## Medicare Member Rights

MVP Health Care encourages members to learn and exercise their rights and responsibilities. Listed below are the member's rights and responsibilities, as they are distributed to all MVP Medicare Advantage members upon enrollment and annually.

**Medicare Member Rights**

**1. Members have a right to make recommendations regarding MVP's member rights and responsibilities policy. Members have the right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities in a way that works for the Member.**

MVP has people and free language interpreter services available to answer questions from non-English speaking members. MVP can also provide information in Braille, in large print or other alternate formats if needed. If a member is eligible for Medicare because of disability, MVP is required to provide information about the plan's benefits that is accessible and appropriate for the member.

If any member has trouble getting information from MVP because of problems related to language or disability, they may call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week to file a complaint. TTY users call 1-877-486-2048.

**2. MVP must treat members with dignity, fairness and respect at all times. MVP must obey laws that protect members from discrimination or unfair treatment. We do not discriminate based on a person's race, ethnicity, national origin, religion, creed (beliefs), gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence or insurability, or geographic location within the service area.**

For more information about discrimination or unfair treatment, please call the Department of Health and Human Services' **Office for Civil Rights** 1-800-368-1019 (TTY 1-800-537-7697) or your local Office for Civil Rights. If a member has a disability and needs help with access to care, they may call MVP. If a member has a complaint, such as a problem with wheelchair access, MVP's Customer Care Center can help.

**3. MVP must ensure members get timely access to covered services and drugs.** As a member of MVP, members have the right to choose a primary care provider (PCP) in the plan's network to provide and arrange for covered services. Members can call the Member Customer Care Center to learn which doctors are accepting new patients. Members also have the right to go to a women's health specialist (such as a gynecologist) without a referral. With an MVP Medicare Advantage plan, members have the right to go to any specialist without a referral. Members have the right to get appointments and covered services from the plan's network of providers *within a reasonable amount of time*. This includes the right to get timely services from

specialists when care is needed. Members have the right to get prescriptions filled or refilled at any of MVP's network pharmacies without long delays.

**4. MVP must protect the privacy of the member's personal health information. Federal and State laws protect the privacy of the member's medical records and personal health information. MVP protects member's personal health information as required by these laws.**

The member's "personal health information" includes the personal information provided by the member to MVP when enrolled in the plan as well as medical records and other medical and health information. The laws that protect the member's privacy give them rights related to getting information and controlling how their health information is used. MVP provides a written notice, called a "Notice of Privacy Practice," that tells about these rights and explains how MVP protects the privacy of the member's health information.

**How does MVP protect the privacy of the member's health information?**

- MVP makes sure that unauthorized people don't see or change the member's records.
- In most situations, if MVP provides the members health information to anyone who isn't providing the members care or paying for the members care, MVP is *required to get written permission from the member first*. Written permission can be given by the member or by someone the member has given legal power to make decisions for them.
- There are certain exceptions that do not require MVP to get the members written permission first. These exceptions are allowed or required by law.
    - For example, MVP is required to release health information to government agencies that are checking on quality of care.
    - Because the member is part of our plan through Medicare, MVP is required to give Medicare the members health information including information about their Part D prescription drugs. If Medicare releases the member's information for research or other uses, this will be done according to Federal statutes and regulations.

**The member can see the information in their records and know how it has been shared with others**

The member has the right to look at their medical records held at the plan, and to get a copy of their records. MVP is allowed to charge the member a fee for making copies. The member also has the right to ask MVP to make additions or corrections to their medical records. The member can ask MVP to do this and MVP will work with their Health Care provider to decide whether the changes should be made. The member has the right to know how their health information has been shared with others for any purposes that are not routine. If the member has questions or concerns about the privacy of their personal health information, they may call the Member Customer Care Center or visit MVP's website at www.mvphealthcare.com.

**5. MVP must give the member information about the plan, its network of providers, and covered services.** As a member of MVP, they have the right to get several kinds of information from MVP in a way that works for them. This includes getting the information in languages other than English and in large print or other alternate formats. If the member wants any of the

following kinds of information, they can call the Member Customer Care Center or visit MVP's website at www.mvphealthcare.com:

- **Information about MVP.** This includes, for example, information about the plan's financial condition. It also includes information about the number of appeals made by members and the plan's performance rating, including how it has been rated by plan members and how it compares to other Medicare Advantage health plans.
- **Information about MVP's network providers including network pharmacies.**
  - o For example, the member has the right to get information from MVP about the qualifications of the providers and pharmacies in MVP's network and how MVP pays the providers in the network.
  - o For a list of the providers in MVP's network, members can see the MVP Health Care Professionals Directory (Medicare Advantage Plans).
  - o For a list of the pharmacies in MVP's network, members can see the Pharmacy Directory.
  - o For more detailed information about MVP's providers or pharmacies, the member can call the Member Customer Care Center or visit MVP's website at www.mvphealthcare.com

- **Information about the member's coverage and rules the member must follow in using their coverage.**
  - To get the details on the members Part D prescription drug coverage, they can see the List of Covered Drugs. The List of Covered Drugs tells the member what drugs are covered and explain the rules they must follow and the restrictions to their coverage for certain drugs.
  - If the member has questions about the rules or restrictions, they may call the Member Customer Care Center or visit MVP's website at www.mvphealthcare.com
  - In Chapters 3 and 4 of the *Evidence of Coverage* document, MVP explains what medical services are covered for the member, any restrictions to their coverage, and what rules they must follow to get covered medical services.

- **Information about why something is not covered and what the member can do about it.**
  - If a medical service or Part D drug is not covered for the member, or if the coverage is restricted in some way, the member can ask MVP for a written explanation. The member has the right to this explanation even if they received the medical service or drug from an out-of-network provider or pharmacy.
  - If the member is not happy or if they disagree with a decision MVP makes about what medical care or Part D drug is covered for them, the member has the right to ask MVP to change the decision. The member can ask MVP to change the decision by making an appeal. For details on what to do if something is not covered for the member in the way the member thinks it should be covered, they can see Chapter 9 of the *Evidence of Coverage* document. It gives the member details about how to make an appeal if they want MVP to change a decision.
  - If the member wants to ask MVP to pay a share of a bill they have received for medical care or a Part D prescription drug, they can see Chapter 7 of the *Evidence of Coverage* document.

**6. MVP must support the member's right to make decisions about their care. The member has the right to know their treatment options and participate in decisions about their health care.**

The member has the right to get information from their doctors and other health care providers when they go for medical care. Their providers must explain the member's medical condition and their treatment choices in a way they can understand.

The member also has the right to participate fully in decisions about their health care. To help the member make decisions with doctors about what treatment is best for them; their rights include the following:

- **To know about all choices.** This means the member has the right to be told about all of the treatment options that are recommended for their condition, no matter what they cost or whether they are covered by MVP. It also includes being told about programs MVP offers to help members manage their medications and use drugs safely.
- **To know about the risks.** Members have the right to be told about any risks involved in their care. Members must be told in advance if any proposed medical care or treatment is part of a research experiment. Members always have the choice to refuse any experimental treatments.

- **The right to say "no."** Members have the right to refuse any recommended treatment. This includes the right to leave a hospital or other medical facility, even if the doctor advises the member not to leave. The member also has the right to stop taking medication. Of course, if the member refuses treatment or stops taking medication, the member accepts full responsibility for what happens to their body as a result.
- **To receive an explanation if coverage for care is denied.** The member has the right to receive an explanation from MVP if a provider has denied care that the member believes they should receive. To receive this explanation, the member will need to ask MVP for a coverage decision.
- **The member has the right to give instructions about what is to be done if they are not able to make medical decisions for themselves.**
- The member has the right to ask someone such as a family member or friend to help them with decisions about their health care. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. The member has the right to say what they want to happen if they are in this situation. This means that, if the member wants to, they can:
- Fill out a written form to give **someone the legal authority to make medical decisions for them** if they ever become unable to make decisions for themselves.
- **Give their doctors written instructions** about how they want them to handle their medical care if they become unable to make decisions for themselves.

- The legal documents that the member can use to give directions in advance of these situations are called "**advance directives**." There are different type of advance directives and different names for them. Documents called "living will" and "power of attorney for health care" are examples of advance directives.

- If the member wants to use an "advance directive" to give instructions, here is what they can do:
- **Get the form.** If the member wants to have an advance directive, they can get a form from their lawyer, from a social worker, or from some office supply stores. They can sometimes get advance directive forms from organizations that give people information about Medicare. They can also contact the Member Customer Care Center to ask for the forms.
- **Fill it out and sign it.** Regardless of where the member gets this form, they must keep in mind that it is a legal document. The member should consider having a lawyer help them prepare it.
- **Give copies to appropriate people.** Members should give a copy of the form to their doctor and to the person they name on the form as the one to make decisions on their behalf. The member may want to give copies to close friends or family members as well as keeping a copy at home. If the member knows ahead of time that they are going to be hospitalized, and they have signed an advance directive, they can take **a copy with them to the hospital.**
- If the member is admitted to the hospital, the hospital will ask the member whether they have signed an advance directive form and whether they have it with them.
- If the member has not signed an advanced directive form, the hospital has forms available and will ask the member if they want to sign one.

**It is the member's choice whether they want to fill out an advance directive** (including whether they want to sign one if they are in the hospital). According to law, no one can deny care or discriminate against the member based on whether or not they have signed an advance directive.

**What if instructions are not followed?**
If the member has signed an advance directive, and they believe that a doctor or hospital hasn't followed the instructions in it, they may file a complaint with the New York State Department of Health at (800) 206-8125.

**7. The member has the right to make complaints and to ask MVP to reconsider decisions that MVP has made.**

If the member has any problems or concerns about covered services or care, Chapter 9 of the *Evidence of Coverage* document tells the member what they can do. It gives the details about how to deal with all types of problems and complaints. What the member needs to do to follow up on a problem or concern depends on the situation. The member might need to ask MVP to make a coverage decision for them, make an appeal to MVP to change a coverage decision, or make a complaint. Whatever the member does – ask for a coverage decision, make an appeal or make a complaint – **MVP is required to treat members fairly**.

- Members have the right to get a summary of information about the appeals and complaints that others have filed against MVP in the past. To get this information, members can call the Member Customer Care Center or visit MVP's website at www.mvphealthcare.com.

**8. What members can do if they think they are being treated unfairly or their rights are not being respected?**

**If it is about discrimination, members can call the Office for Civil Rights.**
If members think they have been treated unfairly or their rights have not been respected due to race, disability, religion, sex, health, ethnicity, creed (beliefs), age or national origin, they should call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 or TTY 1-800-537-7697, or call their local Office for Civil Rights.

**Is it about something else?**
If a member believes they have been treated unfairly or their rights have not been respected, and it's not about discrimination, they can get help dealing with the problem they are having:

The member can **call the Member Customer Care Center**.

The member can call the **State Health Insurance Assistance Program** at (800) 701-0501 or (585) 244-8400.

Or, the member **can call Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**9. How members can get more information about their rights.** There are several places where members can get more information about their rights:

- The member can call the Member Customer Care Center or visit MVP's website at www.mvphealthcare.com
- The member can call the **State Health Insurance Assistance Program** at (800) 701-0501 or (585) 244-8400.
- The member can contact **Medicare**.
    - The member can visit the Medicare website to read or download the publication "Your Medicare Rights & Protections." (The publication is available at: http://www.medicare.gov/Pubs/pdf/11534.pdf.)
    - Or, the member can call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Medicare Member Responsibilities**

Things members need to do as a member of the plan are listed below. If members have any questions, they can call the Member Customer Care Center. MVP is here to help.
**1. Get familiar with covered services and rules the member must follow to get these covered services.** Use the *Evidence of Coverage* booklet to learn what is covered and the rules members need to follow to get covered services.

**2. If members have any other health insurance coverage or prescription drug coverage besides MVP, the member is required to tell MVP.** Members can call the Member Customer Care Center to let MVP know.

MVP is required to follow rules set by Medicare to make sure members are using all of their coverage in combination when members get covered services from MVP. This is called "**coordination of benefits**" because it involves coordinating the health and drug benefits members get from MVP with any other health and drug benefits available to the member. MVP will help members coordinate their benefits.

**3. Members should tell their doctor and other health care providers that they are enrolled in MVP.** Members should show their plan membership card whenever they get medical care or Part D prescription drugs.

**4. Members should help their doctors and other providers in their care of them by providing information, asking questions, and following through on their care.**

- Members can help their doctors and other health care providers give them the best care, learn as much as they are able to about their health problems and give them the information they need about themselves and their health. Members should follow the treatment plans and instructions that they and their doctors agree upon.
- Members should make sure their doctors know all of the drugs they are taking, including over-the-counter drugs, vitamins and supplements.
- Members should understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible. If members have any questions, they should be sure to ask. Their doctors and other health care providers are supposed to explain things in a way they can understand. If members ask a question and don't understand the answer they are given, ask again.

**5. Be considerate.** MVP expects all our members to respect the rights of other patients. MVP also expects members to act in a way that helps the smooth running of their doctor's office, hospitals, and other facilities.

**6. Members should pay what they owe.** As a plan member, members are responsible for these payments:

- Members must pay their plan premiums to continue being a member of MVP. In order to be eligible for MVP, members must also have Medicare Part A and Medicare Part B. For that reason, some plan members must pay a premium for Medicare Part A and most plan members must pay a premium for Medicare Part B to remain a member of MVP.

- For most members medical services or drugs covered by the plan, members must pay their share of the cost when the service or drug is received. This will be a deductible (a fixed amount), copayment (a fixed amount) or coinsurance (a percentage of the total cost).

- If the member receives any medical services or drugs that are not covered by MVP or by other insurance they may have, they must pay the full cost.

- If the member disagrees with MVP's decision to deny coverage for a service or drug, they can make an appeal. The member can see Chapter 9 of the *Evidence of Coverage* for information about how to make an appeal.
- If the member is required to pay a late enrollment penalty, they must pay the penalty to keep their prescription drug coverage. (This applies to members with Part D coverage only)

- If the member is required to pay the extra amount for Part D because of yearly income, they must pay the extra amount directly to the government to remain a member of MVP.

**7. Members should tell MVP if they move.** If the member is going to move, it's important to tell MVP right away. Members can call the Member Customer Care Center.

- **If the member moves *outside* of MVP's service area, they cannot remain a member of MVP**. MVP can help the member figure out whether they are moving outside MVP's service area. If the member is leaving MVP's service area, they will have a Special Enrollment Period when they can join any Medicare plan available in their new area. MVP can let the member know if MVP has a plan in their new area.

- **If the member moves *within MVP's* service area, MVP still needs to know** so the members record is up to date and MVP knows how to contact them.

**8. Members can call the Member Customer Care Center for help if they have questions or concerns.** MVP also welcomes any suggestions members may have for improving MVP's plan.

**Variations:**
PPO and MSA members are not required to select a PCP.
GoldAnywhere PPO members may access out of network care at higher cost sharing.

**Key Contacts**:
Members may call:
Medicare Advantage Member Customer Care Center: 1-800665-7924
TTY: 1-800-662-1220
Or visit MVP's website at: www.mvphealthcare.com
Providers may call:
Professional Relations Service Center
Toll free: 1-800-684-9286