

Health Plan of Nevada Members' Rights and Responsibilities

Health Plan of Nevada (HPN) is committed to maintaining a strong relationship with its members and treating members in a manner that respects their rights and promotes effective health care. To this end, HPN has established Members' Rights and Responsibilities for its Medicare Advantage and Federal Employee member populations as listed below.

If you have any questions or concerns about your Rights or Responsibilities, please contact Member Services at (702) 242-7301 or 1-800-650-6232. The TTY line is 1-800-349-3538. If you require translation services, Member Services can also assist you.

HPN Medicare Advantage members and Federal Employee members have the RIGHT:

- To be treated with dignity and respect at all times
- To have personal and health information kept private.
- To receive clear and simple information from HPN that will help members make health care decision. This includes benefits, financial responsibility and filing a complaint or appeal. The information is available in languages other than English that are spoken in HPN's service area, in Braille, in large print or audio format.
- To select a primary care provider from HPN's provider list.
- To have access to medically necessary specialist care, in conjunction with an approved treatment plan developed with your primary care provider. Required authorizations should be for an adequate number of direct access visits.
- To have access to emergency services in cases where a "prudent layperson" acting reasonably, would have believed that an emergency existed.
- To receive health care services in a language you understand and in a culturally sensitive way.
- To receive an explanation of denied care or coverage from HPN.
- To be provided the opportunity to submit complaints or appeals about the plan and/or the quality of care provided without being discriminated against, and to expect that problems will be fairly examined and appropriately addressed.
- To file complaints, including complaints about the quality of your care.
- To have direct access to women's health services for routine and preventive care.
- To be provided timely access to covered services and prescription drugs.
- To have a candid discussion regarding appropriate or medically necessary treatment options for the members condition, about all treatment options that are recommended for the member's condition, regardless of the cost or benefit coverage. This includes programs HPN offers to help members manage medications and use drugs safely.
- To be told of the risks involved in the member's care, including advanced notice of any medical care or treatment that is a part of a research experiment. The member has the right to refuse any experimental treatments
- To have assistance in developing transition of care plans if you involuntarily change health plans and are in current treatment for chronic or disabling conditions or are in the second or third trimester of pregnancy.
- To have access to your medical records. HPN must provide you with timely access to your records and any information that pertains to them. Except as authorized by

State law, HPN must get written permission from you or your authorized representatives before medical records can be made available to any person not directly concerned with your health care or not responsible for making payments for the cost of such care. Personal information, including prescription drug event data, will be released to Medicare, who may release it to researchers pursuant to all applicable privacy laws, for research purposes.

- To extend these rights to any person who may have the legal responsibility to make decisions on your behalf regarding your medical care.
- To refuse any recommended treatment, leave a hospital or medical facility or stop taking medication even against the advice of physicians, provided you accept the responsibility and consequences of the decision.
- To be involved in decisions to withhold resuscitative services, or to forego or withdraw life-sustaining treatment.
- To formulate Advance Directives.
- To make recommendations regarding the organization's members' rights and responsibilities policies.
- To be able to exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care.

HPN Medicare Advantage members and Federal Employee members have the RESPONSIBILITY:

- To know how HPN's Managed Care Program operates.
- To provide, to the extent possible, information that HPN and its providers need in order to provide the best care possible. This includes asking questions and following through on health care decisions made between the provider and the member.
- To take responsibility for maximizing a healthy lifestyle and to follow the treatment plan that you, your Case Manager and your physicians have agreed upon.
- To consult your primary care provider and HPN before seeking non-emergency care in the service area. We urge you to consult your primary care provider and HPN when receiving urgently needed care while temporarily outside the HPN service area.
- To obtain a written referral from your physician before going to a specialist unless you are using a point of service benefit, if one is available under your benefit plan.
- To obtain prior authorization from HPN and your physician for any routine or elective surgery, hospitalization, or diagnostic procedures and as required by the Plan/managed care program.
- To be on time for appointments and provide timely notification when canceling appointments you cannot keep.
- To accept financial responsibility for Copayments, Coinsurance and/or Deductibles associated with covered services received.
- To avoid knowingly spreading disease.
- To be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients in the community.
- To show respect for other patients, health care providers and plan representatives.
- To behave in a manner that supports the health care provided to you and all other patients in any location, whether it be your home, a provider's office or at a health care facility.
- To inform HPN if you have any other health insurance or prescription drug coverage.

- To inform providers that you have a HPN health plan.
- To notify HPN by calling Member Services if the member moves either inside or outside of the HPN service area.
- To abide by administrative requirements of HPN, health care providers, and government health benefit programs.
- To report wrongdoing and fraud to appropriate resources or legal authorities.
- To know all of your current medications including over-the-counter, vitamins and supplements. Keep a list and bring it with you to your appointments with your providers.
- To address medication refill needs at the time of your office appointment. When you obtain your last refill, you should notify the office at that time that you will need refills. Do not wait until you are out of your medications.
- To report all side effects of medications to your primary care provider. Notify your primary care provider if you stop taking your medications for any reason.
- To ask questions during your appointment time regarding physical complaints, medications, any side effects, etc.
- To review information regarding covered services, policies and procedures as stated in your Evidence of Coverage.
- To access or utilize HPN's internal complaint and appeal processes as stated in your Evidence of Coverage.
- To call member services if you have questions or concerns regarding the health plan.
- To understand your health problems and participate in developing and comply with mutually agreed upon plan of care.