

**L.A. Care Health Plan Medicare Advantage HMO**  
**Our Plan must honor your rights as a member of the Plan**

We must provide information in a way that works for you (in languages other than English that are spoken in the Plan service area, in Braille, in large print, or other alternate formats, etc.)

To get information from us in a way that works for you, please call Member Services.

Our Plan has people and translation services available to answer questions from non-English speaking members. We can also give you information in Braille, in large print, or other alternate formats if you need it. If you are eligible for Medicare because of disability, we are required to give you information about the Plan's benefits that is accessible and appropriate for you.

If you have any trouble getting information from our Plan because of problems related to language or disability, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and tell them that you want to file a complaint. TTY users call 1-877-486-2048.

**We must treat you with fairness and respect at all times**

Our Plan must obey laws that protect you from discrimination or unfair treatment. **We do not discriminate** based on a person's race, disability, religion, sex, health, ethnicity, creed (beliefs), age, or national origin.

If you want more information or have concerns about discrimination or unfair treatment, please call the Department of Health and Human Services' **Office for Civil Rights** 1-800-368-1019 (TTY 1-800-537-7697) or your local Office for Civil Rights.

If you have a disability and need help with access to care, please call us at Member Services. If you have a complaint, such as a problem with wheelchair access, Member Services can help.

**We must ensure that you get timely access to your covered services and drugs**

As a member of our Plan, you have the right to choose a primary care physician (PCP) in the Plan's network to provide and arrange for your covered services (Chapter 3 explains more about this). Call Member Services to learn which doctors are accepting new patients. You also have the right to go to a women's health specialist (such as a gynecologist) without a referral.

As a Plan member, you have the right to get appointments and covered services from the Plan's network of providers *within a reasonable amount of time*. This includes the right to get timely services from specialists when you need that care. You also have the right to get your prescriptions filled or refilled at any of our network pharmacies without long delays.

If you think that you are not getting your medical care or Part D drugs within a reasonable amount of time, Chapter 9 of the Evidence of Coverage (EOC) tells what you can do.

## **We must protect the privacy of your personal health information**

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

- Your “personal health information” includes the personal information you gave us when you enrolled in this Plan as well as your medical records and other medical and health information.
- The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. We give you a written notice, called a “Notice of Privacy Practice,” that tells about these rights and explains how we protect the privacy of your health information.

### ***How do we protect the privacy of your health information?***

- We make sure that unauthorized people don’t see or change your records.
- In most situations, if we give your health information to anyone who isn’t providing your care or paying for your care, we are required to get written permission from you first. Written permission can be given by you or by someone you have given legal power to make decisions for you.
- There are certain exceptions that do not require us to • get your written permission first. These exceptions are allowed or required by law.
  - For example, we are required to release health information to government agencies that are checking on quality of care.
  - Because you are a member of our Plan through Medicare, we are required to give Medicare your health information including information about your Part D prescription drugs. If Medicare releases your information for research or other uses, this will be done according to Federal statutes and regulations.

### ***You can see the information in your records and know how it has been shared with others***

You have the right to look at your medical records held at the Plan, and to get a copy of your records. We are allowed to charge you a fee for making copies. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we will consider your request and decide whether the changes should be made.

You have the right to know how your health information has been shared with others for any purposes that are not routine.

If you have questions or concerns about the privacy of your personal health information, please call Member Services.

## **We must give you information about the Plan, its network of providers, and your covered services**

As a member of our Plan, you have the right to get several kinds of information from us. (As explained above, you have the right to get information from us in a way that works for you. This includes getting the information in languages other than English (such as Spanish) and in large print or other alternate formats.)

If you want any of the following kinds of information, please call Member Services:

***Information about our Plan***

This includes, for example, information about the Plan's financial condition. It also includes information about the number of appeals made by members and the Plan's performance ratings, including how it has been rated by Plan members and how it compares to other Medicare Advantage health plans.

***Information about our network providers including our network pharmacies***

For example, you have the right to get information from us about the qualifications of the providers and pharmacies in our network and how we pay the providers in our network.

- For a list of the providers in the Plan's network, see the Provider Directory.
- For a list of the pharmacies in the Plan's network, see the Pharmacy Directory.
- For more detailed information about our providers or pharmacies, you can call Member Services or visit our website at [www.lacare.org](http://www.lacare.org).

***Information about your coverage and rules you must follow in using your coverage***

- In Chapters 3 and 4 of the EOC, we explain what medical services are covered for you, any restrictions to your coverage, and what rules you must follow to get your covered medical services.
- To get the details on your Part D prescription drug coverage, see Chapters 5 and 6 of the EOC plus the Plan's List of Covered Drugs (Formulary). These chapters, together with the List of Covered Drugs, tell you what drugs are covered and explain the rules you must follow and the restrictions to your coverage for certain drugs.
- If you have questions about the rules or restrictions, please call Member.

***Information about why something is not covered and what you can do about it.***

- If a medical service or Part D drug is not covered for you, or if your coverage is restricted in some way, you can ask us for a written explanation. You have the right to this explanation even if you received the medical service or drug from an out-of-network provider or pharmacy.
- If you are not happy or if you disagree with a decision we make about what medical care or Part D drug is covered for you, you have the right to ask us to change the decision. For details on what to do if something is not covered for you in the way you think it should be covered, see Chapter 9 of the EOC. It gives you the details about how to ask the Plan for a decision about your coverage and how to make an appeal if you want us to change our decision. (Chapter 9 also tells about how to make a complaint about quality of care, waiting times, and other concerns.)
- If you want to ask our Plan to pay our share of a bill you have received for medical care or a Part D prescription drug, see Chapter 7 of the EOC.

**We must support your right to make decisions about your care**

**You have the right to know your treatment options and participate in decisions about your health care**

You have the right to get full information from your doctors and other health care providers when you go for medical care. Your providers must explain your medical condition and your treatment choices *in a way that you can understand*.

You also have the right to participate fully in decisions about your health care. To help you make decisions with your doctors about what treatment is best for you; your rights include the following:

- **To know about all of your choices.**
  - This means that you have the right to be told about all of the treatment options that are recommended for your condition, no matter what they cost or whether they are covered by our Plan. It also includes being told about programs our Plan offers to help members manage their medications and use drugs safely.
- **To know about the risks.**
  - You have the right to be told about any risks involved in your care. You must be told in advance if any proposed medical care or treatment is part of a research experiment. You always have the choice to refuse any experimental treatments.
- **The right to say “no.”**
  - You have the right to refuse any recommended treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to leave. You also have the right to stop taking your medication. Of course, if you refuse treatment or stop taking medication, you accept full responsibility for what happens to your body as a result.
- **To receive an explanation if you are denied coverage for care.**
  - You have the right to receive an explanation from us if a provider has denied care that you believe you should receive. To receive this explanation, you will need to ask us for a coverage decision. Chapter 9 of the EOC tells how to ask the Plan for a coverage decision.

***You have the right to give instructions about what is to be done if you are not able to make medical decisions for yourself***

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, *if you want to*, you can:

- Fill out a written form to give **someone the legal authority to make medical decisions for you** if you ever become unable to make decisions for yourself.
- **Give your doctors written instructions** about how you want them to handle your medical care if you become unable to make decisions for yourself.

The legal documents that you can use to give your directions in advance in these situations are called “**advance directives**.” There are different types of advance directives and different names for them. Documents called “**living will**” and “**power of attorney for health care**” are examples of advance directives.

If you want to use an “advance directive” to give your instructions, here is what to do:

- **Get the form.** If you want to have an advance directive, you can get a form from your lawyer, from a social worker, or from some office supply stores. You can sometimes get advance directive forms from organizations that give people information about Medicare.
- **Fill it out and sign it.** Regardless of where you get this form, keep in mind that it is a legal document. You should consider having a lawyer help you prepare it.
- **Give copies to appropriate people.** You should give a copy of the form to your doctor and to the person you name on the form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well. Be sure to keep a copy at home.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, **take a copy with you to the hospital.**

If you are admitted to the hospital, they will ask you whether you have signed an advance directive form and whether you have it with you.

If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

**Remember, it is your choice whether you want to fill out an advance directive** (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive.

***What if your instructions are not followed?***

If you have signed an advance directive, and you believe that a doctor or hospital hasn't followed the instructions in it, you may file a complaint with:

Medical Board of California Central Complaint Unit  
 1426 Howe Avenue, Suite 54  
 Sacramento, CA 95825-3236

**You have the right to make complaints and to ask us to reconsider decisions we have made**

If you have any problems or concerns about your covered services or care, Chapter 9 of the EOC tells what you can do. It gives the details about how to deal with all types of problems and complaints.

As explained in Chapter 9, what you need to do to follow up on a problem or concern depends on the situation. You might need to ask our Plan to make a coverage decision for you, make an appeal to us to change a coverage decision, or make a complaint. Whatever you do—ask for a coverage decision, make an appeal, or make a complaint—**we are required to treat you fairly.**

You have the right to get a summary of information about the appeals and complaints that other members have filed against our Plan in the past. To get this information, please call Member Services (phone numbers are on the last page).

**What can you do if you think you are being treated unfairly or your rights are not being respected?**

### ***If it is about discrimination, call the Office for Civil Rights***

If you think you have been treated unfairly or your rights have not been respected due to your race, disability, religion, sex, health, ethnicity, creed (beliefs), age, or national origin, you should call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 or TTY 1-800-537-7697, or call your local Office for Civil Rights.

### ***Is it about something else?***

If you think you have been treated unfairly or your rights have not been respected, *and* it's *not* about discrimination, you can get help dealing with the problem you are having:

You can **call Member Services**.

You can **call the State Health Insurance Assistance Program**. For details about this organization and how to contact it, go to Chapter 2, Section 3 of the EOC.

### **How to get more information about your rights**

There are several places where you can get more information about your rights:

You can **call Member Services**

You can **call the State Health Insurance Assistance Program**. For details about this organization and how to contact it, go to Chapter 2, Section 3 of your EOC.

You can contact **Medicare**.

– You can visit the Medicare website (<http://www.medicare.gov>) to read or download the publication “Your Medicare Rights & Protections.”

– Or, you can call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **You have some responsibilities as a member of the Plan**

#### ***What are your responsibilities?***

Things you need to do as a member of the Plan are listed below. If you have any questions, please call Member Services. We're here to help.

- **Get familiar with your covered services and the rules you must follow to get these covered services.** Use the Evidence of Coverage (EOC) to learn what is covered for you and the rules you need to follow to get your covered services.
  - Chapters 3 and 4 give the details about your medical services, including what is covered, what is not covered, rules to follow, and what you pay.
  - Chapters 5 and 6 give the details about your coverage for Part D prescription drugs.
- **If you have any other health insurance coverage or prescription drug coverage besides our Plan, you are required to tell us.** Please call Member Services to let us know.
  - We are required to follow rules set by Medicare to make sure that you are using all of your coverage in combination when you get your covered services from our Plan. This is called “**coordination of benefits**” because it involves coordinating the health and drug benefits you

get from our Plan with any other health and drug benefits available to you. We'll help you with it.

- **Tell your doctor and other health care providers that you are enrolled in our Plan.** Show your Plan membership card whenever you get your medical care or Part D prescription drugs. Keep your red, white, and blue Medicare card and State BIC card in a safe place. While a member of our Plan, you will only use your BIC card for Medi-Cal services not covered by our Plan.
  - **Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.**
    - To help your doctors and other health providers give you the best care, learn as much as you are able to about your health problems and give them the information they need about you and your health. Follow the treatment plans and instructions that you and your doctors agree upon.
    - If you have any questions, be sure to ask. Your doctors and other health care providers are supposed to explain things in a way you can understand. If you ask a question and you don't understand the answer you are given, ask again.
  - **Be considerate.** We expect all our members to respect the rights of other patients. We also expect you to act in a way that helps the smooth running of your doctor's office, hospitals, and other offices.
  - **Pay what you owe.** As a Plan member, you are responsible for these payments:
    - For some of your medical services or drugs covered by the Plan, you must pay your share of the cost when you get the service or drug. This will be a copayment (a fixed amount). Chapter 4 tells what you must pay for your medical services. Chapter 6 tells what you must pay for your Part D prescription drugs.
    - If you get any medical services or drugs that are not covered by our Plan or by other insurance you may have, you must pay the full cost.
  - **Tell us if you move.** If you are going to move, it's important to tell us right away. Call Member Services.
    - **If you move *outside* of our Plan service area, you cannot remain a member of our Plan.** We can help you figure out whether you are moving outside our service area. If you are leaving our service area, we can let you know if we have a Plan in your new area.
    - **If you move *within* our service area, we still need to know** so we can keep your membership record up to date and know how to contact you.
- Call Member Services for help if you have questions or concerns.** We also welcome any suggestions you may have for improving our Plan.
- Phone numbers and calling hours for Member Services are: 1-888-839-9909 (TTY 1-866-522-2731), 24 hours a day, 7 days a week (including holidays).