

Patient Protection Act

The intent of the Patient Protection Act is to ensure, among other things, that patients and providers are informed about their health insurance plans. This section outlines some important terms and conditions. ***(Note: Kaiser Permanente is subject to the same law. Contact Kaiser for the details of its Patient Protection provisions.)***

1. What are an Enrollee's rights and responsibilities?

Enrollees have the right to:

- Be treated with respect and recognition of their dignity and need for privacy
- Have access to urgent and emergency services, 24 hours a day, seven days a week
- Know what their rights and responsibilities are. Members will be given information about their health plan and how to use it and about the providers who will care for them. This information will be provided in a way that members can understand.
- Participate in decision-making regarding their health care. This includes a discussion of appropriate or medically necessary treatment options for their conditions, whether or not the cost is covered under the plan, and the right to refuse care and be advised of the medical result of their refusal.
- Receive services as described in their plan handbooks
- Have their medical and personal information remain private. Personal information will be handled in compliance with state and federal law, and will be given to third parties only as necessary to administer the plan, as required by law, or as permitted by the member.
- File a complaint or appeal about any aspect of the plan and to receive a timely response. Members are welcome to make suggestions to Moda Health.
- Obtain free language assistance services, including verbal interpretation services, when communicating with Moda Health
- Have a statement of wishes for treatment, known as an Advance Directive, on file with their professional providers. Members also have the right to file a power of attorney which allows the member to give someone else the right to make health care choices when the member is unable to make these decisions.

Members have the responsibility to:

- Read the plan handbook to make sure they understand the Plan. Members are advised to call Medical Customer Service or Pharmacy Medication Benefit Customer Service with any questions.
- Treat all physicians and providers and their staff with courtesy and respect
- Provide all the information needed for their physician or provider to provide good health care
- Participate in making decisions about their medical care and forming a treatment plan
- Follow instructions for care they have agreed to with their physician or provider
- Use urgent and emergency services appropriately
- Present their medical identification card when seeking medical care
- Notify physicians and providers of any other insurance policies that may provide coverage
- Reimburse Moda Health from any third party payments you may receive

- Keep appointments and be on time. If this is not possible, members must call ahead to let the provider know they will be late or cannot keep their appointment.
- Seek regular health checkups and preventive services
- Provide adequate information to the plan to properly administer benefits and resolve any issues or concerns that may arise

Members may call the Moda Health's Customer Department for questions about these rights and responsibilities.

2. What do I do if I have a medical emergency?

If you believe you have a medical emergency, you should call 9-1-1 or seek care from the nearest appropriate physician or provider, such as a physician's office or clinic, urgent care facility or emergency room.

3. How will I know if benefits are changed or terminated?

It is the responsibility of your employer to notify you of benefit changes or termination of coverage. If your Group contract terminates and your employer does not replace the coverage with another group contract, your employer is required by law to inform you in writing of the termination.

4. If I am not satisfied with my health plan, how do I file an appeal?

You can file an appeal by contacting Moda Health's Customer Service or by writing a letter to Moda Health (P.O. Box 40384, Portland, Oregon 97240). See the booklet section titled "Appeals" for complete information. You may also contact the Oregon Insurance Division:

By phone:	503-947-7984 or 1-888-877-4894
By mail:	Oregon Insurance Division P.O. Box 14480 Salem, Oregon 97309-0405
Online:	www.cbs.state.or.us/ins/consumer/consumer.html
By email:	cp.ins@state.or.us

5. What are Moda Health's prior authorization and utilization review criteria?

Prior authorization is the process Moda Health uses to determine whether a service is covered under the Plan (including whether it is medically necessary) prior to the service being rendered. Members may contact Moda Health's Customer Service Department, visit myModa, or review the CityCore and CityHD medical plan prior authorization section in this booklet to request information on the list of services that require prior authorization. Many types of treatment may be available for certain conditions; the prior authorization process helps determine which treatment is covered under the Plan.

Obtaining a prior authorization is your assurance that the services and supplies recommended by your provider are medically necessary and covered under your health plan. Except in the case of fraud or misrepresentation, prior authorization for benefit coverage and medical necessity shall be binding if obtained no more than 30 days prior to the date the service is provided, and prior authorization for member eligibility shall be binding if obtained no more than five business days prior to the date the service is provided.

Utilization review is the process of reviewing services after they are rendered to ensure that they were medically necessary and appropriate with regard to widely accepted standards of good medical practice.

For a written summary of information that may be included in the Moda Health utilization review of a particular condition or disease, call Moda Health's Customer Service.

6. How are important documents, such as my medical records, kept confidential?

Moda Health protects your information in several ways:

- Moda Health has a written policy to protect the confidentiality of health information
- Only employees who need to access your information in order to perform their job functions are allowed to do so
- Disclosure outside Moda Health is permitted only when necessary to perform functions related to providing coverage and/or when otherwise allowed by law
- Most documentation is stored securely in electronic files with designated access

7. How can a member participate in the development of Moda Health's corporate policies and practices?

Member feedback is very important to Moda Health. Moda Health welcomes any suggestions for improvements about its health benefit plans or its services. Moda Health has formed advisory committees—including the Group Advisory Committee for employers and the Quality Council for health care professionals—to allow participation in the development of corporate policies and to provide feedback. The committees generally meet two times per year.

Please note that committee membership is limited. For more information, contact Moda Health at:

Moda Health
601 S.W. Second Avenue
Portland, Oregon 97204
www.modahealth.com

8. How can non-English-speaking members get information about the plan?

A representative will coordinate the services of an interpreter over the phone when a member calls.

9. What additional information can I get upon request?

The following documents are available by calling Moda Health's Customer Service:

- A copy of Moda Health's annual report on complaints and appeals
- A description of Moda Health's efforts to monitor and improve the quality of health services
- Information about procedures for credentialing network providers and how to obtain the names, qualifications, and titles of the providers responsible for a member's care
- Information about Moda Health's prior authorization and utilization review procedures

10. What information about Moda Health is available from the Oregon Insurance Division?

The following information regarding the Moda Health benefit plans is available from the Oregon Insurance Division:

- The results of all publicly available accreditation surveys
- A summary of Moda Health's health promotion and disease prevention activities
- An annual summary of appeals
- An annual summary of utilization review policies
- An annual summary of quality assessment activities
- An annual summary of scope of network and accessibility of services

Contact:

Oregon Insurance Division
P.O. Box 14480
Salem, Oregon 97309-0405
503-947-7984 or toll-free at 1-888-877-4894