



Empowered



Excerpt from HAP Empowered MI Health Link Medicare-Medicaid Plan

2019 Member Handbook

Effective January 1, 2019

Rights and Responsibilities

HAP Empowered MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

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Chapter 8: Your rights and responsibilities

Introduction

In this chapter, you will find your rights and responsibilities as a member of the plan. We must honor your rights. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



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A. Your right to get information in a way that meets your needs

We must tell you about the plan's benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

- To get information in a way that you can understand, call Customer Service or your Care Coordinator at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. Our plan has people who can answer questions in any language.
- Our plan can also give you materials in languages other than English and in formats such as large print, braille, or audio. Contact the HAP Empowered MI Health Link Customer Service department to request documents in Arabic or Spanish. You may also request your materials be sent to you in your preferred language or alternate format for future mailings.
- If you have having trouble getting information from our plan because of language problems or disability and you want to file a complaint, call Medicare at 1-800-MEDICARE (1-800-663-4227). You can call 24 hours a day, seven days a week. TTY users should call (877) 486-2048. You may also file a complaint with Michigan Medicaid. Please see Chapter 9 for more information.

B. Our responsibility to treat you with respect, fairness, and dignity at all times

Our plan must obey laws that protect you from discrimination or unfair treatment. **We do not discriminate** against members because of any of the following:

- Age
- Appeals
- Behavior
- Claims experience
- Ethnicity
- Evidence of insurability
- Gender identity
- Genetic information
- Geographic location within the service area
- Health status
- Medical history
- Mental ability
- Mental or physical disability
- National origin
- Race
- Receipt of health care
- Religion
- Sex
- Sexual orientation
- Use of services

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Under the rules of the plan, you have the right to be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.

We cannot deny services to you or punish you for exercising your rights.

- For more information, or if you have concerns about discrimination or unfair treatment, call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 (TTY 1-800-537-7697). You can also visit <http://www.hhs.gov/ocr> for more information.
- You can also call the Michigan Department of Civil Rights at 1-800-482-3604. The office nearest to our service area is located in Detroit. They can be reached at (313) 456-3700 or toll free at (800) 482-3604. TDD users dial (877) 878-8464.
- If you have a disability and need help accessing care or a provider, call Customer Service. If you have a complaint, such as a problem with wheelchair access, Customer Service can help.

C. Our responsibility to ensure that you get timely access to covered services and drugs

As a member of our plan:

- You have the right to choose a primary care provider (PCP) in the plan's network. A network provider is a provider who works with the health plan. You also have the right to change the PCP within your health plan. You can find more information about choosing a PCP in Chapter 3.
 - Call Customer Service or look in the *Provider and Pharmacy Directory* to learn more about network providers and which doctors are accepting new patients.
- You have the right to go to a women's health specialist without getting a referral. A referral is approval from your PCP to see someone that is not your PCP.
- You have the right to get covered services from network providers within a reasonable amount of time.
 - This includes the right to get timely services from specialists.
- You have the right to get emergency services or care that is urgently needed without prior approval.
- You have the right to get your prescriptions filled at any of our network pharmacies without long delays.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



- You have the right to know when you can see an out-of-network provider. To learn about out-of-network providers, see Chapter 3.

Chapter 9 tells what you can do if you think you are not getting your services or drugs within a reasonable amount of time. Chapter 9 also tells what you can do if we have denied coverage for your services or drugs and you do not agree with our decision.

D. Our responsibility to protect your personal health information (PHI)

We protect your personal health information (PHI) as required by federal and state laws.

Your PHI includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.

You have rights to get information and to control how your PHI is used. We give you a written notice that tells about these rights. The notice is called the “Notice of Privacy Practice.” The notice also explains how we protect the privacy of your PHI.

D1. How we protect your PHI

We make sure that unauthorized people do not see or change your records.

In most situations, we do not give your PHI to anyone who is not providing your care or paying for your care. If we do, we are required to get written permission from you first. Written permission can be given by you or by someone who has the legal power to make decisions for you.

There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.

- We are required to release PHI to government agencies that are checking on our quality of care.
- We are required to give Medicare and Michigan Medicaid your PHI. If Medicare or Michigan Medicaid releases your information for research or other uses, it will be done according to Federal and State laws.

D2. You have a right to see your medical records

You have the right to look at your medical records and to get a copy of your records. We are allowed to charge you a reasonable fee for making a copy of your medical records.

You have the right to amend or correct information in your medical records. The correction will become part of your record.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



You have the right to know if and how your PHI has been shared with others.

If you have questions or concerns about the privacy of your PHI, call Customer Service.

E. Our responsibility to give you information about the plan, its network providers, and your covered services

As a member of HAP Empowered MI Health Link, you have the right to get information from us. If you do not speak English, we have free interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call us at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. This is a free service. We can also give you information in large print, braille, audio, Arabic or Spanish.

If you want information about any of the following, call Customer Service:

- How to choose or change plans
- Our plan, including:
 - Financial information
 - How the plan has been rated by plan members
 - The number of appeals made by members
 - How to leave the plan
- Our network providers and our network pharmacies, including:
 - How to choose or change primary care providers
 - Qualifications of our network providers and pharmacies
 - How we pay providers in our network
 - For a list of providers and pharmacies in the plan's network, see the *Provider and Pharmacy Directory*. For more detailed information about our providers or pharmacies, call Customer Service, or visit our website at www.midwesthealthplan.com/MIHealthLink.
- Covered services and drugs and about rules you must follow, including:
 - Services and drugs covered by the plan
 - Limits to your coverage and drugs

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users dial 711. The call is free. **For more information**, visit www.midwesthealthplan.com/MIHealthLink.



- Rules you must follow to get covered services and drugs
- Why something is not covered and what you can do about it, including asking us to:
 - Put in writing why something is not covered
 - Change a decision we made
 - Pay for a bill you got
- Your right to make recommendations regarding the organization’s member rights and responsibilities policy.

F. Inability of network providers to bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot charge you if we pay for less than the provider charged us. To learn what to do if a network provider tries to charge you for covered services, see Chapter 7.

G. Your right to leave the plan

No one can make you stay in our plan if you do not want to.

- You have the right to get most of your health care services through Original Medicare or a Medicare Advantage plan.
- You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan.
- See Chapter 10 for more information about when you can join a new Medicare Advantage or prescription drug benefit plan.
- If there is another MI Health Link plan in your service area, you may also change to a different MI Health Link plan and continue to get coordinated Medicare and *Michigan* Medicaid benefits.
- You can get your Michigan Medicaid benefits through Michigan’s original (fee-for-service) Medicaid.

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H. Your right to make decisions about your health care

H1. Your right to know your treatment options and make decisions about your health care

You have the right to get full information from your doctors and other health care providers when you get services. Your providers must explain your condition and your treatment choices in a way that you can understand. You have the right to:

- **Know your choices.** You have the right to be told about all the kinds of treatment.
- **Know the risks.** You have the right to be told about any risks involved. You must be told in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
- **Get a second opinion.** You have the right to see another doctor before deciding on treatment.
- **Say “no.”** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You also have the right to stop taking a drug. If you refuse treatment or stop taking a drug, you will not be dropped from the plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
- **Ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider has denied care that you believe you should get.
- **Ask us to cover a service or drug that was denied or is usually not covered.** This is called a coverage decision. Chapter 9 tells how to ask the plan for a coverage decision.

H2. Your right to say what you want to happen if you are unable to make health care decisions for yourself

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

- Fill out a written form to **give someone the right to make health care decisions for you.**

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- **Give your doctors written instructions** about how you want them to handle your health care if you become unable to make decisions for yourself.

The legal document that you can use to give your directions is called an advance directive. There are different types of advance directives and different names for them. Examples are a psychiatric advance directive and a durable power of attorney for health care.

Now is a good time to write down your advance directives because you can make your wishes known while you are healthy. Your doctor's office has an advance directive you fill out to tell your doctor what you want done. Your advance directive often includes a do-not-resuscitate order. Some people do this after talking to their doctor about their health status. It gives written notice to health care workers who may be treating you should you stop breathing or your heart stops. Your doctor can help you with this if you are interested.

You do not have to use an advance directive, but you can if you want to. Here is what to do:

- **Get the form.** You can get a form from your doctor, a lawyer, a legal services agency, or a social worker. Organizations that give people information about Medicare or Michigan Medicaid, such as the Medicare Medicaid Assistance Program (MMAP) may also have advance directive forms. You can also contact Customer Service to ask for the forms.
- **Fill it out and sign the form.** The form is a legal document. You should consider having a lawyer help you prepare it.
- **Give copies to people who need to know about it.** You should give a copy of the form to your doctor. You should also give a copy to the person you name as the one to make decisions for you. You may also want to give copies to close friends or family members. Be sure to keep a copy at home.
- If you are going to be hospitalized and you have signed an advance directive, **take a copy of it to the hospital.**

The hospital will ask you whether you have signed an advance directive form and whether you have it with you.

If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

Remember, it is your choice to fill out an advance directive or not.

H3. What to do if your instructions are not followed

In Michigan, your advance directive has binding effect on doctors and hospitals. However, if you believe that a doctor or a hospital did not follow the instructions in your advance directive, you

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may file a complaint with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Care Services at 1-800-882-6006.

I. Your right to make complaints and to ask us to reconsider decisions we have made

Chapter 9 tells what you can do if you have any problems or concerns about your covered services or care. For example, you could ask us to make a coverage decision, make an appeal to us to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other members have filed against our plan. To get this information, call Customer Service.

I1. What to do if you believe you are being treated unfairly or your rights are not being respected

If you believe you have been treated unfairly—and it is **not** about discrimination for the reasons listed on page 133, you can get help in these ways by calling:

- Customer Service
- The State Health Insurance Assistance Program (SHIP). In Michigan, the SHIP is called the Medicare/Medicaid Assistance Program (MMAAP). For details about this organization and how to contact it, see Chapter 2.
- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.
- The MI Health Link Ombudsman program. Call toll-free (888) 746-6456 or email help@MHLO.org.

I2. How to get more information about your rights

There are several ways to get more information about your rights:

- Call Customer Service.
- Call MMAAP. For details about this organization and how to contact it, see Chapter 2.
- Contact Medicare.
 - Visit the Medicare website to read or download “Medicare Rights & Protections.” (Go to <https://www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf>.)

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