HealthPlus is committed to treating its members in a manner that respects their rights and addresses their responsibility for cooperating with HealthPlus staff and affiliated practitioners and providers.

HealthPlus recognizes the following rights of its members:

- To be treated with respect and to have their dignity and personal privacy recognized
- To receive advice or assistance in a prompt, courteous and responsible manner
- To receive information about their managed care organization, their rights and responsibilities as a member, their health care benefits and the participating physicians and other affiliated health care providers from whom they receive care
- To express a complaint and/or grievance about HealthPlus or about care they have received and to receive a response to the complaint within a reasonable period of time
- For HMO members, to change primary care physicians for any reason, to be effective on the first day of the month following notification to HealthPlus
- To participate in decisions involving their health care
- To participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- To refuse treatment and to be informed of the probable consequences of their actions
- To be assured of confidential health records except when disclosure is required by law or permitted in writing by them. With adequate notice, they have the right to review their medical records with their physician
- To make recommendations regarding the member rights and responsibilities policy

HealthPlus recognizes the following responsibilities of its members:

- To treat all HealthPlus and affiliated provider personnel and other members respectfully and courteously
- For HMO members, to select a primary care physician upon enrolling with HealthPlus
- To keep scheduled appointments or give adequate notice of delay or cancellation
- To provide information that HealthPlus, participating physicians, and other affiliated health care providers need in order to provide health care benefits and to care for them
- To be honest and complete when providing information to the treatment staff, including a complete and accurate medical history and any complications that may arise in the course of treatment
- To follow the recommendations and advice they agreed to with the treatment staff concerning their care and to consider the potential consequences if they refuse to comply
- To participate in understanding their health problems and developing mutually agreed upon treatment goals
- To express their opinions, concerns, or complaints in a constructive manner to the appropriate people within HealthPlus or the affiliated provider network

These statements of members' rights and responsibilities in no way modify the benefit coverage and limitations provided by the applicable HealthPlus certificate of coverage, subscriber contract and associated benefit riders.

Patient Self-Determination Act/Advance Directive	Member Rights and Responsibilities

As a health maintenance organization with a contract to service Medicare and Medicaid members, HealthPlus is required to meet the provisions of the federal Patient Self-Determination Act (PSDA) concerning advance directives.

The Act requires HealthPlus to:

- Provide written information to all adult members (not just Medicare and Medicaid members) at the time of enrollment concerning their rights under state law to execute an advance directive
- Document in the adult member's medical record whether or not an advance directive has been executed
- Not condition the provision of care or otherwise discriminate against an individual based on whether or not an advance directive has been executed
- Ensure compliance with state law respecting advance directives
- Educate staff and the community on advance directives
- Maintain written policies and procedures on all of the above requirements

HealthPlus provides information to adult members regarding advance directives at the time of enrollment through applicable member handbooks or a separate document entitled "Your Right to Make Medical Treatment Decisions."

Our members are encouraged to discuss their treatment choices with their primary care physician and members of their family. Whether or not they fill out a form (Durable Power of Attorney for Health Care, Living Wills, handwritten instructions, etc.) is strictly their choice and will not affect their health care coverage in any way.

For your convenience, informational materials and Advance Directive forms can be found on our website at www.healthplus.org in the *Provider* section.

If a member has a complaint about noncompliance with an Advance Directive by a provider of medical services, the member may file the complaint with the Michigan Department of Community Health.

HealthPlus is committed to providing the best possible service to our members. The Member Satisfaction Plan has been established to provide our members an avenue to follow in situations where they are dissatisfied with a contracted provider, policy, procedure or benefit of HealthPlus. Both a routine and expedited process are specified to assure that an appropriate problem resolution process is utilized. In order to improve and strengthen our programs, HealthPlus provides our members with an opportunity to express their concerns. In keeping with this philosophy, the Member Satisfaction area is committed to continuous quality improvement by way of education for our members, providers and HealthPlus staff.

In order to assure central coordination and administration of the Plan, the Member Satisfaction area will oversee adherence to the policies and procedures that govern grievances, maintain centralized record keeping functions and prepare quarterly summaries for the HealthPlus Board of Directors as well as state and federal regulators.

For purposes of the HealthPlus Member Satisfaction Plan, the following definitions shall apply:

Adverse Determination
A HealthPlus coverage determination that an admission, availability of care, continued stay or other health care service or benefit has been reviewed and denied, reduced or terminated. Failure to respond in a timely manner to a request for a determination constitutes an adverse determination.

Expedited Grievance
A grievance in which a physician substantiates (orally or in writing) that due to the medical status of the member, resolution within HealthPlus' normal time frames would acutely jeopardize the life or health or ability to regain maximum function of a member or subject a member to severe pain that cannot be managed adequately.

Grievance
A dispute on behalf of a member, presented orally or in writing by the member (or another person, including a physician, who is authorized in writing to act on behalf of the member), regarding the availability, delivery or quality of health care services (including an adverse determination concerning utilization review), pre-service or post-service claims; payment, handling or reimbursement for health care services; or matters pertaining to the contractual relationship between a member and HealthPlus.

The grievance process does not apply to a provider's complaint concerning claims payment, handling or reimbursement for health care services.

The Member Satisfaction Coordinator will assure the routine grievance process takes no longer than 30 days from filing of the grievance to the final written determination made by the Grievance Appeal Committee. This 30-day period may be tolled, however, by a member or by HealthPlus for up to 10 days.

The HealthPlus Member Satisfaction Plan is available to all HealthPlus members. However, members in the HealthPlus Senior program must have all payment or service denials reviewed under the HealthPlus Subscriber Appeal Process which is mandated by the Centers for Medicare and Medicaid Services and described in HealthPlus Senior member materials.

Members in the HealthPlus Partners (Medicaid) program have an additional right to directly contact the state to request the Fair Hearing Process which is described in the HealthPlus Partners Medicaid member materials.