

21 MEMBERS' RIGHTS AND RESPONSIBILITY

21.1 MEMBERS' RIGHTS

- ✧ To receive health care services regardless of age, race, color, nationality, religion or sexual orientation.
- ✧ To ask questions of their providers and receive accurate and up-to-date information regarding their health, medical treatments and prognosis.
- ✧ To receive considerate, respectful care from responsible and competent health care providers.
- ✧ To receive explanations about their medical problems and treatment options in a way that is clear and understandable.
- ✧ To obtain the information necessary to give informed consent to the treatments and procedures suggested by their health care providers.
- ✧ To refuse medical treatment, to the extent permitted by law, and be clearly informed of the medical consequences of that refusal.

The member has the right to receive the following information:

- ✧ List of names, business addresses and official positions of the Board of Managers, officers, controlling persons, owners, or partners of SHP.
- ✧ Copy of the most recent annual certified financial statement of SHP.
- ✧ Information relating to consumer complaints compiled pursuant to Section 210 of the insurance law.
- ✧ Procedures for protecting the confidentiality of medical records and other enrollee information.
- ✧ Written description of SHP's quality assurance program.
- ✧ Description of SHP's procedures for making decisions about the experimental or investigational nature of individual drugs, medical devices, or treatments in clinical trials.
- ✧ Individual health practitioner affiliations with participating hospitals.
- ✧ Specific clinical review criteria relating to a particular condition or disease and, where appropriate, other clinical information which SHP might consider in its utilization review process.
- ✧ Written application procedures and minimum qualifications for health care providers to be considered by SHP.

21.2 MEMBER RESPONSIBILITIES

- ✧ To select a Primary Care Provider (PCP).
- ✧ To consult their PCP first for all health care needs as outlined in their Member Handbook. PCPs must instruct members that when obtaining services from a specialist they must first receive a referral from the PCP.
- ✧ To make and keep appointments with their providers, or to call in advance to cancel.
- ✧ To notify Suffolk Health Plan of any changes in their address, telephone, Medicaid eligibility or Medicaid assistance category.
- ✧ To use the emergency room only for life threatening emergencies or only with instructions from the PCP.
- ✧ To provide, to the extent possible, complete information needed by providers to properly care for them.
- ✧ To follow the procedures in the Member Handbook and the instructions and guidelines given by those providing health care services.

21.3 OVERVIEW OF THE MEMBER SERVICES DEPARTMENT

The Member Services Department is an important resource for SHP members. The Department provides ongoing member education related to use of the SHP network and assistance with the member enrollment and disenrollment process, member requests to select or change PCPs, general information inquiries, re-issuing member ID cards and the member complaint process.

**SHP Member Services Department Staff Are Available
Monday through Friday -- 9:00 AM to 5:00 PM
1-877-747-6789**

After 5:00 PM and on weekends/holidays, the line transfers to a phone service that records member issues and offers after hours assistance if members need to reach their PCP. SHP returns these calls the next business day.

Member Newsletter

SHP publishes a member newsletter on a semi-annual basis. The newsletter is mailed to all members and contains health and managed care related information. Any provider who wishes to submit information for the newsletter may do so by writing to the: *SHP Member Newsletter, 521 Fifth Avenue – 3rd Floor, New York, NY 10175.*

21.4 MEMBER GRIEVANCES AND APPEALS

Suffolk Health Plan is committed to ensuring that member complaints are handled in a manner that is dignified, thorough and expeditious. A member has the right to file a complaint with SHP if dissatisfied with the outcome of an informal inquiry or if dissatisfied with any aspect of SHP's operation or any aspect of the health care delivery process including the quality of care, access to care and general treatment. SHP's member complaint procedure is compliant with current State regulatory guidelines. SHP maintains records of complaints, and files the complaints in the provider file, which is used in the provider recertification process. Providers are advised of the findings and the corrective action plan, when indicated.