



Plan Information: Member Rights and Responsibilities Statement

As a new or existing practitioner, you should be aware of certain rights and responsibilities that Denver Health Medical Plan, Inc. (DHMP) members are entitled to and responsible for.

MEMBERS HAVE THE RIGHT TO:

- » Have access to practitioners and staff who are committed to providing quality health care to all members without regard for race, religion, color, creed, national origin, age, sex, sexual preference, political party, disability or participation in a publicly-financed program.
- » To obtain available and accessible services covered by the contract.
- » Receive medical/behavioral health care that is based on objective scientific evidence and human relationships.
- » To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- » Have a partnership based on trust, respect and cooperation among the provider, staff and member that will result in better health care.
- » Be treated with courtesy, respect and recognition of their dignity and right to privacy.
- » Receive equal and fair treatment, without regard to race, religion, color, creed, national origin, age, sex, sexual preference, political party, disability or participation in a publicly-financed program and in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.
- » Choose or change their Primary Care Provider (PCP) within the network of providers, to contact their PCP whenever a health problem is of concern to them and arrange for a second opinion at no cost, if desired.
- » Expect that their medical records and anything that they say to their provider will be treated confidentially and will not be released without their consent, except as required or allowed by law.
- » Get copies of their medical records or limit access to these records, according to state and federal law.
- » Know the names and titles of the doctors, nurses and other persons who provide care or services to them.
- » Have a candid discussion with their provider about appropriate or medically-necessary treatment options for their condition, regardless of cost or benefit coverage.
- » Participate with providers in making decisions about their health care.
- » Request or refuse treatment to the extent of the law and to know what the outcomes may be.
- » Receive quality care and be informed of the DHMP Quality Improvement (QI) Program.
- » Receive information about DHMP, its services, its practitioners and providers and members'

rights and responsibilities, as well as prompt notification of termination or other changes in benefits, services or the DHMP network. This includes how to get services during regular hours, emergency care, after-hours care, out-of-area care, exclusions and limits on covered services.

- » Learn more about their PCP and their qualifications, such as medical school attended or residency. Visit [DenverHealthMedicalPlan.org/Find-Doctor](https://denverhealthmedicalplan.org/Find-Doctor) for our web-based directories, or call Health Plan Services at 303-602-2100.
- » Express their opinion about DHMP or its providers to legislative bodies or the media without fear of losing health benefits.
- » Receive an explanation of all consent forms or other papers DHMP or its providers ask them to sign; refuse to sign these forms until they understand them; refuse treatment and to understand the consequences of doing so; refuse to participate in research projects; cross out any part of a consent form that they do not want applied to their care; or to change their mind before undergoing a procedure for which they have already given consent.
- » Instruct their providers about their wishes related to advance directives, such as durable power of attorney, living will or organ donation.
- » Receive care at any time, 24 hours a day/7 days a week, for emergency conditions, and care within 48 hours for urgent conditions.
- » Have interpreter services if they need them when getting their health care services.
- » Change enrollment during the times when rules and regulations allow them to do so.
- » Have referral options that are not restricted to less than all providers in the network that are qualified to provide covered specialty services; applicable copays apply.
- » Expect that referrals approved by DHMP cannot be changed after prior authorization or retrospectively denied except for fraud, abuse or change in eligibility status at the time of service.
- » Make recommendations regarding DHMP's Member Rights and Responsibilities policies.
- » Voice a complaint or appeal a decision concerning the DHMP organization or the care provided and receive a reply according to the complaint/appeal process.

MEMBERS HAVE THE RESPONSIBILITY TO:

- » Treat providers and their staff with courtesy, dignity and respect.
- » Pay all premiums and applicable cost sharing (i.e., deductible, coinsurance, copays).
- » Make and keep appointments, be on time or call if they will be late or must cancel an appointment and have their DHMP identification card available at the time of service and pay for any charges for non-covered benefits.
- » Report their symptoms and problems to their PCP, ask questions and take part in their health care.
- » Learn about any procedure or treatment and think about it before it is done.
- » Think about the outcomes of refusing treatment that their PCP suggests.
- » Follow plans and instructions for care that they have agreed upon with their provider.
- » Provide, to the extent possible, correct and necessary information and records that DHMP and its providers need in order to provide care.
- » Understand their health problems and participate in developing mutually-agreed upon treatment goals to the degree possible.
- » State their complaints and concerns in a civil and appropriate way.
- » Learn and know about plan benefits (i.e., which services are covered and non-covered) and to contact a DHMP Health Plan Services representative with any questions.
- » Inform providers or a representative from DHMP when not pleased with care or service.
- » To notify DHMP of any third party insurance, including Medicare.