

Section 8: Member Information



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Members' rights and responsibilities

Member Rights

Blue Care Network believes that members are an essential part of the health care team and have responsibility for their own health.

All members have the right to:

- Receive information about their health care in a manner that is understandable to them
- Receive medically necessary care as outlined in their *Member Handbook*
- Receive considerate and courteous care with respect for privacy and human dignity
- Candidly discuss appropriate medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Participate with practitioners in decision making regarding their health care
- Expect confidentiality regarding their care and that BCN adheres to strict internal and external guidelines concerning the members' personal health information including the use, access and disclosure of that information or any other information that is of a confidential nature
- Refuse treatment to the extent permitted by law and be informed of the consequences of those actions
- Voice concerns or complaints about their health care by contacting the Customer Service department or submitting a formal, written complaint through the BCN Member Grievance program
- Receive clear and understandable written information about BCN, its services, its practitioners and providers, and their rights and responsibilities
- Review their medical records at their primary care physician's office by scheduling an appointment during regular business hours
- Make recommendations regarding BCN's member's rights and responsibilities policies

Members' rights and responsibilities (continued)

Member Rights (continued)

- Request the following information from BCN:
 - The current BCN provider network for their service area
 - The professional credentials of the health care providers who are participating providers with BCN, including participating providers who are board certified in the specialty of pain medicine and the evaluation and treatment of pain
 - The names of participating hospitals where individual participating physicians have privileges for treatment
 - How to contact the appropriate Michigan agency to obtain information about complaints or disciplinary actions against a health care provider
 - Any prior authorization requirement and limitation, restrictions, or exclusions by service, benefit, or type of drug
 - Information about the financial relationships between BCN and a participating provider
 - A Certificate of Creditable Coverage at any time during membership and up to 24 months after BCN coverage ends by calling Customer Service or 1-800-450-3680 (TTY users call 1-800-430-3211), or by writing to:
Blue Care Network
PO Box 5184
Southfield, MI 48086

Members' rights and responsibilities (continued)

Member Responsibilities

All members have the responsibility to:

- Read their Certificate of Coverage and applicable riders, the *Member Handbook* and all other materials for members, and call Customer Service with any questions
- Coordinate all nonemergency care through their primary care physician
- Use the BCN provider network unless otherwise referred and approved by BCN and the primary care physician
- Comply with the plans and instructions for care that they have agreed on with their practitioners
- Provide, to the extent possible, complete and accurate information that BCN and its practitioners and providers need in order to provide care for them
- Make and keep appointments for nonemergent medical care. They must call their doctor's office if they need to cancel an appointment.
- Participate in the medical decisions regarding their health
- Be considerate and courteous to practitioners, providers, their staff, other patients and BCN staff
- Notify BCN of address changes and additions or deletions of dependents covered by their contract
- Protect their identification card against misuse and contact Customer Service immediately if a card is lost or stolen
- Report to BCN all other health care coverage or insurance programs that cover their health and their family's health
- Participate in understanding their health problems and developing mutually agreed-upon treatment goals

Advance directives

**Members
have the right
to make
advance
directives**

An advance directive document indicates a member's desired future treatment choices. It is intended for use when the member is unable to make a choice because he or she is incapacitated.

BCN recognizes and respects the right of all members to accept or refuse medical treatment. We require all primary care physicians to ask all adult members, age 18 and older, if they have an advance directive and to document the response in the medical record.

BCN does not require members to execute an advance directive as a condition of membership or to receive care. Nor does BCN discriminate based on whether a member does or does not have an advance directive.

New member materials

New member kits As soon as we receive a list of new members, we send them ID cards and a welcome package that includes the new Member Handbook.

- **Identification Card**

This card identifies the kind of coverage the member has. Encourage your enrolled members to carry their BCN identification cards at all times. They may be asked to show their cards when using benefits.

- **Member Handbook**

This reference tool helps members understand how their BCN coverage works. It includes the following information:

- A benefit chart that defines coverage for the most-often used services
- A list of members on the contract and the primary care physician BCN has on record for each
- A mini directory of primary care physicians with offices near the subscriber's home
- Guidelines to health customized to the member's gender and age.

Healthy *Blue Living*SM books also include an action plan and two qualification forms with return envelopes.

Member information

Coverage documents

Members can get details about their coverage from the following documents:

- **Certificate of Coverage**

This legal document, approved by the state Insurance Bureau, includes:

- **General Provisions**

Describes the rules of the BCN health coverage plan

- **Your Benefits**

A detailed description of the member's health care benefits, including exclusions and limitations

- **Riders**

These documents add, delete or amend the terms of coverage.

Members can view their current certificates and riders by signing into the *Member Secured Services* area of **MiBCN.com** and view. Those without Internet access can call Customer Service (1-800-662-6667) and request print materials.

BCN connects with members

Blue Care Network communicates with members regularly through the following means.

- **Publications**

BCN's *Good Health* magazine is published twice yearly. It provides enrolled members with preventive health guidelines, healthy living tips and inspiring features.

- **Reminders**

Through various mailings, we remind members to get health checkups, screenings or immunizations

Benefit and claim issues

If a member gets a bill

Occasionally, members may have to pay for a covered service. For example, if they need emergency care while traveling, they may be asked to pay at the time they receive care.

In the unlikely event that your members receive a bill, refer them to Customer Service. Also tell them to send the bill within 12 months of its receipt to:

Member Inquiry
Blue Care Network
P.O. Box 68767
Grand Rapids, MI 49516-8767

The following information must be included:

- Itemized description identifying the provider, date of service, procedure and diagnosis codes and associated provider fees
- Subscriber or dependent's name, address and telephone number
- Contract number as it appears on the identification card
- Proof of payment (receipt or canceled check)
- Treatment record or emergency report
- Name and dosage of any prescription drugs, as well as the original prescription receipt

When a bill is denied

Life-threatening or accidental emergency care is always covered. If a member claim meets reimbursement criteria, it is paid, less any applicable copayment.

Sometimes, however, payment is denied. For example, if a member receives services without authorization from the primary care physician, the subscriber will be responsible for the charges. If a claim is denied, the subscriber may appeal the decision by following the steps in the Blue Care Network grievance procedure described at the end of this section.

Coordination of benefits

Maximum benefit

We regularly (at least once a year) send all members coordination of benefits questionnaires, asking if they have other-than-BCN coverage. Coordination of benefits may reduce out-of-pocket expenses.

Members who have BCN coverage may be eligible for coordination of benefits if:

- They or their dependents are also covered by a spouse's group health plan or by some other type of insurance, such as automobile, home or workers' compensation
- They or their dependents have Medicare coverage
- Children are covered through a divorced spouse's health care plan

Note: Members may also receive a COB questionnaire if they are involved in an auto accident, suffer a work-related injury or have an accidental injury (slip and fall).

Updated COB information helps facilitate claims processing

Encourage employees to return the completed coordination of benefits questionnaire as quickly as possible so their claims can be processing speedily. They can also complete the form online at **MiBCN.com/cob/**

Remind subscribers to tell their health care provider if they or their family members have coverage under more than one health plan.

Member grievance program

Appealing a payment decision

BCN has a formal appeal and grievance process that members can use when they have issues or concerns they can't resolve with their physician or by consulting with a Customer Service representative.

Members have two years from the date of discovery of a problem to appeal a decision of BCN. There are no fees or costs charged to file an appeal. At any step of the process, the member may submit written materials to help us in our review.

ERISA and non-ERISA group procedures

Members follow different procedures depending on whether their group is ERISA-qualified.

- ERISA-qualified
A subscriber, including his or her qualified dependents, has the right to bring a civil action against BCN after completing the BCN internal grievance procedures.
 - Non-ERISA group
Subscribers and their dependents must exhaust all grievance steps — including the external review by the State of Michigan Insurance Commissioner — before filing a civil action.
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Grievance policy online or on request

Members can request a copy of BCN's formal grievance policy from Customer Service by calling 1-800-662-6667.

Members can also view the grievance policy online at **MiBCN.com/resolveproblems**.