

Your Rights and Responsibilities

Introduction about your rights and protections

Since you have Medicare, you have certain rights to help protect you. In this section of the handbook, we explain your Medicare rights and protections as a member of Preferred Care. Then, after we have explained your rights, we tell you what you can do if you think you are being treated unfairly or your rights are not being respected. If you want to receive Medicare publications about your rights, you may call and request them at **(800) MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week; or if using TTY, call **(877) 486-2048**.

Your right to be treated with fairness and respect

You have the right to be treated with dignity, respect, and fairness at all times. Preferred Care must obey laws against discrimination that protect you from unfair treatment. These laws say that we cannot discriminate against you (treat you unfairly) because of your race or color, age, religion, national origin, or any mental or physical disability you may have. If you need help with communication, such as help from a language interpreter, please call Member Services at the number on page 5 of this booklet. Member Services can also help if you need to file a complaint about access (such as wheelchair access).

Your right to the privacy of your medical records and personal health information

There are federal and state laws that protect the privacy of your medical records and personal health information. We keep your personal health information private as protected under these laws. Any personal information that you give us when you enroll in this plan is protected. We will make sure that unauthorized people do not see or change your records. Generally, we must get written permission from you (or from someone you have given legal power to make decisions for you) before we can give your health information to anyone who is not providing your care or paying for your care. There are exceptions allowed or required by law, such as release of health information to government agencies that are checking on quality of care.

The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. We are required to provide you with a notice that tells about these rights and explains how we protect the privacy of your health information. For example, you have the right to look at your medical records, and to get a copy of the records (there may be a fee charged for making copies). You also have the right to ask Preferred Care to make additions or corrections to your medical records (if you ask Preferred Care to do this, we will review your request and figure out whether the changes are appropriate). You have the right to know how your health information has been given out and used for non-routine purposes. If you have questions or concerns about privacy of your personal information and medical records, please call Member Services at the phone number on page 5 of this booklet.

Your right to see plan providers and get covered services within a reasonable period of time

As explained in this booklet, you will get most or all of your care from plan providers, that is, from doctors and other health providers who are part of Preferred Care. You have the right to choose a plan provider (we will tell you which doctors are accepting new patients). You have the right to go to a women's health specialist (such as a gynecologist) without a referral. You have the right to timely access to your providers and to see specialists when care from a specialist is needed. "Timely access" means that you can get appointments and services within a reasonable amount of time. See Section 2 of your Evidence of Coverage booklet for more information about how to use plan providers to get the care and services you need. You have a right to get care for a medical emergency and urgently needed care. See Section 3 of your Evidence of Coverage booklet for more information.

Your right to know your treatment choices and participate in decisions about your health care

You have the right to get full information from your providers when you go for medical care, and the right to participate fully in decisions about your health care. Your providers must explain things in a way that you can understand. Your rights include knowing about all of the treatment choices that are recommended for your condition, no matter what they cost or whether they are covered by Preferred Care. You have the right to be told about any risks involved in your care. You must be told in advance if any proposed medical care or treatment is part of a research experiment, and be given the choice of refusing experimental treatments.

You have the right to receive a detailed explanation from us if you believe that a plan provider has denied care that you believe you are entitled to receive. In these cases, you must request an initial decision. "Initial decisions" are discussed in Section 10 of your Evidence of Coverage booklet.

You have the right to refuse treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to leave. If you refuse treatment, you accept responsibility for what happens as a result of refusing treatment.

Your right to use advance directives (such as a living will or a power of attorney)

You have the right to ask someone, such as a family member or friend, to help you with decisions about your health care. Sometimes, people become unable to make health care decisions for themselves due to accidents or serious illness. If you want to, you can use a special form to give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself. You also have the right to give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself. The legal documents that you can use to give your directions in advance in these situations are called "**advance directives.**" There are different types of advance directives and different names for them. Documents called "**living will**" and "**power of attorney for health care**" are examples of advance directives. (See page 35, "Health Care Decisions.")

If you decide that you want to have an advance directive, there are several ways to get this type of legal form. You can get a form from your lawyer, from a social worker, or from some office supply stores. You can sometimes get advance directive forms from organizations that give people information about Medicare, such as the State Health Insurance Assistance Program (Medicare Rights Center) at **(800) 333-4114**. Regardless of where you get this form, keep in mind that it is a legal document. You should consider having a lawyer help you prepare it. It is important to sign this form and keep a copy at home. You should give a copy of the form to your doctor and to the person you name on the form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital. If you are admitted to the hospital, they 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 whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive. If you have signed an advance directive, and you believe that a doctor or hospital has not followed the instructions in it, you may file a complaint with the New York State Department of Health, at **(800) 206-8125**.

Your right to make complaints

You have the right to make a complaint if you have concerns or problems related to your coverage or care. "Appeals" and "grievances" are the two different types of complaints you can make. Which one you make depends on your situation. Appeals are discussed in Sections 9 and 10, and grievances are discussed in Section 9 of your Evidence of Coverage booklet.

If you make a complaint, we must treat you fairly (i.e., not discriminate against you) because you made a complaint. You have the right to get a summary of information about the appeals and grievances that members have filed against Preferred Care in the past. To get this information, call Member Services at the phone number on page 5 of this booklet.

Your right to get information about your health care coverage and costs

This booklet tells you what medical services are covered for you as a plan member and what you have to pay. If you need more information, please call Member Services at the number on page 5 of this booklet. You have the right to an explanation from us about any bills you may get for services not covered by Preferred Care. We must tell you in writing why we will not pay for or allow you to get a service, and how you can file an appeal to ask us to change this decision. See Sections 9 and 10 of your Evidence of Coverage booklet for more information about filing an appeal.

Your right to get information about Preferred Care Gold and plan providers

You have the right to get information from us about Preferred Care. This includes information about our financial condition, about our health care providers and their qualifications, and about how Preferred Care Gold compares to other health plans. You have the right to find out from us how we pay our doctors. To get any of this information, call Member Services at the phone number on page 5 of this booklet.

How to get more information about your rights

If you have questions or concerns about your rights and protections, please call Member Services at the number on page 5 of this booklet. You can also get free help and information from your State Health Insurance Assistance Program, or SHIP (Medicare Rights Center) at **(800) 333-4114**. In addition, the Medicare program has written a booklet called Your Medicare Rights and Protections. To get a free copy, call **(800) MEDICARE (800-633-4227)** 24 hours a day, seven days a week; TTY users call **(877) 486-2048**. Or you can visit the Medicare Web site at www.medicare.gov to order this booklet or print it directly from your computer.

What can you do if you think you have been treated unfairly or your rights are not being respected?

If you think you have been treated unfairly or your rights have not been respected, what you should do depends on your situation.

- If you think you have been treated unfairly due to your race, color, national origin, disability, age, or religion, please let us know. Or, you can call the Office for Civil Rights in your area at **(800) 368-1019**. TTY users may call **(800) 537-7697**.
- For any other kind of concern or problem related to your Medicare rights and protections described in this section, you can call Member Services at the number on page 5 of this booklet. You can also get help from your State Health Insurance Assistance Program, or SHIP (Medicare Rights Center) at **(800) 333-4114**.

What are your responsibilities as a member of Preferred Care?

Along with the rights you have as a member of Preferred Care, you also have some responsibilities. Your responsibilities include the following:

- To get familiar with your coverage and the rules you must follow to get care as a member. You can use this booklet and your Evidence of Coverage booklet we give you to learn about your coverage, what you have to pay, and the rules you need to follow. Please call Member Services at the phone number on page 5 of this booklet if you have any questions.
- To give your doctor and other providers the information they need to care for you, and to follow the treatment plans and instructions that you and your doctors agree upon. Be sure to ask your doctors and other providers if you have any questions.
- To understand your health problems and take part in developing mutually agreed upon treatment goals to the extent possible.
- To act in a way that supports the care given to other patients and helps the smooth running of your doctor's office, hospitals, and other offices.
- To pay your plan premiums and any copayments you may owe for the covered services you get. You must also meet your other financial responsibilities that are described in Section 7 of your Evidence of Coverage booklet.
- To let us know if you have any questions, concerns, problems, or suggestions. If you do, please call Member Services at the phone number on page 5 of this booklet.