

Update for CareSource Certificate of Coverage April 2009

ARTICLE VII. MEMBERS RIGHTS AND RESPONSIBILITIES

7.1 Release and Confidentiality of Member Medical Records.

- 7.1.1 Clinical information from medical records of members and information received from participating and non-participating physicians, practitioners or providers shall be kept confidential by CareSource and not disclosed to third parties without the prior written consent of the member, except in connection with the bona fide use of anonymous data for medical research, education, or statistical studies, or as permitted or required by law, or in connection with CareSource's utilization review or quality management programs.
- 7.1.2 Pursuant to the authorization contained in and upon a member's or authorized person's signature on the application, CareSource shall have the right to receive from and release medical information to participating physicians, practitioners or providers and non-participating physicians, practitioners or providers regarding the member as necessary to implement and administer the Medicaid agreement, the member agreement, and CareSource's health plan, subject to the applicable requirements established by state and federal law.
- 7.1.3 Each member authorizes participating and non-participating physicians, practitioners or providers to disclose information concerning his or her care, treatment, and physical condition to CareSource on request and to permit copying of physician, practitioner or provider records by CareSource. Each member further agrees to cooperate with CareSource and its participating physicians, practitioners or providers by providing health history information and by assisting in obtaining prior medical records when requested. When necessary, the member shall cooperate with and assist in obtaining medical records.
- 7.1.4 Upon request, adult members, or authorized persons on behalf of members, may review their own medical records and those of minor members in their household in accordance with state and federal law. Such review shall take place at the offices of the participating physician, practitioner or provider during regular business hours and at a time reasonably specified by the participating physician, practitioner or provider.

- 7.2 Member Grievance Procedure. CareSource has procedures for receiving, processing, and resolving member concerns, complaints, and grievances relating to the benefits or the operation of CareSource. The member grievance procedure is fully described in the member handbook. If the grievance is not satisfactorily settled through this procedure, the enrollee has the right under Michigan law to an independent review through the state of Michigan, Office of Financial and Insurance Regulation, Division of Insurance, at 611 W. Ottawa, Third Floor, P.O. Box 30220, Lansing, MI 48909-7720.

Members may also ask for a hearing with the Michigan Department of Community Health. You can request a hearing form by contacting CareSource Member Services or the State Office of Administrative Hearing and Rules (SOAHR) at 1-877-833-0870.

Members will receive a copy of the member handbook describing the member grievance procedure when they enroll with CareSource and may receive additional copies at any time by telephone request to CareSource's member services department.

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