

Rights and responsibilities of Anthem Blue Cross and Blue Shield Medicaid members

Anthem Blue Cross and Blue Shield Medicaid members have rights and responsibilities. Anthem Blue Cross and Blue Shield Medicaid (Anthem) Member Services representatives serve as member advocates and may be contacted to discuss these rights and responsibilities. Member Services can assist members in understanding and exercising rights. Outlined below are the rights and responsibilities of members:

Member Rights

General Member Rights

Members have the right to:

- Get understandable notices or have program materials explained or interpreted
- Receive timely information about the health plan, its services, its practitioners and providers, and member rights and responsibilities
- Get courteous, prompt answers from the health plan and DMS
- Be treated with respect
- Have privacy protected by DMS, the health plan and its providers
- Get information about all medical services covered
- Be informed of EPSDT screenings and Special Services
- Be informed (along with the member's families, if applicable), both upon initial enrollment and annually thereafter, about the right to appeal any decisions related to Medicaid services (including EPSDT services)
- Choose individual health plans and primary care providers from among available health plans and contracted networks
- Receive proper medical care consistent with the Anthem member handbook and without discrimination regarding health status or conditions, gender, ethnicity, race, marital status or religion
- Get all medically necessary covered services and supplies listed in the Anthem schedule of benefits, subject to the limits, exclusions and cost-sharing described in the member handbook
- Take part in decisions about the member's health care and children's health care, including having candid discussions of appropriate or medically necessary treatment options, regardless of cost or coverage
- Get medical care without long delays
- Refuse treatments and be told of the possible results of refusing treatments, including whether refusals may result in disenrollment from Anthem
- Expect records and children's records and conversations with providers to be kept confidential
- Get second opinions by other providers within health plans when the member disagrees with the initial providers' recommended treatment plans

<https://mediproviders.anthem.com/ky>

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- Make complaints or grievances about the health plans or providers and receive timely answers
- File appeals with health plans if the member is not satisfied with the health plans' decisions
- Request a state fair hearing
- Change primary care providers
- Exercise rights without Anthem or its providers treating the member adversely

Informed Consent

Members also have the right to:

- Give consent to treatment or care
- Give consent for or refusal of treatment and active participation in decision choices
- Ask providers about the side effects of care for the member or the member's children
- Know about side effects of care and give consent before getting care for the member or the member's children

Advance Directives

Members also have the right to use advance directives to put health care choices into writing. Members may also name someone to speak for them if that member is unable to speak.

State law has two kinds of advance directives:

- Durable power of attorney for health care — names someone to make medical decisions for the member if he or she is not able to make his or her own decisions
- Directive to physicians (living will) — tells the doctor/doctors what a member does or does not want if/when a terminal condition arises or if the member becomes permanently unconscious

Privacy

Members also have the right to:

- Be treated with respect and with due consideration for the member's dignity and privacy
- Expect that Anthem will treat member records (including medical and personal information) and communications confidentially
- Request and receive a copy of the member's medical records at no cost to the member and request that the records be amended or corrected
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation as specified in federal regulations

Grievances, Appeals and Fair Hearings

Members also have the right to:

- Pursue resolution of grievances and appeals about the health plan or care provided
- Freely exercise the right to file a grievance or an appeal without it adversely affecting the way the member is treated

- Continue to receive benefits pending the outcome of an appeal or a fair hearing under certain circumstances
- File a grievance with Anthem if dissatisfied with Anthem advance directive policy and procedure or Anthem administration of policy and procedure

Anthem Information

Members also have the right to:

- Receive the necessary information to be an Anthem member in a manner and format the member can understand easily
- Receive a current member handbook and a provider directory
- Receive assistance from Anthem in understanding the requirements and benefits of the plan
- Receive notice of any significant changes in the benefit package at least 30 days before the intended effective date of the change
- Make recommendations about Anthem's rights and responsibilities policies
- Know how Anthem pays providers

Medical Care

Members also have the right to:

- Choose primary care providers (PCPs) from Anthem network of providers and can change the chosen PCP 90 days after the initial assignment. Members may change PCP once a year regardless of reason and at any time for cause.
- A reasonable opportunity to choose a PCP and to change to another provider in a reasonable manner
- Choose any Anthem network specialist after getting a recommendation for additional care from the member's PCPs, if appropriate
- Be referred to health care providers for ongoing treatment of chronic disabilities
- Have access to PCPs or backups 24 hours a day, 365 days a year for urgent or emergency care
- Get care right away from any hospital when the member's symptoms meet the definition of an emergency medical condition
- Get post-stabilization services following an emergency medical condition in certain circumstances
- Be free from discrimination and receive covered services without regard to race, color, creed, gender, religion, age, national origin ancestry, marital status, sexual preference, health status, income status, program membership, physical or behavioral disability, or whether advance directives have been issued except where medically indicated
- Seek services from a participating Indian health service, tribally-operated facility/program or urban Indian clinic (for Native American members enrolled in Anthem).
- Any Indian enrolled with the contractor eligible to received services from a participating I/T/U provider or a I/T/U primary care provider shall be allowed to received services from that provider if part of provider network

Member Responsibilities

General Member Responsibilities

Members and/or the member's enrolled dependents have the responsibility to:

- Accurately and promptly report changes that may affect premiums or eligibility such as address changes or changes in family status or income and submit the required forms and documents
- Choose a primary care provider before receiving services
- Work with Anthem to help get any third-party payments for medical care
- Tell Anthem about any outside sources of health care coverage or payments such as insurance coverage for accidents
- Tell primary care providers about medical problems and ask questions about things members do not understand
- Decide whether to receive treatments, procedures or services
- Get medical services from (or coordinated by) primary care providers, except in emergencies or in the cases of recommendations for additional care
- Get recommendations for additional care from primary care providers before going to specialists
- Timely recommendations for additional care and access to medically indicated specialty care
- Pay applicable copayments in full at the times of service
- Pay deductibles and coinsurance in full when due
- Not engage in fraud or abuse in dealing with Anthem, the Maternity Benefits program, the health plan, primary care providers or other providers
- Report suspected Fraud and Abuse
- Keep appointments and be on time or call the providers' offices when late or cancelling appointments
- Keep medical ID cards the member's self at all times
- Notify the health plan or primary care providers within 24 hours or as soon as reasonably possible regarding any emergency services provided outside the health plan
- Use only contracted health plan and primary care providers to coordinate services for medical needs
- Comply with requests for information, including requests for medical records or information about other coverage by the date requested
- Cooperate with primary care providers and referred providers by following recommended procedures or treatments
- Work with the health plan and providers to learn how to stay healthy

Respect and Cooperation

Members and/or the member's enrolled dependents also have the responsibility to:

- Treat doctors, doctors' staff and Anthem employees with respect and dignity
- Not be disruptive in the doctor's office
- Make and keep appointments and be on time or call to cancel

- Call if there is a need to cancel an appointment or change the appointment time or call if the member will be late
- Respect the rights and property of all providers
- Tell providers about symptoms, problems and ask questions
- Supply information providers need in order to provide care
- Understand the specific health problems and participate in developing mutually agreed upon treatment goals as much as possible
- Discuss problems the member may have with following providers' directions
- Follow plans and instructions for the care the member has agreed to with practitioners
- Consider the outcome of refusing treatment recommended by a provider
- Discuss grievances, concerns and opinions in an appropriate and courteous way
- Help providers obtain medical records from previous providers and help providers complete new medical records as necessary
- Secure recommendations for additional care from PCPs when specifically required before going to another health care provider unless the member has a medical emergency
- Know the correct way to take medications
- Go to the emergency room when the member has an emergency
- Notify PCPs as soon as possible after the member receives emergency services
- Tell doctors who the member wishes to receive individualized health information

Anthem Policies

Members and/or the member's enrolled dependents also have the responsibility to:

- Provide Anthem with proper identification during enrollment
- Carry Anthem and Medicaid ID cards at all times and report any lost or stolen cards
- Contact Anthem if information on ID cards is wrong or if there are changes to the member's name, address or marital status
- Call Anthem and change PCP before seeing the new PCP
- Tell Anthem about any doctors the member is currently seeing
- Notify Anthem if a member or family member who is enrolled in Anthem has died
- Report suspected fraud and abuse