



## HEALTH PLAN POLICY

**Title:** Member Rights and Responsibilities

**Number:** AMC05

**Revision:** J

- **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’s managed health care program for Service beneficiaries and their families, retirees and their families, survivors, and other TRICARE-eligible beneficiaries.
- **USFHP Beneficiary Handbook** – Document provided to USFHP beneficiaries as they enroll and annually 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 Plan 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 Plan 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 Centers for Medicare and Medicaid Services (CMS), Texas Department of Insurance (TDI), Louisiana Department of Insurance (LDI), 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 internally and by the USFHP 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 EOCs, MA EOCs, and USFHP Beneficiary Handbook for members to be able to access and will be included in the Provider Manuals 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 regulator. 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 meeting(s). 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:**

- 2022 NCQA Health Plan Accreditation Standards: Member Experience 1 A-B
- Centers for Medicare & Medicaid Services, Your Medicare Rights and Protection <https://www.medicare.gov/Pubs/pdf/11534-medicare-rights-and-protections.pdf>
- Chapter 13, Section 10.3 Rights of Managed Care Enrollees <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R22MCM.pdf>

## HEALTH PLAN POLICY

**Title:** Member Rights and Responsibilities

**Number:** AMC05

**Revision:** J

- CHP Evidence of Coverage, Members Rights and Responsibilities
- US Family Health Plan Member Handbook, Member Rights and Responsibilities
- Provider Manual

### RELATED DOCUMENTS:

- Member Advisory Committee Policy (MQM25)

### REVISION HISTORY:

Revision	Date	Description of Change	Approval 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
J	05/02/2024	Annual review. Minor formatting and grammatical changes. Updated definitions and references.	P & P Committee