



Health Care Delivery Policy and Procedure

Policy Name: Member Rights and Responsibilities
Policy Number: Rights and Responsibilities - 01
Effective Date: 05/01/03
Revision Date: 9/1/2020 **Review Date:** 10/1/2022

Approval Signature

DSVP IL Health Care Delivery

Line of Business

Commercial

- HMO
- PPO

Exchange

- HMO
- PPO

Government

- HMO
- PPO

Approving Body

Policy and Procedure Committee **Date:** 9/22/2022

Details

Policy:

Blue Cross and Blue Shield of Illinois (BCBSIL) will provide a written statement of the Member Rights and Responsibilities to Primary Care Physicians (PCPs), Women’s Principal Health Care Providers (WPHCPs), for all networks. Members will receive the statement via the Member Handbook, which is mailed to the member shortly after enrollment. The statement is published on the BCBSIL website and members are notified where the information is available annually thereafter. The statement is also available via brochure upon request. Newly contracted physicians will receive statement in welcome packet. Thereafter, network physicians will receive the statement annually via the Blue Review provider newsletter.

Purpose/Objectives:

- To clearly outline the member's relationship with the Plan and their chosen provider
- To ensure all members are treated with respect and dignity
- To comply with accreditation standards

The following details the Member Rights and Responsibilities brochure:

Rights	Responsibilities
Membership	Membership
You have the right to:	You have the responsibility to:

Rights	Responsibilities
Membership	Membership
Receive information about BCBSIL benefit programs and covered services, as well as which network providers are available for you to receive the maximum level of benefits.	Read all BCBSIL benefit materials, become familiar with your plan and ask questions when necessary.
Select a Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the "IPAs") and/or a Primary Care Physician (PCP) from the appropriate network. You also have the right to change your PCP and/or IPA at any time*	Develop a relationship with your health care providers based on trust and cooperation.
*Not applicable to PPO or BlueChoice.	
Receive a BCBSIL identification (ID) card.	Carry your current BCBSIL ID card in the event you need to receive health care services. You should safeguard your ID card to prevent theft and misuse.
Obtain a copy of your rights and responsibilities as a member and to make recommendations regarding its content.	Follow the member guidelines for your health insurance product.
Choose an Obstetrician and Gynecologist (OB/GYN) as your Woman's Principal Health Care Provider (WPHCP) or an additional OB/GYN PCP as outlined in your health plan guidelines*	Notify your IPA if you wish to change your WPHCP or OB/GYN PCP*
*Not applicable to PPO or BlueChoice.	*Not applicable to PPO or BlueChoice.

Rights	Responsibilities
Access	Access
You have the right to:	You have the responsibility to:
Have your PCP provide or authorize the covered services of your benefit plan that are necessary for your health care*	Obtain services from or through your PCP or within your IPA or product network*
	Notify your PCP of any care or treatment received outside of your IPA, without your PCP's authorization or outside of your product network*
	If care or treatment occurs without PCP authorization or outside of your product network, be familiar with the requirements of your plan and know your financial obligations*
*Not applicable to PPO or BlueChoice.	*Not applicable to PPO or BlueChoice.
Reasonable access to appropriate medical services based on level of need. You also have the right to speak promptly with a physician or other provider when illness occurs.	Keep scheduled appointments or give adequate notice of delay or cancellation.
Care from a Participating Specialist Provider (PSP) when medically necessary.	Discuss your questions and concerns about specialty care with your PCP or health care provider.
When this care is authorized by your PCP, you will receive the maximum level of benefits available*	

Rights	Responsibilities
Access	Access
If your PCP determines specialist services are not required, you have the right to be informed of the reason and an alternative treatment plan, as well as the right to appeal if you do not agree* *Not applicable to PPO or BlueChoice	
Emergency care in any hospital emergency room 24 hours a day.	Contact your PCP, IPA or health care provider as soon as possible after treatment for an emergency and coordinate follow-up care with your PCP or health care provider.
Mental health and substance use disorder treatment.	Obtain necessary mental health or substance use disorder services by following the requirements of your benefit plan.

Rights	Responsibilities
Communication	Communication
You have the right to:	You have the responsibility to:
Communicate openly and fully with network providers, knowing that all information will be treated confidentially.	Be honest with your health care providers and communicate any information that may affect diagnostic and treatment decisions.
Receive considerate and courteous care, with respect for personal privacy and dignity.	Treat all network provider personnel and BCBSIL personnel respectfully and courteously.
Confidential health records, except when disclosure is required by law or authorized by you in writing, and to review your medical records with your PCP or health care provider, given adequate notice.	Help your health care provider maintain accurate and current medical records.
Receive information and to have a full discussion about all appropriate or medically necessary treatment options for your condition in order to make an informed decision regardless of cost or benefit coverage.	Ask questions and make certain that you understand all options, financial obligations and plan requirements related to the agreed-upon treatment. These requirements may include pre-authorization from or notification to BCBSIL* *Not applicable to HMO.
Be completely informed of your diagnosis, treatment and outlook and to participate in decisions involving your medical care.	Follow the agreed-upon treatment plans and instructions for care and to consider the potential consequences if you refuse to comply with treatment plans or recommendations.
An advance directive (such as a proxy or durable power of attorney for health care) concerning treatment, with the expectation that your PCP or health care provider will honor the intent of the directive to the extent permitted by law.	Notify your PCP or health care provider as well as family members of any advance directive.
Express a complaint about clinical or administrative issues related to your health plan, appeal Plan decisions and receive timely response.	Express your opinions, concerns and complaints in a constructive manner to your PCP, IPA, health care provider and/or BCBSIL.
Be informed of any business relationship between your health care provider and any entity to which you are referred.	Express your opinions, concerns and complaints to BCBSIL.

