



Member Rights and Responsibilities

What are my rights?

Member rights may be exercised without regard to age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, health status or the source of payment or utilization of services. Western Health Advantage (WHA) member rights include, but are not limited to, the following:

1. To be provided information about the WHA organization and its services, providers and practitioners, managed care requirements, processes used to measure quality and improve member satisfaction, and your rights and responsibilities as a member.
2. To be treated with respect and recognition of your dignity and right to privacy.
3. To actively participate with practitioners in making decisions about your healthcare, to the extent permitted by law, including the right to refuse treatment or leave a hospital setting against the advice of the attending physician.
4. To expect a candid discussion of appropriate, or medically necessary, treatment options regardless of cost or benefit coverage.
5. To voice a complaint or appeal a decision to WHA, about the organization or the care it provides, and to expect that a process is in place to assure timely resolution of the issue.
6. To make recommendations regarding WHA's member rights and responsibilities policies.
7. To know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of others who may provide services including the practitioner's education, certification or accreditation, licensure status, number of years in practice, and experience performing certain procedures.
8. To receive information about your illness, the course of treatment, and prospects for recovery in terms that can be easily understood.
9. To receive information about proposed treatments or procedures to the extent necessary for you to make an informed consent to either receive or refuse a course of treatment or procedure. Except in emergencies, this information shall include: a description of the procedure or treatment, medically significant risks associated with it, alternate courses of treatment or non-treatment including the risks involved with each, and the name of the person who will carry out a planned procedure.
10. To confidential treatment and privacy of all communications and records pertaining to care you received in any health care setting. Written permission will be obtained before medical records are made available to persons not directly concerned with your care, except as permitted by law or as

Public document: This fact sheet is a general guide only. Consult your Evidence of Coverage (EOC) booklet for a detailed description of benefits and limitations.

necessary in the administration of the Health Plan. WHA's policies related to privacy and confidentiality are available to you upon request.

11. To full consideration of privacy and confidentiality around your plan for medical care, case discussion, consultation, examination and treatment including the right to be advised of the reason an individual is present while care is being delivered.
12. To reasonable continuity of care along with advance knowledge of the time and location of an appointment, as well as, the name of the practitioner scheduled to provide your care.
13. To be advised if the physician proposes to engage in, or perform, human experimentation within the course of care or treatment and the ability to refuse to participate in such research projects if desired.
14. To be informed of continuing health care requirements following discharge from a hospital or practitioner's office.
15. To examine and receive an explanation of bills for services regardless of the source of payment.
16. To have these member rights apply to a person with legal responsibility for making medical care decisions on your behalf. This person may be your physician.
17. To have access to your personal medical records.
18. To formulate advance directives for health care.

What are my responsibilities?

It is the expectation of WHA and its providers that enrollees adhere to the following member responsibilities to facilitate the provision of high level quality of care and service to members. Your member responsibilities include, but are not limited to, the following:

1. To know, understand, and abide by the terms, conditions, and provisions set forth by WHA as your Health Plan. The Evidence of Coverage (EOC) document, you received at the time of enrollment and annually thereafter, contains this information.
2. To supply WHA and its providers and practitioners (to the extent possible) the information they need to provide care and service to you. This includes informing WHA's Member Service Department when a change in residence occurs or other circumstances arise that may effect entitlement to coverage or eligibility.
3. To select a primary care physician (PCP) who will have primary responsibility for coordination of your care and to establish and maintain a relationship with that PCP.
4. To learn about your medical condition and health problems and to participate in developing mutually agreed upon treatment goals with your practitioner to the degree possible.

Public document: This fact sheet is a general guide only. Consult your Evidence of Coverage (EOC) booklet for a detailed description of benefits and limitations.

5. To follow preventive health guidelines, prescribed treatment plans, and guidelines/instructions that you have agreed to with your health care professionals and provide those professionals information relevant to your care.
6. To schedule appointments, as needed or indicated, to notify the physician when it is necessary to cancel an appointment and to reschedule cancelled appointments if indicated.
7. To show consideration and respect to the providers and their staff and to other patients.
8. To express grievances regarding WHA, or the care or service received through one of WHA's providers, to the Plan's Member Service Department for investigation through WHA's grievance process.

Where can I get more information?

TDD/TTY service is available for the hearing or speech-impaired, Monday through Friday, 8:00 am to 5:00 pm in either English or Spanish, by calling: (888) 877-5378, or you can dial 711. Should you have need for a translator face-to-face or over the phone, contact the **WHA Member Services department**, Monday through Friday, 8:00 am to 5:00 pm, or (888) 563-2250 toll free.

WHA tiene representantes que hablan español para ayudarle. Para información o asistencia en español, llame por favor al (888) 563-2250.

Public document: This fact sheet is a general guide only. Consult your Evidence of Coverage (EOC) booklet for a detailed description of benefits and limitations.