

Section 8

Introduction about your rights and protections

Since you have Medicare, you have certain rights to help protect you. In this first part of Section 8, we explain your Medicare rights and protections as a member of Fallon Senior Plan. Then, after we have explained your rights, we tell you what you can do if you think you are being treated unfairly or your rights are not being respected. If you want to receive Medicare publications on your rights, you may call and request them at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Your right to be treated with fairness and respect

You have the right to be treated with dignity, respect, and fairness at all times. Fallon Community Health Plan must obey laws against discrimination that protect you from unfair treatment. These laws say that we cannot discriminate against you (treat you unfairly) because of your race or color, age, religion, national origin, or any mental or physical disability you may have. If you need help with communication, such as help from a language interpreter, please call Customer Service at the number on the cover of this booklet. Customer Service can also help if you need to file a complaint about access (such as wheel chair access). You can also call the Office of Civil Rights at 1-800-368-1019 or TTY/TDD 1-800-537-7697, or, call the Office for Civil Rights in your area.

Your right to the privacy of your medical records and personal health information

There are federal and state laws that protect the privacy of your medical records and personal health information. We keep your personal health information private as protected under these laws. Any personal information that you give us when you enroll in this plan is protected. We will make sure that unauthorized people do not see or change your records. Generally, we must get written permission from you (or from someone you have given legal power to make decisions for you) before we can give your health information to anyone who is not providing your care or paying for your care. There are exceptions allowed or required by law, such as release of health information to government agencies that are checking on quality of care.

The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. We are required to provide you with a notice that tells about these rights and explains how we protect the privacy of your health information. For example, you have the right to look at your medical records, and to get a copy of the records (there may be a fee charged for making copies). You also have the right to ask us to make additions or corrections to your medical records (if you ask us to do this, we will review your request and figure out whether the changes are appropriate). You have the right to know how your health information has been given out and used for non-routine purposes. If you have questions or concerns about privacy of your personal information and medical records, please call Customer Service at the phone number on the cover of this booklet.

Your right to see plan providers, get covered services, and get your prescriptions filled within a reasonable period of time

As explained in this booklet, you will get most or all of your care from plan providers, that is, from doctors and other health providers who are part of Fallon Senior Plan. You have the right to choose a plan provider (we will tell you which doctors are accepting new patients). You have the right to go to a women's health specialist (such as a gynecologist) without a referral. You have the right to timely access to your providers and to see specialists when care from a specialist is needed. You also have the right to timely access to your prescriptions at any network pharmacy. "Timely access" means that you can get appointments and services within a reasonable amount of time. Section 2 explains how to use plan providers to get the care and services you need. Section 3 explains your rights to get care for a medical emergency and urgently needed care.

Your right to know your treatment choices and participate in decisions about your health care

You have the right to get full information from your providers when you go for medical care, and the right to participate fully in decisions about your health care. Your providers must explain things in a way that you can understand. Your rights include knowing about all of the treatment choices that are recommended for your condition, no matter what they cost or whether they are covered by Fallon Senior Plan. This includes the right to know about the Medication Management Treatment Program we offer and in which you may participate. You have the right to be told about any risks involved in your care. You must be told in advance if any proposed medical

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care or treatment is part of a research experiment, and be given the choice of refusing experimental treatments.

You have the right to receive a detailed explanation from us if you believe that a plan provider has denied care that you believe you are entitled to receive or care you believe you should continue to receive. In these cases, you must request an initial decision. "Initial decisions" are discussed in Sections 9 and 10.

You have the right to refuse treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to leave. This includes the right to stop taking your medication. If you refuse treatment, you accept responsibility for what happens as a result of refusing treatment.

Your right to use advance directives (such as a living will, health care proxy or a durable power of attorney for health care)

You have the right to have information about advance directives, and you have the right to have an advance directive if you so desire. An advance directive is a legal document that allows you to create instructions for your health care in the event that you are later unable to express your wishes because of serious illness or injury." There are different types of advance directives. They are "health care proxy," "living will," and "durable power of attorney for health care."

Health Care Proxy

If you are at least 18 years old and of sound mind (can make decisions on your own), you can use a health care proxy to choose someone that you trust to make health care decisions for you (your "agent"). This person then will make health care decisions according to your

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instructions if, for any reason, you become unable to make or communicate those decisions yourself. A health care proxy is legally binding in Massachusetts.

Living Will

This is a document in which a person specifies the kind of life-saving and life-sustaining care and treatment he or she does or does not wish to receive in the event the person becomes both incapacitated and terminally ill. Many states have their own titles for a living will document such as "Directive to Physicians," "Declaration Concerning Health Care," etc. Massachusetts law considers the document good evidence of patient wishes; however, it is not legally binding in Massachusetts.

Durable Power of Attorney for Health Care

This is a legal document through which a person appoints someone else, an "attorney-in-fact," to act on the person's behalf in making medical treatment decisions in case of future incapacitation.

If you decide that you want to have an advance directive, there are several ways to get this type of legal form. You can get a form from your lawyer, from a social worker, from some office supply stores, or by calling Customer Service at the number on the cover of this booklet. You can sometimes get advance directive forms from organizations that give people information about Medicare, such as the SHINE Program. Section 1 of this booklet tells how to contact the SHINE Program. Regardless of where you get this form, keep in mind that it is a legal document. You may consider having a lawyer help you prepare it; however, this is not necessary in the state of Massachusetts. It is important to sign this form and keep a copy at home. You should give a copy of the form to your doctor and to the person you name on the

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form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital. If you have *not* signed an advance directive form, but decide when you go to the hospital that you want one, the hospital has forms available for you to sign at that time.

Remember, it is *your choice* whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive.

If you believe that FCHP does not provide adequate information on advance directives, you may file a complaint with the Massachusetts Division of Medical Assistance.

Your right to make complaints

You have the right to make a complaint if you have concerns or problems related to your coverage or care. "Appeals" and "grievances" are the two different types of complaints you can make. Which one you make depends on your situation. Appeals and grievances that involve your Medicare health benefits under Fallon Senior Plan are discussed in Sections 9 and 10.

If you make a complaint, we must treat you fairly (i.e., not discriminate against you) because you made a complaint. You have the right to get a summary of information about the appeals and grievances that members have filed *against* Fallon Community Health Plan in the past. To get this information, call Customer Service at the phone number on the cover of this booklet.

Your right to make recommendations regarding Fallon Senior Plan's member rights and responsibilities policies

You have the right to make recommendations to us about Fallon Senior Plan's member rights and responsibilities policies. If you have a recommendation, please call Customer Service at the number on the cover of this booklet.

Your right to get information about your health care coverage and costs

This booklet tells you what medical services are covered for you as a plan member and what you have to pay. If you need more information, please call Customer Service at the number on the cover of this booklet. You have the right to an explanation from us about any bills you may get for services not covered by Fallon Senior Plan. We must tell you in writing why we will not pay for or allow you to get a service, and how you can file an appeal to ask us to change this decision. See Sections 9 and 10 for more information about filing an appeal.

Your right to get information about Fallon Community Health Plan, Fallon Senior Plan, plan providers, and costs

You have the right to get information from us about Fallon Community Health Plan and Fallon Senior Plan. This includes information about our financial condition, about our health care providers and their qualifications, and about how Fallon Senior Plan compares to other health plans. You have the right to find out from us how we pay our doctors. To get any of this information, call Customer Service at the phone number on the cover of this booklet.

How to get more information about your rights

If you have questions or concerns about your rights and protections, please call Customer Service at the number on the cover of this booklet. You can also get free help and information from the SHINE Program (Section 1 tells how to contact the SHINE Program). In addition, the Medicare program has written a booklet called *Your Medicare Rights and Protections*. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, you can visit www.medicare.gov on the web to order this booklet or print it directly from your computer.

What can you do if you think you have been treated unfairly or your rights are not being respected?

If you think you have been treated unfairly or your rights have not been respected, what you should do depends on your situation.

- If you think you have been treated unfairly due to your race, color, national origin, disability, age, or religion, please let us know. Or, you can call the Office for Civil Rights in your area at 1-617-223-9662 (TDD/TTY: 1-617-223-9695).
- For any other kind of concern or problem related to your Medicare rights and protections described in this section, you can call Customer Service at the number on the cover of this booklet. You can also get help from the SHINE Program (Section 1 tells how to contact the SHINE Program).

What are your responsibilities as a member of Fallon Senior Plan?

Along with the rights you have as a member of Fallon Senior Plan, you also have some responsibilities. Your responsibilities include the following:

- To get familiar with your coverage and the rules you must follow to get care as a member. You can use this booklet and other information we give you to learn about your coverage, what you have to pay, and the rules you need to follow. Please call Customer Service at the phone number on the cover of this booklet if you have any questions.
- To give your doctor and other providers the information they need to care for you, and to follow the treatment plans and instructions that you and your doctors agree upon. Be sure to ask your doctors and other providers if you have any questions.
- To understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- To act in a way that supports the care given to other patients and helps the smooth running of your doctor's office, hospitals, and other offices.
- To pay your plan premiums and any copayments you may owe for the covered services you get. You must also meet your other financial responsibilities that are described in Section 7 of this booklet.
- To let us know if you have any questions, concerns, problems, or suggestions. If you do, please call Customer Service at the phone number on the cover of this booklet.