

MEMBER RIGHTS AND RESPONSIBILITIES

As a First Coast Advantage Member, you have certain rights and responsibilities that are important for you to understand. They do not change your insurance coverage. If you have any questions about your healthcare coverage, call FCA Member Services at 1-800-270-2422.

You have the right:

- To be treated with respect and in a manner that understands your need for privacy and dignity.
- To receive help or an answer on time in a courteous and responsible manner.
- To know the name of your doctor.
- To know the rules and laws that applies to your behavior.
- To receive fair access to medical care regardless of race, national origin, religion, physical handicap or source of payment.
- To be provided with information about your insurance and any benefits.
- To be told by your doctor of your diagnosis, results, plan-of-care choices and risks.
- To be provided with information about the doctor in your insurance plan.
- To be told by your doctor about any care you may receive.
- To have your doctor request your approval for all care, unless there is an emergency and your life and health are in serious danger. (If written approval is required for procedures such as surgery, to understand the risks and why it is needed.)
- To receive, upon request, all of the information and advice on the availability of resources for your care.
- To receive, upon request, prior to care, an estimate of charges.
- To be told if the care you are receiving is experimental and to be given the chance to consent or to refuse.
- To be told about available patient support services, including an interpreter.
- To refuse care and be told of the results of your decision. (FCA wants you to discuss your objections with your doctor.)
- To select a doctor of your choice from FCA network of doctors. If you need information on how to change your doctor, call FCA Member Services at 1-866-270-2422.
- To express a complaint about FCA and/or the care you received and to receive a timely response.
- To start the grievance procedure if you are not happy with FCA's choices regarding your complaint.
- To be told about, and to have written advance directives.
- To have medical records and Protected Health Information (PHI) kept private, except as provided by law.
- To have information available upon request by calling FCA Members Services at 1-866-270-2422 or by submitting a written request to FCA regarding the structure and operation of FCA and any doctor incentive plans.
- To receive information on available care options and choices, given in a manner so the Member's can understand.
- To share in results regarding your health care, including the right to refuse care.
- To be free from any form of limitations used as a means of force or discipline as specified in other Federal laws on the use of restraints and seclusion.
- To request and receive a copy of his or her medical records, and request that they be changed or corrected
- To be given health care services.
- To exercise his or her rights and that exercising these rights does not affect the way FCA and its doctors or the State agency treat the Member.

Your Insurance Plan

You have the right:

- To have the insurance plan not stop a doctor acting within the lawful scope of practice, from advising on behalf of a Member who is his or her patient, of the following:
 - The Member's health status, medical care, or care options, including any type of care that may be self-administered.

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- Any information the Member needs in order to decide among all related care options.
- The risks, benefits and penalty of non-care.
- To take part in decisions regarding his or her health care, including the right to refuse care, and to pick choices about future care decisions.
- To receive information about the services a doctor does not cover if he or she objects to a service on moral or religious grounds, before and during enrollment and within 90 days after accepting the Plan.
- To have all covered services available and accessible.
- To have a network of good doctors and enough access to all services.
- To have the location of doctors considering distance, travel time, transportation used by Medicaid Members, and whether the location provides physical access for Medicaid Members with disabilities.
- To have FCA provide information for female Members with direct access to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services. This is in addition to the Member's primary doctor if that doctor is not a women's health specialist.
- To have FCA provide a second medical opinion from a doctor within the network, or arrange for the Member to obtain a doctor outside the network, at no cost to the Member.
- If the network is not able to provide services to a Member, FCA must cover services out-of-network for the Member, for as long as FCA is not able to provide the service.
- Require out-of-network doctors to match with FCA with respect to payment. FCA will make sure that cost to the Member is no more than it would be if the services were provided within the network.
- To have FCA require their doctors to meet State standards for timely access to care and services.
- To have FCA ensure that the network doctors offer hours that are no less than the hours offered to Commercial and Medicaid fee-for-service Members, if the doctor serves only Medicaid Members.
- To have FCA make services available 24 hours a day 7 days a week when medically necessary.
- To have FCA promote services in a culturally able manner to all Members, including those with limited English skills and different cultural and racial backgrounds.
- To have FCA meet the requirement and apply the means for seeking, reviewing and making a care plan for a Member with special health care needs.
- To have FCA meet the primary care match up, identification, assessment and care planning conditions with respect to dual eligible Members.
- To have FCA coordinate the services supplied to a Member with the services the Member receives from any other Plan.
- To have FCA share with other insurance plans serving the Member with special health care needs the results of its identification and assessment of that Member's needs.
- To have FCA ensure that in the process of coordinating care each Member's privacy is protected.
- To have FCA apply means to assess each Member shown as having special health care needs in order to demonstrate any ongoing special conditions of the Member.
- To have FCA have a system in place to allow Members to directly access a doctor suitable for the Member's condition and needs.
- To have FCA show the amount, time and range of services they offer.
- To have FCA cover services no less than the amount and time for the same services given to Members under fee-for-service Medicaid.
- To have FCA not deny or reduce the amount, time or range of a required service because of diagnosis, type of illness or condition of the Member;
- To have FCA place limits on services considered medically necessary.
- To have FCA address covered services that are related to health impairments and to receive age-correct growth charts and progress notes.
- To have FCA process requests for initial and continuing services as listed below:
 - A Plan that denies a service consent request has clinical skill in treating the Member's condition or disease and gives the Member and requesting doctor written notice of any decision.
 - A rush consent decision for cases in which a doctor shows FCA and decides the usual timeframe could seriously risk the Member's life or health, FCA must make a quick decision and provide notice as quickly

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as the Member's health condition requires. This shall be no later than 3 working days after receipt of the request for service.

- FCA may extend the 3 working days time by up to 14 calendar days if the Member requests an extension. FCA will give a reason for needing more information and how the extension is in the Member's best interest.

Your Medical Records

You have the right:

- To look at and obtain a copy of Protected Health Information (PHI) for as long as the PHI is available except for:
 - Psychotherapy notes
 - Information compiled for use in civil, criminal or administrative action or legal proceeding
 - PHI kept up by a covered doctor that is:
 - Subject to the Laboratory changes of 1988, to the extent the provision of access to a Member would be banned by law
 - Exempt from the Clinical Laboratory Improvements changes of 1988.
- To obtain a copy of your PHI except if a doctor denies a Member access without providing the Member a chance for review in the following circumstances:
 - The PHI is exempted from the right of access.
 - An entity that is a jail or a doctor acting under the direction of the jail may deny an inmate's request to obtain a copy of their PHI. This applies if obtaining such copy would harm the health, safety, security, custody, or treatment of the inmate or of other inmates, or the safety of any officer, employee, or other person at the jail or responsible for the transporting of the inmate.
 - For PHI by a doctor for a study. This may be temporarily delayed for as long as the study is in progress. The doctor has to explain to the Member that the right of access will be return upon completion of the study.
 - To protect health information that is contained in records that are subject to the Privacy Act. This might be denied, if the denial of access under the Privacy Act would meet the requirements of that law.
 - A Member's access may be denied if the PHI was taken from someone other than a doctor under a promise of secrecy and the access requested would be likely to make known the source of the information.

Deny to Access

You have the right:

- A doctor may deny a Member access, provided that the Member is given a right to have such denials reviewed, in the following:
 - A licensed doctor has decided that the access asked is likely to cause danger to the life or physical safety of the Member or another person.
 - The PHI makes mention to another person (unless such other person is a health care doctor) and a licensed doctor has determined that the access requested is likely to cause harm to such other person.
 - The Member makes the request for access and a licensed doctor has decided that the condition of access for the Member is likely to cause harm to the Member or another person.
- To have the denial reviewed by a licensed doctor who is designated by FCA to act as a reviewing official and who did not assist in the original decision to deny. FCA must provide or deny access with the determination of the reviewing official.
- To request access to look at or to get a copy of your medical record. The doctor may require the Member to make requests for access in writing.
- To receive a response from the doctor for access no later than 30 days after the receipt of the request.
- To be told of the approval of the request, and be provided the access requested if the doctor grants the request.
- To be given a written denial if the doctor denies the request.
- To be told the request for access must take place no later than 60 days from the receipt of such a request.

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- To be told if the doctor is unable to complete the request in the time required. The doctor may extend the time frame, but not longer than 30 days provided that:
 - The doctor, within the time, provides the Member with a written notice of the reasons for the delay and the date by which the doctor will complete the request.
 - The doctor may have only one time extension on a request for access.
- When a doctor provides a Member with access to their PHI, the doctor must comply with the following:
 - The doctor must provide the access requested by the Member, including inspection and/or obtaining a copy of the PHI about them.
 - If the PHI requested is located in more than one place, the doctor need only produce the information once in response to a request.
 - To be provided access to the PHI in the form requested by the Member. If that is not possible, then in a readable hard copy form or other format as agreed to by the doctor and the Member.
 - To have a summary of the PHI requested, or be given details of the information to which access has been provided, if:
 - The Member agrees to the summary or detail.
 - The Member agrees to the fees, if any, by the doctor for such summary or detail.
 - To be provided access in a timely manner for arranging a time and place to look at or obtain a copy of the PHI. The doctor may also mail the copy of the PHI at the Member's request.
 - To be provided a copy of the PHI along with a summary or detail of such information. The doctor may charge a reasonable fee, provided that the fee only includes the cost of:
 - Copying, including the cost of supplies and work of copying the PHI requested by the Member.
 - Postage, when the Member has requested the PHI to be mailed.
 - Preparing a detail or summary of the PHI, if agreed to by the Member.
 - To be provided access to any other PHI requested, if the doctor denies access.
 - To be provided written records of the denial and it must be in plain words and have:
 - The basis for the denial.
 - If a report of the Member's rights, including a description of how the Member may put into effect such rights.
 - A description of how the Member may complain to the doctor. The description must include the name, title and telephone number of the contact person or office.
 - To be told where to show the request for access. If the doctor does not keep the PHI and the doctor knows where the requested information is located.
 - If the Member has requested a review of a denial, the doctor must choose a licensed doctor, who was not involved in the denial to review the decision to deny access.
 - The doctor must quickly refer a request for review to the reviewing official. The official must decide within the time, whether to deny the access requested.

Request for Changes

You have the right:

- To be told that the doctor will document in writing in the medical records the titles of the persons responsible for receiving and processing requests for access by Members.
- To have a doctor make changes to PHI about the Member in a record for as long as the PHI is located in the record.
- To be told that a doctor may deny a Member's request for changes, if the doctor determines that the PHI or record is the subject of the request if:
 - It was not created by the doctor, unless the Member provides a reasonable basis to believe that the creator of the PHI is no longer available to make the requested change
 - Is not part of the Members record
 - It would not be available to correct
 - Is correct and complete
- To be told that the doctor must let a Member request that the doctor change the PHI in the record.

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- To be told that the doctor may want a Member to request changes in writing and to provide a reason for the requested changes.
- To be told that the doctor must respond to the Member's request for a change no later than 60 days after receipt of such a request, as follows:
 - If the doctor grants the requested change.
 - If the doctor denies the request for a change completely or in part, the doctor must provide the Member with a written denial.
 - If the doctor is not able to complete the changes within the time required, the doctor may extend the time frame by no more than 30 days, provided that:
 - The doctor provides the Member with a written statement of the reasons for the delay and the date by which the doctor will complete the request.
 - The doctor may only have one time extension for completion of a request for a change.
- To be told that the doctor completed the requested change.
- To be told that the doctor must make the change to the PHI or record that is the subject of the request for change by identifying the records that are affected.
- To be told that the doctor must inform the Member that the change is accepted and to tell the Member with which the change needs to be shared.
- To be told that the doctor must try to provide the change within a reasonable time to:
 - Members identified as having received PHI and needing the change.
 - Members that the doctor knows who have PHI that is the subject of the change and that may have relied, or could rely, on such information to the harm of the Member.
- To be told that the doctor denied the requested change and the doctor must comply with the following requirements:
 - The doctor must provide the Member with a timely written denial. The denial must use plain words and contain:
 - The reason for the denial.
 - The Member's right to submit a written statement disagreeing with the denial and how the Member may file such a statement.
 - A statement that if the Member does not submit a statement of disagreement, the Member may request that the doctor provide the Member's request for change and the denial with any future discoveries of the PHI that is the subject of the change.
 - An explanation of how the Member may complain to the doctor along with the complaint procedures. The explanation must include the name, title and telephone number of the contact person or office.
- To be told that the doctor must let the Member submit a written statement of disagreement of the denial for all, or part of a requested change and the basis of such disagreement.
- To be told that the doctor may produce a written denial to the person's statement of disagreement. Whenever such a denial is prepared, the doctor must provide a copy to the Member who submitted the statement of disagreement.
- To be told that the doctor must identify the record or PHI that is the subject of the disputed change and link the Member's request for a change, to the doctor's denial of the request and the Member's statement of disagreement, if any, and the doctor's denial, if any, to the record.
- To be told that if a statement of disagreement has been submitted by the Member, the doctor must include a summary of the information that the disagreement is about.
- To be told that if the Member has not submitted a written statement of disagreement, the doctor must include the Member's request for amendment and its denial, or a true summary of such information, with any following let known of the protected health information only if the person has requested such action.
- To be told that when a disclosure is made that does not permit the other material to be include with the disclosure, the doctor may separately send out the material as applicable, to the receiver.
- To be told that a doctor must note the titles of the persons or offices responsible for receiving and processing requests for changes.

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You have the responsibility:

- To learn about FCA-covered services by reading and referring to the Member handbook. Please call FCA Member Services 1-866-270-2422 when you have questions or concerns about your coverage.
- To understand the information provided by FCA about your health plan coverage.
- To know the correct use of FCA's services and procedures.
- To provide your doctor correct and complete information about your health.
- To present your FCA Member ID card when receiving services and not allow the unlawful use of your Member ID card.
- To treat FCA doctors and staff respectfully and politely and to follow doctors' rules on patient care and conduct.
- To consult your doctor prior to receiving healthcare unless it is an emergency and your life and health are in serious danger.
- To keep your appointments and call your doctor's office if you will be late or not able to keep an appointment.
- To pay all charges for non-covered services.
- To begin a long and pleasing relationship with your doctor.
- To ask questions of your doctor and understand the results if you refuse to comply. To provide honest and complete information to FCA and to those providing care.
- To express your views, worries or complaints to your doctor and to FCA Member Services.
- To notify FCA of any advance directives you may have. Give your doctor your advance directives.