



Utilization Management Policy

Members' Rights and Responsibilities

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|--------------------------|---|-------------------------|--|--------------------------|------------|
| Table of Contents | | Related Policies | | Policy Number | 484 |
| Policy Statement..... | 1 | None | | Original Effective Date: | 7/2010 |
| Purpose..... | 1 | | | Current Approval Date: | 4/23/20 |
| Scope..... | 1 | | | Next Review: | 4/2021 |
| Description | 2 | | | Category: | Compliance |
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Policy Statement

It is the policy of Optum* by OptumHealth Care Solutions, LLC to ensure that Client Plan enrollees have access to information regarding their rights and responsibilities. Client Plan members receive information about a Client Plan's members' rights and responsibilities from the Client Plan.

Purpose

To define Optum's expectations associated with member rights and responsibilities.

Scope

This policy applies to all Client Plan membership managed by Optum.

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Description

- General Communication: Information about the plan's Members' Rights and Responsibilities is communicated by the Client Plan.
- Member Rights and Responsibilities:
 - Members have the right to:
 - Be treated with respect and dignity by Optum personnel and Optum network health care professionals.
 - Privacy and confidentiality for treatments, tests and procedures received.
 - Voice concerns about the service and care received.
 - Register complaints and appeals concerning health plan or the care provided.
 - Receive timely responses to concerns.
 - Participate in a candid discussion with your health care professional about appropriate and medically necessary treatment options for conditions, regardless of cost or benefit coverage.
 - Be provided with access to physicians, health care professionals and other health care facilities.
 - Participate with your physician and other health care professionals in decisions about your care.
 - Receive and make recommendations regarding the organization's member's rights and responsibilities policies.
 - Receive information about Client Plan services, network physicians and other health care professionals.
 - Be informed of, and refuse to participate in, any experimental treatment.
 - Have coverage decisions and claims processed according to regulatory standards, when applicable.
 - Choose an Advance Directive to designate the kind of care you wish to receive should you be unable to express your wishes.
 - Members have the responsibility to:
 - Know and confirm benefits before receiving treatment.
 - Contact an appropriate health care professional when you have a medical need or concern.
 - Show your ID card before receiving health care services.
 - Pay any necessary copayment at the time you receive treatment.
 - Use emergency room services only for injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardy to life or health.
 - Keep scheduled appointments.
 - Provide information needed for your care.
 - Follow agreed-upon instructions and guidelines of physicians and health care professionals.
 - Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
 - Notify your employer's human resource department of changes in your address or family status.
 - Visit our Web site, www.myoptumhealthphysicalhealth.com or call the member phone number on the back of your ID card to verify that your physician or health care professional is participating in the Optum network before receiving services.



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Definitions

Client Plan – The entity that generally has the responsibility for issuance and administration of the member’s benefit contract and correlating member specific documents.

References

National Committee for Quality Assurance (NCQA). <http://www.ncqa.org/>

Policy History/Revision Information

| Date | Action/Description |
|------------|---|
| 7/15/2010 | Origination date; QIC approval |
| 10/26/2010 | Policy rebranded to “OptumHealth Care Solutions, Inc. (OptumHealth)” |
| 4/07/2011 | Annual review and approval completed |
| 4/19/2012 | Annual review and approval completed |
| 4/18/2013 | Annual review and approval completed |
| 4/17/2014 | Annual review and approval completed; Policy rebranded “Optum* by OptumHealth Care Solutions, Inc.” |
| 4/16/2015 | Annual review and approval completed |
| 4/21/2016 | Updated reference; Annual review and approval completed |
| 4/20/2017 | Annual review and approval completed; Legal entity name changed from “OptumHealth Care Solutions, Inc.” to “OptumHealth Care Solutions, LLC.” |
| 4/26/2018 | Annual review and approval completed |
| 4/25/2019 | Annual review and approval completed |
| 4/23/2020 | Annual review and approval completed |

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word “Policy” in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum’s administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member’s SPD or COC, the member’s SPD or COC will govern.

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