

Medical Management Programs

Includes Disease Management and Case Management

Consumer Rights and Responsibilities

Your Rights

- Upon request, program participants have access to information about the organization's medical management philosophy and services, including eligibility criteria.
- Participants may decline participation, revoke consent, or dis-enroll (opt out) from medical management programs by referring to the health plan's **website** or call the phone number on the benefits ID card . Participants have right to self-determination and agree to or refuse treatment and be informed of the consequences of such decisions.
- Participants have the right to know which personnel are responsible for managing the services for the individual Participant, including their job title. They also have the right to speak to a supervisor of the staff member if requested.
- Participants have the right to receive personalized support in making healthcare decisions during regular business hours as posted by the organization.
- Participants have the right to information, in an understandable form, about all medical management-related treatment options included in clinical practice guidelines and decision support tools, whether or not they are covered under the Participant's benefit plan, and are encouraged to discuss treatment options with their treating practitioners.
- Participants have the right to receive accurate information about diagnosis, prognosis and indicated treatment and care options from the medical management program through preferred avenues and languages in order to promote health literacy.
- Participants have the right to know that personally identifiable health information may be disclosed with other active treating providers only in accordance with state and federal law. Participants will be treated privately, with courtesy and respect.
- Participants have the right to fully participate in all decisions related to their health care. Participants who are unable to fully participate have the right to be represented by parents, guardians, family Participants or others as designated. Participants may have the organization act as a patient advocate.
- Participants have the right to receive information regarding changes in or termination of our medical management services.
- Participants have the right to file a complaint or grievance according to the procedure as set forth in the appropriate benefit plan documents if they experience a problem with any service, provider, or with the organization.

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Your Responsibilities

- Provide information needed by personnel in order to provide medical management services for the Participant, including submission of any forms necessary for program participation, to the extent required by law.
- Give accurate clinical and contact information and to notify the medical management program of changes in this information.
- Follow instructions, advice, and guidelines agreed upon with those providing the Participant's health care and medical management services. The instructions may include but are not limited to the following:
 - Follow exercise and dietary prescriptions
 - Daily monitoring (e.g., blood glucose monitoring, peak flow readings, blood pressure) as prescribed
 - Consistent use of prescribed medications
 - Schedule and keep follow-up appointments
 - Obtain recommended screenings according to the disease-specific standards of care
 - Have a primary care provider that plans and coordinates care
 - Know the goals and targets agreed to with the physician; know current status in order to make lifestyle modifications to meet those goals and targets
 - Actively participate in the medical management program by following prescribed treatments and recommendations, reading and applying written and verbal information provided to the Participant, and giving feedback to the medical management staff and treating practitioner regarding the Participant's progress
- The Participant is responsible for notifying the treating practitioner of their enrollment in the program and if he or she decides to dis-enroll (opt out) in the medical management program.
- Inform all practitioners providing care of treatments and recommendations the Participant is receiving from other practitioners.
- Notify treating health care providers, as applicable, about participation in the medical management program and share program materials.
- Make a good-faith effort to maximize healthy habits, such as exercising, not smoking, and eating a healthy diet.
- Abide by the administrative and operational procedures of our medical management services.
- Participants have the responsibility to contact appropriate healthcare and emergency response professionals in the case of an emergency.