Members' Rights and Responsibilities

Commercial (HMO/POS) Member Rights

A commercial Member has the *right* to:

- Receive information about the health plan, its benefits and services, policies, Participating Providers[1] and Members' rights and responsibilities.
- Receive a current directory of network providers. The directory includes addresses, telephone numbers, and a listing of providers who accept Members who speak languages other than English.
- Know how AmeriHealth pays providers, so Members know there are financial incentives or disincentives tied to medical decisions. For example, different providers in our network have agreed to be paid in different ways by AmeriHealth. The provider may be paid a set fee each month for each Member whether or not the Member actually receives services (capitation) or the provider may be paid each time he or she treats the Member (fee-for service). These payment methods may include financial incentive agreements to pay some providers more (bonuses) based on many factors: Member satisfaction, quality of care, control of cost, and use of services among them.
- Voice appeals or complaints about the health plan or care provided, with us or the Department of Banking and Insurance and to receive an answer to those complaints within a reasonable period of time.
- Appeal a decision to deny or limit coverage, first within AmeriHealth and then through an independent organization for a filing fee. The Member also has the right to know that their doctor cannot be penalized for filing a complaint or appeal on the Member's behalf.
- Choose providers, within the limits of the AmeriHealth network, including the right to refuse care from specific providers. The Member also has the right to have a choice of specialists among Participating Network Providers following an authorized Referral, subject to their availability to accept new patients.
- For Members with chronic disabilities, be referred to specialists who are experienced in treating their disabilities.
- Participate with providers in decision-making regarding his or her health care.
- Participate in unrestrained clinical dialogue between Participating Providers and Members. This includes the right to have no "gag" rules. Providers are free to discuss all medical treatment options, regardless of cost, even if they are not Covered Services. If the Member is unable to easily understand this information, they have the right to have an explanation provided to their next of kin or guardian and documented in their medical record.
- Be treated with respect and recognition of his or her dignity and right to privacy.
- Have his or her personally identifiable health information treated confidentially and to have access to his or her medical records in accordance with applicable federal and state laws.
- Have reasonable access to medical services. This includes the right to have access to a Primary Care Physician or a back-up 24 hours a day, 365 days a year for urgent care or Emergency Services.
- Call 911 in a potentially life-threatening situation without prior approval from us; the right to have AmeriHealth pay for a medical screening evaluation in the ER to determine

whether an Emergency medical condition exists.

- Continue to receive services from a provider who has been terminated from the AmeriHealth network (without cause) for up to four months if Medically Necessary. If the Member is pregnant, coverage extends to the postpartum evaluation, up to six weeks after delivery. If the Member is receiving post-operative care, coverage extends for up to six months, if Medically Necessary. If the Member is receiving oncological or psychiatric care, treatment will be extended for up to one year if Medically Necessary. This continuation of care does not apply if the provider is terminated for reasons which would endanger the Member, public health or safety, breach of contract, or fraud.
- Receive health care services without discrimination based on race, color, religion, gender, or national origin.
- Formulate an advance directive and to have the directive implemented. AmeriHealth will provide information concerning advance directives to Members and Participating Providers.
- Refuse medication and treatment after possible consequences of this decision have been explained in language you understand. This is a right afforded to Members (as a patient in a licensed health care facility) by law or regulation.
- Be free from balance billing by providers for Medically Necessary services that are authorized or covered by AmeriHealth except as permitted for copayments, coinsurance, and deductibles by contract.
- Receive prompt notification of terminations or changes in benefits, services, or provider network.
- Make recommendations regarding AmeriHealth's Member Rights and Responsibility Policy.

[1] *When used in specific statements of Commercial and PPO Members' rights and responsibilities, the Plan has adopted the definition of "provider" used by the New Jersey Department of Health and Senior Services in regulations at N.J.A.C 8:38-1.2 and 8:38A-1.2, as follows: a provider is any physician, hospital, facility or other person who is licensed or otherwise authorized to provide health care services or other benefits in the state.*

Commercial (HMO/POS) Member Responsibilities

A commercial Member has the *responsibility* to:

- Review all benefit and membership materials carefully and to follow the regulations pertaining to the health plan.
- Communicate, to the extent possible, information that AmeriHealth, HMO, Inc. and its Participating Practitioners and Providers need in order to provide care.
- Follow plans and instructions for care that he or she and their provider have agreed on, including the consideration of the possible consequences of failure to comply with recommended treatment.
- Ask questions to assure understanding of the explanations and instructions given.
- Treat others with respect and courtesy.
- Keep scheduled appointments or to give adequate notice of delay or cancellation.
- Understand his or her health care problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

PPO Member Rights

A PPO Member has the *right* to:

- Receive information about the health plan, its benefits and services, policies, Participating
  Providers, and Members' rights and responsibilities.
- Be treated with respect and recognition of his or her dignity and right to privacy.
- Participate with providers in decision-making regarding his or her health care.
- Participate in unrestrained clinical dialogue between Participating Providers and Members. This includes the right to have no "gag" rules. Providers are free to discuss all medical treatment options, regardless of cost, even if they are not Covered Services. If the Member is unable to easily understand this information, an explanation shall be provided to the next of kin or guardian and documented in the medical record.
- Voice appeals or complaints about the health plan or care provided, with AmeriHealth or the Departments of Health and Senior Services and Banking and Insurance and to receive an answer to those complaints within a reasonable period of time.
- Maintain reasonable access to medical services and payment of appropriate benefits, when Medically Necessary, consistent with the Member's benefit plan. This includes the right to have access to care 24 hours a day, 365 days a year for urgent or Emergency Services.
- Call 911 in a potentially life-threatening situation without prior approval from AmeriHealth; the right to have AmeriHealth pay for a medical screening evaluation in the ER to determine whether an Emergency medical condition exists.
- Receive prompt notification of terminations or changes in benefits, services, or provider network.
- Make recommendations regarding AmeriHealth's Member Rights and Responsibility Policy.

PPO Member Responsibilities

A PPO Member has the *responsibility* to:

- Communicate, to the extent possible, information that AmeriHealth and its providers need in order to provide care.
- Follow plans and instructions for care that he or she and their provider have agreed on, including consideration of the possible consequences of failure to comply with recommended treatment.
- Pay deductibles, coinsurance, or copayments, as appropriate according to his or her contract.
- Understand his or her health care problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Medicare Advantage HMO Member Rights

A Medicare Advantage HMO Member has the *right* to:

- Be treated with fairness, respect, and recognition of his or her dignity and right to privacy.
- The privacy of medical records and personal health information.
- See our providers and obtain Covered Services within a reasonable period of time.
- Know treatment choices and participate with providers in decisions about his or her health care.
- A candid discussion of appropriate or Medically Necessary treatment options for his or her medical conditions, regardless of cost or benefit coverage.
- Use advance directives (such as a living will or a power of attorney).
- Voice complaints or appeals about AmeriHealth 65® or the care it provides.
- Receive information about health care coverage and costs.
- Receive information about AmeriHealth 65, its services, and its practitioners and providers.
- Make recommendations regarding AmeriHealth 65's Member Rights and Responsibilities.

Medicare Advantage HMO Member Responsibilities

A Medicare Advantage HMO Member has the *responsibility* to:

- Be familiar with his or her coverage and the rules he or she must follow to get care as a Member.
- Give AmeriHealth 65 and providers the information they need to provide care (to the extent possible) and follow agreed upon treatment plans and instructions.
- Act in a way that supports the care provided to others and helps smooth the running of providers' offices and facilities.
- Pay premiums and any cost shares he or she may owe for Covered Services and meet his or her other financial responsibilities as described in his or her Evidence of Coverage.
- Understand his or her health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- Advise AmeriHealth 65 of any questions, concerns, problems, or suggestions.