

Member Rights and Responsibilities



As a Humana – CareSource health partner you are required to respect the rights of our members. Humana – CareSource members are informed of their rights and responsibilities via their member handbook. The list of our member's rights and responsibilities is below.

All members are encouraged to take an active and participatory role in their own health and the health of their family. Members have the right:

- a. To receive all services that Humana – CareSource must provide and receive them in a timely manner without communication or physical access barriers.
- b. To choose a health partner who gives you care whenever possible and appropriate.
- c. To choose a primary care provider (PCP) and to change your PCP to another PCP in Humana – CareSource's panel. When you make a PCP change, Humana – CareSource will send you written confirmation of your new PCP.
- d. To obtain a second opinion from a qualified health partner on Humana – CareSource's panel. If a qualified health partner is not able to see you, Humana – CareSource must set up a visit with a health partner not on our panel.
- e. To timely referrals and access to medically indicated specialty care.
- f. To be given information about your health. This information may also be available to someone you have legally approved to have the information or who you have indicated should be reached in an emergency when it is not in the best interest of your health to give it to you.

- g. To ask questions and receive complete information relating to your medical condition and treatment options in a way that you can understand. This includes information regarding specialty care.
- h. To discuss information on appropriate or medically necessary treatment options for your condition regardless of cost or benefit coverage.
- i. To take part in decisions about your health care unless it is not in your best interest.
- j. To say no to treatment or therapy. If you say no, the doctor or managed care plan (MCP) must talk to you about what could happen and they must put a note in your medical record about it.
- k. To be treated with respect, dignity, privacy, confidentiality and nondiscrimination.
- l. To consent to or refuse treatment or active participation in decision choices.
- m. To be sure others cannot hear or see you when you are receiving medical care.
- n. To be free from forms of restraint or seclusion used as a means of force, coercion, discipline, convenience, ease, retaliation or revenge as specified in federal regulations.
- o. If you are American Indian, to receive services from a participating Indian Health Service, Tribally operated facility/program, and Urban Indian Clinic (I/T/U) or I/T/U primary care provider.
- p. To prepare advance medical directives pursuant to KRS 311.621 to KRS 311.643
- q. To receive assistance with medical records in accordance with applicable federal and state laws.
- r. To be sure that your medical record information is kept private.
- s. To ask for and receive one free copy of your medical records and be able to ask that the record be changed/corrected, if needed. Additional copies shall be made available to members at cost.
- t. To be able to say yes or no to having any information about you given out, unless Humana – CareSource has to provide it by law.
- u. To be able to get all Humana – CareSource written member information from us:
 - i. at no cost to you;
 - ii. in the prevalent non-English languages of members in the Humana – CareSource service area;
 - iii. in other ways, to help with the special needs of members who may have trouble reading the information.
 - a. To be able to get help free of charge from Humana – CareSource and our health partners if you do not speak English or need help in understanding information.
- v. To be able to get help with sign language if you are hearing impaired.
- w. To be told if the health care partner is a student and to be able to refuse his/her care.
- x. To be told of any experimental care and to be able to refuse to be part of the care.
- y. To know that Humana – CareSource must follow all federal and state laws, and other laws about privacy that apply.
- z. If you are a female, to be able to go to a woman’s health partner on Humana – CareSource’s panel for covered woman’s health services.
- aa. To receive access to the grievance process and have a channel to voice grievances about Humana – CareSource or the care you receive and obtain assistance in filing an appeal, and request a state fair hearing from the Humana – CareSource and/or the Department of Medicaid Services.

- bb. To prepare advance medical directives including living wills or durable powers of attorney for health care.
- cc. To contact the U.S. Department of Health and Human Services Office of Civil Rights and/or the Bureau of Civil Rights at the following address with complaints of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services:
 - Office of Civil Rights
 - United States Department of Health and Human Services
 - Sam Nunn Atlanta Federal Center
 - 61 Forsyth St. S.W.
 - Suite 16T70
 - Atlanta, GA 30303-8909
 - 1-800-368-1019
 - Fax: 1-404-562-7881
 - TDD: 1-800-537-7697
- dd. To receive information about Humana – CareSource, our services, our practitioners and health partners and member rights and responsibilities.
- ee. To make recommendations regarding Humana – CareSource's member rights and responsibility policy.
- ff. To be free to carry out your rights and know that Humana – CareSource or our health partners will not hold this against you.

Humana – CareSource may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services in the receipt of health services.

Members of Humana – CareSource also are informed of the following responsibilities:

- a. To become informed about member rights.
- b. To abide by Humana – CareSource and the Department's policies and procedures.
- c. To become informed about service and treatment options.
- d. To actively participate in personal health and care decisions and practice healthy lifestyles.
- e. To understand as much as possible about your health issues and take part in reaching goals that you and your health care partner agree upon.
- f. To report suspected fraud and abuse.
- g. To use only approved health partners.
- h. To keep scheduled doctor appointments and be on time. If you have to cancel, call 24 hours in advance.
- i. To follow the advice and instructions for care you have agreed upon with your doctors and other health care partners.
- j. Always carry your ID card and present it when receiving services.
- k. Never let anyone else use your Humana – CareSource ID card.
- l. To notify Humana – CareSource and the Department of Community Based Services of a change in your phone number or address.

- m. To contact your PCP after going to an urgent care center or after receiving medical care outside of Humana – CareSource’s covered counties or service area.
- n. To let Humana – CareSource and the Department of Community Based Services know if you have other health insurance coverage.
- o. To provide the information that Humana – CareSource and your health care partners need in order to provide care for you.

Member Privacy

The HIPAA Privacy Rule requires health plans and covered health care practitioners to develop and distribute a notice that provides a clear, user-friendly explanation of individuals’ rights with respect to their personal health information, as well as the privacy practices of health insurance plans and health care practitioners. KDMS provides a privacy notice direct to Medicaid members. A copy can be requested using information contained in the Humana – CareSource member handbook.

The notice also informs members about how KDMS is legally required to protect the privacy of member data. As a health partner, please follow the HIPAA regulations and make only reasonable and appropriate uses and disclosures of protected health information for treatment, payment and health care operations.