

Commercial Member Rights

The following are specific rights, as they are communicated to MVP members:

1. **The right to receive information about the health plan, its services, its practitioners and providers. Members also have the right to receive a copy of the health plan's member rights and responsibilities and make recommendations to the policy.**

All members receive a certificate of coverage or contract. This document outlines important information about member benefits and how to use them. If the plan requires the member to select a PCP, they may change their selection at any time by calling the Member Customer Care Center or visiting the health plan's website

www.mvphealthcare.com. Information available on the health plan's website includes an updated list of participating practitioners and providers, their specialties, locations, and more.

2. **The right to be treated with respect, recognition of the member's dignity and right to privacy.**

Members have a right to be treated with dignity. They have a right to receive quality medical services, in a professional and courteous manner, regardless of race, sex, religion, age or sexual orientation. All information concerning member medical history and enrollment file is privileged and confidential. The health plan will not release information regarding any member's care without a written statement or release signed by the member, except as required by law.

3. **The right to participate with practitioners in making decisions about the member's health care. This includes the right to have a candid discussion about appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage.**

Health care providers are required to tell the member, in terms they will understand, all appropriate treatment options, including those options not covered by the plan.

Members have the right to receive information necessary for them to be able to give informed consent prior to the start of any procedure or treatment. The information will be made available to an appropriate person acting on the member's behalf, should the member not be able to receive the information. Members also have the right to ask for a second opinion before they get any non-emergency treatment or care. No information that could have any bearing on the treatment they receive should be kept from them.

Members may refuse treatment to the extent permitted by law and have the right to be informed of the medical consequences should they choose that option.

4. **The right to voice complaints or appeals about the organization or the care they receive.**

The health plan works hard to make sure members get the health care services they need and excellent service. If members are not fully satisfied with the medical or administrative services provided by the health plan, they have a right to a thorough investigation of the complaint or appeal by qualified and impartial staff. If a member comes across a situation that causes concern, they are encouraged to call the Member Customer Care Center. If the Member Customer Care Center cannot satisfactorily respond to the concerns or the member is unhappy with our response to the issues, they have a right to file a formal complaint. Normally, complaints are investigated and responded to in

writing within 30 calendar days of receipt. If a member does not agree with a previous decision associated with a denial of services or benefits, they have the right to access our two-step appeal process. Appeals are handled in a timely manner based on the health care needs of the member. The investigation and decision of the appeal is completed within 15 calendar days of receipt. Details of the complete complaint and appeals process can be found in the Member Handbook and is also available upon request from the Member Customer Care Center.

5. **The right to receive medically necessary specialty care.**

If a provider with an appropriate specialty is not available within the health plan's network to treat a medical condition, members have a right to request authorization for coverage of out-of-plan services.

6. **The right to reasonable and timely access to medically necessary health care services and access to the member's medical records.**

The health plan sets high standards for our health care professionals and continually monitors the medical care members receive. Often, one phone call is all they'll need to access treatment quickly. Members also have the right to their medical records, including diagnosis, treatments and prognosis. If a member would like to see their records, they are encouraged to check with their physician's office. They will be able to give the member these records. If a member needs copies of these records, some offices charge on a per page basis. When it is not advisable to share this information with the member, the information will be shared with the person acting on the member's behalf.

7. **The right to formulate Advance Directives regarding your care and Health Care Proxy.**

Advance Directives are documents that detail the care member's wish to receive if they are unable to explain those wishes to their doctor (e.g., comatose). Advance directives can be filled out and given to the member's doctor at any time. The member may choose a health care proxy who can make decisions for them if they cannot make decisions for themselves. These decisions may include termination or withholding of life support systems, artificial nutrition and hydration. The proxy document may include special instructions, limits of authority, and an expiration date.

Commercial Member Responsibilities

The following are responsibilities communicated to MVP Commercial members:

1. **A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.**

Members have a responsibility to notify the health plan of any changes in their status, such as adding or deleting dependents, change in marital status, etc. It is important for members to give their health care provider an honest description of their current symptoms, effects of medication, or results of treatment. Members are encouraged to always give their complete medical history. This may include any relevant medical records, including X-rays or other diagnostic tests.

2. **A responsibility to participate in their health care.**

Members have a responsibility to follow the plans and instructions for care that they

have agreed to with their practitioners. They also have a responsibility to participate in developing mutually agreed-upon treatment goals, to the degree possible.

3. **A responsibility to select a Primary Care Physician.**

Members have a responsibility to select a participating primary care physician for themselves and their dependents to coordinate their medical care. Please note some MVP plans, such as EPO and PPO, do not require members to select a PCP. Members are referred to their certificate of coverage or contract for details.

4. **A responsibility to identify themselves as a health plan member when receiving care.**

Members have a responsibility to carry their membership card at all times and never permit anyone else to use it.

5. **A responsibility to pay all applicable copayments, coinsurance, and deductibles to their health care providers, as specified in their Subscriber Contract or Certificate of Coverage.**

Members need to pay their health care provider any copay(s) due. The health plan is billed directly for the rest of the charges. Members may be asked to pay the entire bill at time of service if they get care from an out-of-network provider. Members simply send an original itemized bill with proof of payment to the health plan for processing.

6. **A responsibility to treat all personnel with courtesy and dignity.**

When you are treated with respect, you are more likely to return that respect. It is the member's right to expect courtesy. It is their responsibility to act with courtesy toward their practitioners, the practitioners' office staff, and the health plan staff, including the Member Customer Care Center representatives.