlined below.

[What Is My Service Area?](#)

Member Rights



Members have the right to:

1. Receive information about Highmark West Virginia, its products and services, its practitioners and providers, and member rights and responsibilities.
2. Be treated with respect and recognition of their dignity and right to privacy.
3. Participate with practitioners in decision making regarding their health care. This includes the right to be informed of their diagnosis and treatment plan in terms they understand and to participate in decisions about their care.
4. Have a candid discussion of appropriate and/or medically necessary treatment options for their condition(s), regardless of the cost or benefit coverage. Highmark West Virginia does not restrict the information shared between practitioners and patients and has policies in place directing practitioners to openly communicate information with their patients regarding all treatment options regardless of benefit coverage.
5. Voice a complaint or appeal about Highmark West Virginia or the care provided, and receive a reply within a reasonable period of time.
6. Make recommendations regarding the Highmark West Virginia Members' Rights and Responsibilities policies.

Member Responsibilities



Members have the responsibility to:

1. Supply to the extent possible, information that the organization needs in order to make care available to them, and that its practitioners and providers need in order to care for them.
2. Follow the plans and instructions for care that they have agreed on with their practitioners.
3. Communicate openly with the physician they choose. Ask questions and make sure they understand the explanations and instructions they are given, and participate in developing mutually agreed upon treatment goals. Develop a relationship with their doctor based on trust and cooperation.

Continued on next page

1.5 MEMBER RIGHTS & RESPONSIBILITIES: WEST VIRGINIA, Continued

Rights of members receiving case management services



Members receiving case management services from Highmark West Virginia are informed by letter at the initiation of services that they have the following rights:

1. Right to access needed health and social services.
2. Right to be informed of choices regarding services.
3. Right to be informed of available health care benefits, as well as where, when, and how they obtain these benefits.
4. Right to treatment with dignity and respect.
5. Right to have their health care records kept confidential except when disclosure is required by law or permitted in writing by them with adequate notice.
6. Right to be well-informed of any treatment plan in terms they understand, and to have input regarding decisions involving their medical care and treatment plan.
7. Right to comprehensive and fair assessment and notification of alternative approaches.
8. Right to receive notifications and rationale of discharge, termination, or change of service.
9. Right to withdraw from a case management program.
10. Right to an appeal/grievance procedure.
11. Right to choose a particular community service agency or long-term care provider.
12. Right to refuse treatment or services, including case management services, and be informed of the implications of such a refusal relating to benefits eligibility and/or health outcomes.
13. Right to obtain information regarding the plan's criteria for case initiation and case closure.
14. Right to have informed consent for services, advance medical care directives (including end of life directives), and power of attorney documents to be followed in the case management process.
15. Right to have assistance in seeking additional resources for resolution of legal questions.
16. Right to have services/treatment rendered consistent with the Americans With Disabilities Act, worker's compensation, and other laws protecting the rights of consumers as applicable.
17. Right to have alternative approaches to care if the member and/or family are not able to participate in the assessment process.

[What Is My Service Area?](#)

1.5 MEDICARE ADVANTAGE RIGHTS & RESPONSIBILITIES: PENNSYLVANIA

Overview



The following information is made available to members through the Medicare Advantage Freedom Blue PPO, Community Blue Medicare PPO/PPO Plus, Community Blue Medicare HMO, and Security Blue HMO Member Evidence of Coverage booklets and updates in the member newsletters. The Member Evidence of Coverage booklets are available for viewing in the *Highmark Provider Manual's Appendix*.

[What Is My Service Area?](#)

Medicare Advantage Member Rights



Medicare Advantage members have the right to:

1. Be assured they will not be discriminated against in the delivery of health care services consistent with the benefits covered in their plan based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.
2. Receive considerate and courteous care, with respect for personal privacy and dignity.
3. Select their own personal physician/preferred provider or physician group from Highmark's Medicare Advantage Primary Care Physician networks.
4. Expect their Primary Care Physician's/network provider's team of health care workers to provide or help them arrange for all the care that they need.
5. Participate in the health care process. If they are unable to fully participate in this discussion, they have the right to name a representative to act on their behalf.
6. Receive enough information to help them make a thoughtful decision before they receive any recommended treatment.
7. Be informed of their diagnosis and treatment plans in terms they understand and participate in decisions involving their medical care.
8. Talk openly with their Primary Care Physician and other network providers about appropriate and medically necessary treatment options for their condition, regardless of cost or benefit coverage.
9. Have reasonable access to appropriate medical services.
10. Be provided with complete information about their Medicare Advantage HMO/Medicare Advantage PPO, including the services it provides, the practitioners who provide care, and information on member rights and responsibilities.
11. Confidential health records, except when disclosure is required by law or permitted in writing by the member with adequate notice. Members have the right to review their medical records with their PCP or other network provider.
12. Express a complaint and to receive an answer to your complaint within a reasonable period of time.

Continued on next page

1.5 MEDICARE ADVANTAGE RIGHTS & RESPONSIBILITIES: PENNSYLVANIA, Continued

Medicare Advantage Member Rights (continued)



13. Appeal a decision by Medicare Advantage if they feel they have been denied a covered service.
14. Immediate Quality Improvement Organization review of decisions for hospital discharges, as explained in the Centers for Medicare & Medicaid Services' *Important Message*, which is given to Medicare members at the time of admission to a hospital, and in the *Notice of Discharge and Appeal Rights* given prior to discharge.
15. Call Member Services to request information about:
 - 15.2 How we control the use of medical services.
 - 15.3 The number of appeals and grievances we have received and how these cases were resolved.
 - 15.4 How we pay our participating doctors.
 - 15.5 The financial condition of our Plan.
16. Make suggestions about Medicare Advantage PPO and HMO policies on member rights and responsibilities.

[What Is My Service Area?](#)

Medicare Advantage Member Responsibilities



Medicare Advantage members have the responsibility to:

1. Read all Medicare Advantage HMO and PPO materials carefully and immediately upon enrollment and ask questions when necessary. They have the responsibility to follow the rules of Medicare Advantage HMO/Medicare Advantage PPO membership.
2. Identify themselves as a Medicare Advantage HMO/Medicare Advantage PPO member when scheduling appointments, seeking consultations with their physician, and upon entering any Medicare Advantage HMO/Medicare Advantage PPO provider's office.
3. Treat all Medicare Advantage HMO/Medicare Advantage PPO network physicians and personnel respectfully and courteously as your partners in good health care.
4. Communicate openly with the physician they choose. The member has the responsibility to develop a physician-patient relationship based on trust and cooperation.
5. Keep scheduled appointments or give adequate notice of delay or cancellation.
6. Ask questions and make certain that they understand the explanations and instructions they are given.
7. Consider the potential consequences if they refuse to comply with treatment plans or recommendations.
8. Pay any applicable copayments at the time of service.

Continued on next page

1.5 MEDICARE ADVANTAGE RIGHTS & RESPONSIBILITIES: PENNSYLVANIA, Continued

[What Is My Service Area?](#)

**Medicare
Advantage
Member
Responsibilities**
(continued)



9. Pay any applicable Medicare Advantage HMO/Medicare Advantage PPO premiums on time.
10. Pay their Medicare Part B premiums (and Part A, if applicable).
11. Help maintain their health and prevent illness and injury.
12. Help Medicare Advantage HMO/Medicare Advantage PPO maintain accurate and current medical records by being honest and complete when providing information to their health care professionals.
13. Express their opinions, concerns, or complaints in a constructive manner to the appropriate people at Medicare Advantage HMO/Medicare Advantage PPO.
14. Notify the Medicare Advantage HMO/Medicare Advantage PPO Member Service Department, Monday through Sunday, between 8 a.m. and 8 p.m. at 1-800-935-2583 (Medicare Advantage HMO) or 1-866-306-1061 (Medicare Advantage PPO) of any changes in their personal situation which may affect the Plan's ability to communicate with them or provide health care to them, including any changes in their address or phone number, any extended trips or vacations, and of their return to the service area from a trip of up to six (6) consecutive months. TTY users, please call 1-800-988-0668.
15. Understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

OBSOLETE

1.5 MEDICARE ADVANTAGE RIGHT & RESPONSIBILITIES: WEST VIRGINIA

Overview



Members in Medicare Advantage Freedom Blue PPO plans are informed through their Member Evidence of Coverage booklets that they have certain rights and responsibilities. The Freedom Blue PPO Member Evidence of Coverage booklet is available for viewing in the *Highmark Provider Manual's Appendix*.

Medicare Advantage Member Rights



Medicare Advantage members have the right to:

1. Not be discriminated against because of race, color, age, religion, national origin, or mental or physical disability.
2. To receive help with communication, such as help from a language interpreter.
3. Be treated with dignity, respect, and fairness at all times.
4. Privacy of medical records and personal health information. Generally, health information will not be released to anyone who is not providing or paying for the member's care without written permission from the member, except where allowed or required by law.
5. Review and obtain copies of medical records, and to ask providers to make additions or corrections to the records.
6. Obtain care from network and non-network providers. To choose a network provider (and be informed which physicians are accepting new patients). To see a women's health specialist (such as a gynecologist) without a referral or prior authorization.
7. Timely access to providers and to see specialists when care from a specialist is needed. "Timely access" means to get appointments and services within a reasonable amount of time.
8. Get full information from providers when obtaining medical care and to participate fully in decisions about their care. Providers must explain things in a way the member can understand. The member's rights include knowing about all of the treatment choices that are recommended for the member's condition, regardless of cost or coverage. This includes the right to be told about any risks involved. Members must be told in advance if any proposed treatment is part of a research experiment, and be given the choice of refusing experimental treatments.
9. Refuse treatment, including the right to leave a hospital or other medical facility against a physician's advice, and to stop taking medication. The member accepts responsibility for the consequences of refusing treatment.

[What Is My Service Area?](#)

Continued on next page

1.5 MEDICARE ADVANTAGE RIGHT & RESPONSIBILITIES: WEST VIRGINIA, Continued

Medicare Advantage Member Rights (continued)



10. Ask someone, such as a family member or friend, to help make health care decisions. This includes executing advance directives, such as a living will or power of attorney for health care, or to authorize someone to make decisions in the event the member becomes unable to make decisions for himself/herself.
11. Make a complaint or appeal if the member has concerns or problems related to coverage or care.
12. Get information about Highmark Senior Solutions Company (“HSSC”), which offers the Freedom Blue product, health care coverage and costs, and network providers. Members may contact Member Services to request the following types of information:
 - a. What services are covered and what the member has to pay;
 - b. Explanation of any bills for services not covered;
 - c. HSSC’s financial condition;
 - d. Network providers and their qualifications;
 - e. How Freedom Blue pays physicians;
 - f. Member rights and protections; and
 - g. Summary of appeals and grievances Freedom Blue has received.
13. Make recommendations regarding Highmark Senior Solutions Company’s member rights and responsibilities policy.

[What Is My Service Area?](#)

Medicare Advantage Member Responsibilities



Medicare Advantage members have the responsibility to:

1. Become familiar with their coverage, the rules they must follow to obtain care, and what they have to pay.
2. Give their physician and other health care providers the information they need to provide care. To follow the treatment plans and instructions that they and their physicians agree upon. To ask questions of their physician or other provider if they have them.
3. Act in a way that supports the care given to other patients and helps the smooth operation of the physician’s office, hospital, or other office.
4. Pay plan premiums and any copayments the member owes for covered services they receive.
5. To contact Highmark West Virginia Member Services with any questions, concerns, problems or suggestions.
6. Understand their health problems and participate in developing mutually agreed upon goals, to the degree possible.

1.5 PENNSYLVANIA CHIP MEMBER RIGHTS & RESPONSIBILITIES

Overview



Highmark makes health care programs available to uninsured children in Pennsylvania through the subsidized Children's Health Insurance Program of Pennsylvania (CHIP). Highmark is committed to providing CHIP members with the highest quality care possible and is dedicated to serving them in a manner that respects their rights as individuals and maintains confidentiality about personal medical matters.

The following provider networks service children covered under CHIP: the Premier Blue Shield preferred provider network in the Central Region; the Keystone Health Plan West (KHPW) managed care network in the 29-county Western Region; and the First Priority Health (FPH) managed care network in the 13-county Northeastern Region. The children and parents have the right to timely and effective redress of complaints, grievances, and appeals about Highmark or the care provided by participating network providers.

Highmark encourages CHIP members and their parents to know and exercise their rights and responsibilities as outlined below. Network participating providers who provide care to CHIP members are expected to know and respect these rights and encourage member responsibilities.

[What Is My Service Area?](#)

CHIP Member Rights



CHIP members/parents have the following rights:

- The right to receive health plan literature and materials for their use, written in a manner that truthfully and accurately provides relevant information that is easily understood by a person of average intelligence. This literature and materials should include information about Highmark, its services, its network practitioners and providers, and member children's rights and responsibilities.
- The right to participate with practitioners in decision making regarding the child's health care.
- The right to a candid discussion of appropriate or medically necessary treatment options for the child's condition, regardless of cost or benefit coverage.
- The right to obtain from the child's physician, unless it is not medically advisable, complete and current information concerning the diagnosis, treatment, and prognosis in terms that they can reasonably be expected to understand.
- The right to be given the name, professional status, and function of any personnel providing health services to the child.
- The right to give informed consent before the start of any procedure or treatment.

Continued on next page

1.5 PENNSYLVANIA CHIP MEMBER RIGHTS & RESPONSIBILITIES,

Continued

CHIP Member Rights (continued)



- The right to be advised if a health care facility or any of the providers participating in the child's care propose to engage in or perform human experimentation or research affecting the child's care or treatment. The parent or a legally responsible party on the child's behalf may, at any time, refuse to participate in or continue in any experimentation or research program to which they had previously given informed consent.
- The right to refuse drugs, treatment, or other procedures offered to the child by Highmark or its network providers to the extent permitted by law, and to be informed by a physician of the medical consequences of their refusal of any drugs, treatment, or procedures.
- The right to have records pertaining to the child's medical care treated as confidential unless disclosure is necessary to interpret the application of the contract to the child's care, or unless disclosure is otherwise provided for by law.
- The right to information contained in the child's medical records unless access is specifically restricted by the attending physician for medical reasons.
- The right to obtain emergency services, without unnecessary delay, when the services are necessary.
- The right to be treated with respect and recognition of their dignity and their right to privacy.
- The right to be informed of these rights and responsibilities.
- The right to make recommendations regarding Highmark's members' rights and responsibilities policies.

[What Is My Service Area?](#)

CHIP Member Responsibilities



CHIP members/parents have the following responsibilities:

- The responsibility to provide, to the extent possible, information that Highmark and its network providers need in order to care for the child. Members/parents should communicate openly with the physician by developing a physician-patient relationship based on trust and cooperation.
- The responsibility to choose a primary care physician (PCP) and keep him/her abreast of the child's medical care.
- The responsibility to maintain the child's health and prevent illness and to follow the plans and instructions for care that were agreed on with the child's practitioner.
- The responsibility to ask questions to make certain they understand the explanations and instructions given to them.

Continued on next page

1.5 PENNSYLVANIA CHIP MEMBER RIGHTS & RESPONSIBILITIES,

Continued

[What Is My Service Area?](#)

CHIP Member Responsibilities (continued)



- The responsibility to understand the potential consequences if they refuse to comply with treatment plans or recommendations.
- The responsibility to keep scheduled appointments or give adequate notice of delay or cancellation.
- The responsibility to follow the rules of membership and to read all materials carefully upon enrollment.
- The responsibility to communicate pertinent information to the child's PCP about his/her health and to seek health care before a problem becomes serious.
- The responsibility to express their opinions, concerns, or complaints on the services provided in a constructive manner to the appropriate people within Highmark.
- The responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the greatest degree possible.

OBSOLETE