

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 fairness respect and dignity, with every effort made to protect your privacy.
- To select a primary care provider from HPN's provider list.
- To be provided the opportunity to submit complaints or appeals about the plan and/or the care provided without being discriminated against, and to expect that problems will be fairly examined and appropriately addressed.
- To receive information about the plan, its services, its providers, and members' rights and responsibilities.
- To participate with your primary care provider/other physicians in the decision making process regarding your health care.
- To have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- To have direct access to women's health services for routine and preventive care.
- To have direct 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 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 assistance in developing transition of care plans with Providers whose participation with a plan is involuntarily terminated for reasons other than cause if you are in current treatment for a chronic or disabling conditions or are in the second or third trimester of pregnancy.
- To have all communications and records pertaining to your care treated confidentially.
- To access 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 treatment or leave a medical facility, even against the advice of physicians, providing you accept the responsibility and consequences of the decision.
- 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.
- 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.

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.
- 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 recognize the risks and limitations of medical care and the health care professional.
- 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 in any location, whether it be your home, a provider's office or at a health care facility, and behave in a manner that supports care provided to other patients and the general functioning of the facility.
- 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 your medications. 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 to address concerns that may arise to the extent applicable to the respective program.
- To understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- To actively participate in determining your health care goals and to comply with a mutually agreed upon plan of care.