

## Member Rights and Responsibilities

The Sutter Health Plan Member Rights and Responsibilities outline the rights and responsibilities of our members. You may request a separate copy of the Sutter Health Plan Member Rights and Responsibilities by:

- Calling Customer Service at 855-315-5800 (TTY 855-830-3500). Customer Service is available 8 a.m. to 7 p.m., Monday through Friday.
- Downloading a copy from the Member Forms and Resources section of our website at [sutterhealthplan.org/about/forms](https://sutterhealthplan.org/about/forms).

### What Are My Rights?

Member rights may be exercised without regard to age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, health status or the source of payment or utilization of services.

Your Sutter Health Plan member rights include but are not limited to the following:

- To be provided information about the Sutter Health Plan organization and our services, providers and practitioners, managed care requirements, processes used to measure quality and improve member satisfaction, as well as your rights and responsibilities as a member.
- To be treated with respect and recognition of your dignity and right to privacy.
- To actively participate with providers in making decisions about your healthcare, to the extent permitted by law, including the right to refuse treatment or leave a hospital setting against the advice of the attending physician.
- To expect candid discussion of appropriate, or medically necessary, treatment options regardless of cost or benefit coverage.
- To voice a complaint or to appeal a decision to Sutter Health Plan about the organization or the care it provides, and to expect that a process is in place to assure timely resolution of the issue.
- To make recommendations regarding the Sutter Health Plan Member Rights and Responsibilities policies.
- To know the name of the provider who has primary responsibility for coordinating your care and the names and professional relationships of others who may provide services, including the practitioner's education, certification or accreditation, licensure status, number of years in practice and experience performing certain procedures.
- To receive information about your illness, the course of treatment and prospects for recovery in terms that can be easily understood.
- To receive information about proposed treatments or procedures to the extent necessary for you to make an informed consent to either receive or refuse a course of treatment or procedure. Except in emergencies, this information shall include: a description of the procedure or treatment, medically significant risks associated with it, alternate courses of treatment or non-treatment including the risks involved with each and the name of the person who will carry out a planned procedure.
- To confidential treatment and privacy of all communications and records pertaining to care you received in any healthcare setting. Written permission will be obtained before medical records are made available to persons not directly concerned with your care, except as permitted by law or as necessary in the administration of Sutter Health Plan. The Sutter Health Plan policies related to privacy and confidentiality are available to you upon request.

- To full consideration of privacy and confidentiality around your plan for medical care, case discussion, consultation, examination and treatment, including the right to be advised of the reason an individual is present while care is being delivered.
- To reasonable continuity of care along with advance knowledge of the time and location of an appointment, as well as the name of the provider scheduled to provide your care.
- To be advised if the provider proposes to engage in or perform human experimentation within the course of care or treatment and to refuse to participate in such research projects if desired.
- To be informed of continuing healthcare requirements following discharge from a hospital or provider office.
- To examine and receive an explanation of bills for services regardless of the source of payment.
- To have these member rights apply to a person with legal responsibility for making medical care decisions on your behalf. This person may be your provider.
- To have access to your personal medical records.
- To formulate advance directives for healthcare.

## **Sutter Health Plan Public Policy Participation Committee**

Sutter Health Plan has a Public Policy Participation committee of the health plan's Board of Directors. The committee includes providers, members, and employer clients who advise on ways to improve member and employer client experience. This may include reviewing materials and programs and providing candid feedback and suggestions for improvement. If you would like to be considered for this committee, please write to Sutter Health Plan at:

Sutter Health Plan  
 Attn: Administration  
 P.O. Box 160307  
 Sacramento, CA 95833

## **What Are My Responsibilities?**

It is the expectation of Sutter Health Plan and our providers that enrollees adhere to the following Member responsibilities to facilitate the provision of high-level quality of care and service to members.

Your Sutter Health Plan Member Responsibilities include but are not limited to the following:

- To know, understand and abide by the terms, conditions, and provisions set forth by Sutter Health Plan as your health plan. Your Evidence of Coverage and Disclosure Form (EOC) contains this information.
- To supply Sutter Health Plan and our providers and practitioners (to the extent possible) the information they need to provide care and service to you. This includes informing Customer Service when a change in residence occurs or other circumstances arise that may affect entitlement to coverage or eligibility.
- To select a primary care physician (PCP) who will have primary responsibility for coordination of your care and to establish a relationship with that PCP.
- To learn about your medical condition and health problems and to participate in developing mutually agreed upon treatment goals with your practitioner, to the degree possible.
- To follow preventive health guidelines, prescribed treatment plans and guidelines/instructions that you have agreed to with your healthcare professionals and to provide to those Professionals information relevant to your care.

- To schedule appointments as needed or indicated, to notify the participating provider when it is necessary to cancel an appointment and to reschedule cancelled appointments if indicated.
- To show consideration and respect to the providers and their staff and to other patients.
- To express Grievances regarding Sutter Health Plan, or the care or service received through one of our providers, to Customer Service for investigation through our Grievance process.
- To ensure Sutter Health Plan is notified within 24 hours of receiving the care or as soon as is reasonably possible when you are admitted to non-participating hospitals or for post-stabilization care authorization.

**To facilitate greater communication between patients and providers, Sutter Health Plan will:**

- Upon the request of a member, disclose to consumers factors, such as methods of compensation, ownership of or interest in healthcare facilities, that can influence advice or treatment decisions.
- Ensure that provider contracts do not contain any so-called “gag clauses” or other contractual mechanisms that restrict the healthcare provider’s ability to communicate with or advise patients about medically necessary treatment options.

**Reporting Suspected Fraud and Abuse to Sutter Health Plan**

The Sutter Health Plan compliance program integrates ethical, legal and regulatory guidance to foster an environment in which members are empowered and encouraged to ask questions and report concerns.

The Sutter Health Plan anti-fraud program serves to prevent, detect and correct instances of fraud, thereby reducing costs to members and others caused by fraudulent activities. The anti-fraud program also serves to protect consumers in the delivery of healthcare services through the timely detection, investigation, and prosecution of suspected fraud in accordance with Section 1348 of the Knox-Keene Act, and applicable federal and state regulations.

There are many examples of fraud and abuse which include:

- Billing for services or items that were not provided.
- Billing for services or equipment that are more expensive than what was supplied.
- Members allowing someone else to use their Sutter Health Plan ID card.
- A provider paying a member to obtain care or services.
- Identity theft.
- Falsifying medical records.

Members should report any suspected fraud and abuse to us by one of the following methods:

- By calling: Customer Service at 855-315-5800 (TTY 855-830-3500)
- By email: [shpcompliance@sutterhealth.org](mailto:shpcompliance@sutterhealth.org). If sending an email, please include the following information:
  - Date suspected fraud occurred.
  - Date suspected fraud was discovered.
  - Where suspected fraud occurred.
  - A description of the incident or suspected fraud.

- A list of all persons engaged in this suspected fraud.
- Description of how you became aware of the suspected fraud.
- A list of any individuals who have attempted to conceal the issue, and the steps they took to conceal it.