

HEALTH PLAN POLICY	
Policy Title: Member Rights and Responsibilities	Policy Number: ACM05 Revision: I
Department: Administration	Sub-Department: Communications
Applicable Lines of Business: <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Health Insurance Exchange <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Medicaid	
Effective Date: 12/09/2014	
Revision Date(s): 09/29/2015, 03/02/2017, 12/13/2017, 04/24/2019, 05/04/2020, 04/27/2021, 03/21/2022, 03/30/2023, 09/05/2023	

PURPOSE:

This policy outlines the requirements for the health plan to protect the rights and responsibilities of its members and how the member rights and responsibilities are kept up to date. The health plan will distribute the rights and responsibilities to members and providers as documented in the member handbook, Evidence of Coverage (EOC), provider manuals, and other documents and resources available to members.

DEFINITIONS AND ACRONYMS:

- **Centers for Medicare and Medicaid Services (CMS)** – The federal agency responsible for administering the Medicare and Medicaid programs.
- **Defense Health Agency (DHA)** – A Department of Defense (DoD) agency that oversees TRICARE (and USFHP), including responsibilities for shared services, functions, and activities of the Military Health System (MHS) and other common clinical and business processes between the Army, Navy, Air Force, and Coast Guard.
- **Evidence of Coverage (EOC)** – A document mailed to enrolled Medicare Advantage (MA) and Health Insurance Exchange (HIX) members that provides details about the what the plan covers, what is not covered, how much the member will pay and other details about the plan. There is an EOC for each plan.
- **Health Insurance Exchange (HIX)**
- **Medicare Advantage (MA)**
- **Member Advisory Committee (MAC)** – committee formed by each line of business to gather information from members, advocates, and other community resources to enhance the member experience and continuously identify improvement opportunities.
- **Provider Manual** – Document provided to all network providers as an extension of their contract that provides details around the plan benefits, member resources, policies and procedures, and other resources.
- **Texas Department of Insurance (TDI)** – The regulatory body that governs and regulates insurers and other companies that conduct insurance business in Texas and assists Texas-based insurance consumers.
- **TRICARE** – The Department of Defense’ managed health care program for Service beneficiaries and their families, retirees and their families, survivors, and other TRICARE-eligible beneficiaries.
- **USFHP Member Handbook** – document provided to USFHP members as they enroll and annually

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thereafter that provides details about their covered benefits and services, the provider network available to them, and other resources and information about the plan.

POLICY:

The health plans will include a statement of member rights and responsibilities that outlines the commitment to treating members in a manner that respects their rights and explains the expectations of the member responsibilities. The health plans will distribute this information to new members when they enroll, existing members annually, new physicians when they join the network, and existing physicians annually.

The member rights and responsibilities statement will follow regulatory requirements from CMS, TDI, TRICARE, and other regulations as applicable and will be updated as required if new regulations are released. The health plan will align the member rights and responsibilities with standard and element requirements for health plan accreditation. The member rights and responsibilities will be reviewed by the Member Advisory Committee (MAC) annually to solicit feedback from our community and members on the plan, assess member understanding, and identify opportunities for improvement.

Each year, the member rights and responsibilities will be included in the HIX EOC, MA EOC, and Member Handbook for members to be able to access and will be included in the Provider Manual as a resource to providers. All of these documents are available to members and providers on the CHRISTUS Health Plan website and available in print upon request.

Monitoring:

Each year required documents that include the member rights and responsibilities are submitted to the appropriate regulatory. The health plan conducts internal reviews of the policies and procedures annually. Compliance is evaluated through complaints and appeals and through feedback provided during the MAC meetings. When concerns regarding the member rights and responsibilities are identified, they are noted and presented at the Quality Improvement Committee to determine appropriate action. If appropriate, the rights and responsibilities statement is adjusted and/or improvement plans are developed and monitored.

REFERENCES:

- Centers for Medicare & Medicaid Services, Your Medicare Rights and Protection <http://www.medicare.gov/Pubs/pdf/11534.pdf>
- Chapter 13, Section 10.3 Rights of Managed Care Enrollees
- CHP Evidence of Coverage, Members Rights and Responsibilities
- US Family Health Plan Member Handbook, Member Rights and Responsibilities
- Provider Manual

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RELATED DOCUMENTS:

- Member Advisory Committee Policy (MCM25)

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	12/09/2014	Initial release.	Board of Directors
A	09/29/2015	Added HIX rights and responsibilities.	Board of Directors
B	03/02/2017	Yearly Review. Updated to new template. Removed Madhavi Rajulapalli, M.D. and added David Engleking, M.D. as signatory.	Board of Directors
C	12/13/2017	Compliance Review- updated contents	Quality Improvement Committee
D	04/24/2019	Annual Review. No changes in content. Removed Medicaid and CHIP from lines of business. Corrected minor typos.	Executive Leadership
E	05/04/2020	Annual review. No changes in content.	Executive Leadership
F	04/27/2021	Annual review. Updated References.	Executive Leadership
G	03/21/2022	Annual review. No changes in content.	Executive Leadership
H	03/30/2023	Annual review. No change to policy content.	Executive Leadership
I	09/05/2023	Policy update. Policy moved to Communications and updated content to better reflect processes.	Executive Leadership