



**Health New England**  
*Where you matter.*

# Member Information

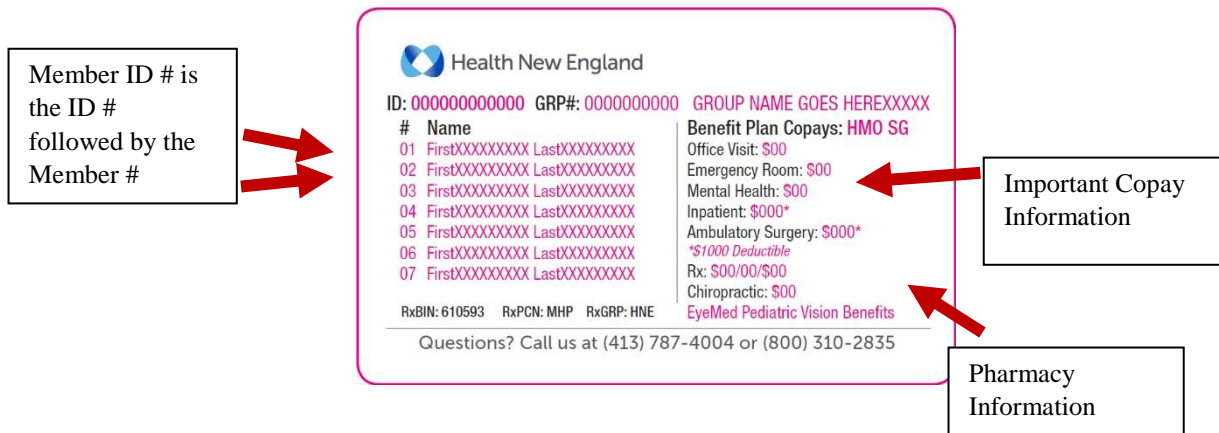
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# Member Information

## Member Eligibility and Identification Cards

HNE members are issued an identification card (ID card). Members are instructed to present their ID card when seeking medical services. The ID card alone does not guarantee eligibility. You can verify eligibility and benefits by logging on to HNE Direct. If you have not registered already, you can do so by going to <https://www.hnedirect.com/login>. Refer to the member's ID card to identify any member copay amounts for office visits, urgent/emergency care, prescriptions, etc. Please note that members of a Self-Funded employer group will have an "S" before the group number.

A sample ID card is provided below:



## Member Rights and Responsibilities

HNE has adopted the following statement of Members' Rights and Responsibilities:

### Members of HNE have the right to:

- Receive information on HNE, its services, In-Plan providers, policies, procedures, and their rights and responsibilities. HNE will not release information that by law may not be given to Members or any third party. We will not disclose privileged information about In-Plan providers.
- Be treated with respect and with recognition of their dignity and right to privacy.
- Participate in health care decisions with their doctors or other health care providers.
- Expect that their doctors or other health care providers will fully and openly discuss appropriate, Medically Necessary treatment options, regardless of the cost or benefit coverage. It does not mean that HNE covers all treatment options. If the member is unsure about coverage, they may contact Member Services at (413) 787-4004 or (800) 310-2835.
- Contact us with a grievance or complaint about HNE or an In-Plan provider.
- Refuse a treatment, drug or other procedure that is recommended by their doctor or other health care providers as the law allows. Providers should tell the member about any potential medical effects of refusing treatment.
- Select a Primary Care Provider (PCP) who is accepting new patients. HNE PCPs are listed in the Provider Directory.
- Change their PCP. A member may choose any In-Plan PCP, except those who have notified HNE that they are not accepting new patients.
- Have access during business hours to HNE Member Services Representatives who can answer their questions and help them resolve a problem.
- Expect that medical records and information on their relationship with their doctor will remain confidential in accordance with state and federal law and HNE policies.
- Make recommendations regarding HNE's Member Rights and Responsibilities policies.

### Members of HNE have certain responsibilities. These are to:

- Provide, to the extent possible, information to their providers that providers need in order to care for them. This includes their present and past medical conditions, as they understand them, before and during any course of treatment.
- Follow the treatment plans and instructions for care that the member has agreed on with his or her provider.
- Read HNE materials to become familiar with their benefits and services. If members have any questions, they should call Member Services at (413) 787-4004 or (800) 310-2835.
- Follow all HNE policies and procedures.
- Treat In-Plan providers and HNE staff with the same respect and courtesy they would expect for themselves.
- Arrive on time for appointments or give proper notice if they must cancel or will be late.
- Understand their health problems, an important factor in their treatments. If members do not understand their illnesses or treatments, they can talk them over with their doctors.
- Participate in decision-making about their health care.
- Inform HNE of any other insurance coverage they may have. This helps us process claims and work with other payers.
- Notify us of status changes (such as a new address) that could affect their eligibility for coverage.
- Help HNE and In-Plan providers get prior medical records as needed. Members agree that HNE may obtain and use any of their medical records and other information needed to administer the plan.
- Consider the potential effects if they do not follow their providers' advice. When a service recommended by an In-Plan doctor is covered, they may choose to decline it for personal reasons. For example, members may prefer to get care from Out-of-Plan providers rather than In-Plan providers. In these cases, HNE may not cover the substitute or alternate care that the member prefers.

### Confidentiality of and Access to Medical Records

HNE is committed to protecting the privacy of HNE members at all times and in all settings. As part of that commitment, HNE requires that all providers protect the confidentiality of member records in accordance with state and federal law. HNE requires that medical records be stored securely, with access granted to only those individuals who are authorized to do so in the performance of their duties; that medical records be organized and stored to allow for easy retrieval; and that the practice periodically conducts training centered on member confidentiality requirements.

HNE uses member information for many different purposes, including:

- For general plan administration purposes, including processing and paying claims, verification of enrollment and eligibility, coordination of benefits with other benefit plans, subrogation, reinsurance, financial auditing, and member satisfaction processes
- For quality management
- For utilization management
- For disease management activities
- To furnish information to providers who are treating HNE members
- When required by law, such as to respond to a court order or subpoena
- For other purposes allowed by law

### Please Note:

**HNE may release confidential member information to or request information from a member's provider without an individual authorization from the member as described below.** In cases where HNE would like to use a member's information for a purpose not specifically described by law, HNE will obtain the member's written authorization to do so.

Some physicians have expressed concern about whether they may disclose medical record information to HNE in light of the Privacy Rule requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows covered entities, which includes physicians and health plans, to use or disclose protected health information (PHI) without an individual authorization from the patient for treatment, payment and some health care operations purposes, and for certain other specific purposes outlined by the HIPAA Privacy Rule (45 C.F.R. §§ 164.502, 164.506). The definition of health care operations includes quality improvement, accreditation and licensing activities (45 C.F.R. § 164.501).

Covered entities may disclose PHI to other covered entities for the other covered entity's treatment, payment and limited health care operations purposes, as defined by the Privacy Rule, as long as the request relates to current or former patients or members [45 C.F.R. § 164.506(c)(4)].

HNE's utilization review activities are considered payment activity, and HNE's quality improvement, accreditation, case management and care coordination activities are considered health care operations activities. Therefore, the disclosure of health information by physicians to HNE without an individual authorization from the patient for these purposes is permissible under the HIPAA Privacy Rule.

HNE recognizes that physicians are concerned with compliance to applicable privacy laws. We at HNE share those same concerns and will proceed only in a manner that is consistent with applicable laws.

HNE may share PHI with third parties outside of HNE, such as consultants and auditors, when necessary to conduct our business. HNE does not release a member's PHI (other than enrollment information) to employer groups. Self-Funded groups, however, need certain information so that they may adequately fund their accounts. Therefore, HNE will release information to certain persons designated by the Self-Funded group as persons who may appropriately have access to the information. HNE also will require that the Self-Funded group sets security measures to prevent unauthorized access.

In addition, under state and federal law, members have a right to obtain a copy of their medical records.

HNE has a detailed policy on privacy. HNE protects members' PHI by requiring that all employees or temporary employees sign a statement that they have read, understand and agree to abide by the policy. The policy addresses internal protection of oral, written and electronic PHI. It requires that use of PHI across HNE be limited to the minimum necessary. HNE also conducts privacy training and sends annual privacy reminders to its employees. HNE will provide a more detailed explanation of its privacy practices to all HNE members and/or providers upon request. Providers may request a copy by calling Provider Relations at (413) 233-3313 or (800) 842-4464, extension 5000.

### Members Requesting Copies of Medical Records

HNE and all of its contracted providers agree to give members access to, and a copy of, their medical records upon the member's request. HNE expects contracted providers to allow members to amend their own records, in accordance with applicable state and federal laws.

### Members' Right to Appeal

Members have the right to file a grievance concerning any aspect or action of HNE relative to the member, including but not limited to an "adverse determination." An "adverse determination" is a decision to deny, reduce, change or end coverage of a health service for failure to meet the requirements for coverage based on medical necessity, appropriateness of health care setting, and level of care or effectiveness. A grievance may also be a complaint about quality of care or administration of an HNE plan.

### Member Satisfaction Survey

HNE conducts an annual survey of randomly selected members to ask them to report on and evaluate their experiences with health care. The survey includes ratings of personal doctors and other health care staff, as well as an overall rating of the health plan. It also asks members to report on their experiences with health care services. The survey compares the actual satisfaction of members with projected measures of their satisfaction.