

Member Rights and Responsibilities

Your Rights

As a member of Humana Healthy Horizons®, you have a right:

- To accept or refuse medical, surgical, or Behavioral Health care. Any changes will be updated in your Member Handbook as soon as possible, but no later than ninety (90) Calendar Days after the effective date of the change.
- To prepare Advance Medical Directives. Any changes will be updated in your Member Handbook as soon as possible, but no later than ninety (90) Calendar Days after the effective date of the change.
- To receive all services that the plan must provide and to get them in a timely manner.
- To get timely access to care without any communication or physical access barriers.
- To have reasonable opportunity to choose the provider that gives you care whenever possible and appropriate.
- To choose a PCP and change to another PCP in Humana Healthy Horizon in Ohio's network. We will send you something in writing that says who the new PCP is when you make a change.
- To change providers.
- To be able to get a second opinion from a qualified provider in or out of our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network.
- To get timely access and referrals to medically indicated specialty care.
- To be protected from liability for payment.
- To receive information about your health. This information also may be given to someone you have legally approved to have the information, or to someone you said should be reached in an emergency, when it is not in the best interest of your health to give it to you.
- To ask questions and get complete information about your health and treatment options in a way that you can follow. This includes specialty care.
- To have a candid discussion of any appropriate or medically necessary treatment options in a way that you can follow. This includes specialty care.
- To have a candid discussion of any appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- To take an active part in decisions about your health care unless it is not in your best interest.

Your Rights (continued)

- To say yes or no to treatment or therapy. If you say no, the doctor or Humana Healthy Horizons in Ohio must talk to you about what could happen. They will put a note in your medical record.
- To be treated with respect, dignity, privacy, confidentiality, accessibility, and nondiscrimination.
- To have access to appropriate services and not be discriminated against based on health status, religion, age, gender, or other bias.
- To be sure that others cannot hear or see you when you get medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal laws.
- Receive information in accordance with 42 CFR 438.10.
- Be furnished healthcare services in accordance with 42 CFR 438.206 through 438.210.
- Any Indian enrolled with Humana Healthy Horizons in Ohio is eligible to receive services from a participating I/T/U provider or an I/T/U primary care provider shall be allowed to receive services from that provider if part of Humana Healthy Horizon in Ohio's network. I/T/U stands for Indian Health Service, Tribally Operated Facility/Program, and Urban Indian Clinic.
- To get help with your medical records in accordance with applicable federal and state laws.
- To be sure that your medical records will be kept private.
- To ask for and receive one free copy of your medical records, and to be able to ask that your health records be changed or corrected if needed. More copies are available to members at cost. Records will be retained for five (5) years or longer as required by federal law.
- To say yes or no to having information about you given out unless Humana Healthy Horizons in Ohio must provide it by law.
- To be able to get all written member information at no cost to you in:
 - The prevalent non-English languages of members in our service area.
 - Other ways to help with the special needs of members who have trouble reading the information for any reason.
- To be able to get help from us and our providers if you do not speak English or need help to understand information. You can get the help free of charge.
- To get help with sign language if you are hearing impaired.
- To be told if a healthcare provider is a student and be able to refuse his or her care.
- To be told if care is experimental and be able to refuse to be part of the care.
- To know that Humana Healthy Horizons in Ohio must follow all federal, state, and other laws about privacy that apply. This includes procedures for assuring confidentiality of services for minors who consent to diagnosis and treatment for sexually transmitted disease, alcohol and other drug abuse or addiction, contraception, or pregnancy or childbirth with parental notice or consent.
- If you are a female, to be able to go to a woman's health provider in our network for covered woman's health services.

Your Rights (continued)

- To file an appeal or grievance or request a State Fair Hearing.
- To get help with filing an appeal or a grievance. You can ask for a State Fair Hearing from Humana Healthy Horizons in Ohio and/or the Ohio Department of Human Job and Family Services. To make advance directives, such as a living will, see your Member Handbook.
- To contact the Office of Civil Rights with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services:
Ohio Department of Medicaid (ODM), Office of Civil Rights
P.O. Box 182709
Columbus, Ohio
- To receive information about Humana Healthy Horizons in Ohio, our services, our practitioners and providers, and member rights and responsibilities.
- To make recommendations to our member rights and responsibility policy.
- If Humana Healthy Horizons in Ohio is unable to provide a necessary and covered service in our network, we will cover these services out of network. We will do this for as long as we cannot provide the service in network. If you are approved to go out of network, this is your right as a member. There is no cost to you.
- To be free to carry out your rights and know that Humana Healthy Horizons in Ohio and/or our providers will not hold this against you.

Your Responsibilities

As a member of Humana Healthy Horizons in Ohio, you agree to:

- Work with your PCP to protect and improve your health.
- Find out how your health plan coverage works.
- Listen to your PCP's advice and ask questions when you are in doubt.
- Call or go back to your PCP if you do not get better or ask to see another provider.
- Treat healthcare staff with the respect you expect yourself.
- Tell us if you have problems with any healthcare staff by calling Member Services at **877-856-5702 (TTY: 711)**
- Keep your appointments, and calling as soon as you can if you must cancel.
- Use the emergency department only for real emergencies.
- Call your PCP when you need medical care, even if it is after-hours.

As a member of Humana Healthy Horizons, you must be sure to:

- Know your rights.
- Follow Humana Healthy Horizons in Ohio and Ohio Medicaid policies and procedures.
- Know about your service and treatment options.
- Take an active part in decisions about your personal health and care, and lead a healthy lifestyle.

Your Responsibilities (continued)

- Understand as much as you can about your health issues.
- Take part in reaching goals that you and your healthcare provider agree upon.
- Let us know if you suspect healthcare fraud or abuse Let us know if you are unhappy with us or one of our providers.
- Use only approved providers.
- Report any suspected fraud, waste, or abuse using the information provided in your Member Handbook.
- Keep scheduled doctor visits. Be on time. If you have to cancel, call 24 hours in advance.
- Follow the advice and instructions for care you have agreed upon with your doctors and other healthcare providers.
- Always carry and show your member ID card when receiving services.
- Never let anyone else use your member ID card.
- Let us know of a name, address, or phone number change, or a change in the size of your family. We want to make sure we are always able to connect with you about your care. Let us know about births and deaths in your family. We don't want to lose you as a member, so letting us know is really important. It is also a good idea to tell your local Ohio Department of Health and Human Services.
- Call your PCP after going to an urgent care center, a medical emergency, or getting medical care outside of Humana Healthy Horizons in Ohio's service area.
- Let Humana Healthy Horizons in Ohio and the Ohio Department of Job and Family Services know if you have other health insurance coverage.
- Provide the information that Humana Healthy Horizons in Ohio and your healthcare providers need in order to care for you.
- Report suspected fraud, waste, or abuse (see your Member Handbook).
- Notify us immediately of any worker's compensation claim, a pending personal injury or medical malpractice lawsuit, or if you have been involved in an auto accident.



We will tell you about changes to our member rights and responsibilities on our website at [Humana.com/HealthyOhio](https://www.humana.com/HealthyOhio).

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **877-856-5702 (TTY: 711)**. We are available Monday through Friday, from 7 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your preferred language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **877-856-5702** or if you use a TTY, call **711**.
You can also file a civil rights complaint with the:
 - **Ohio Department of Medicaid (ODM), Office of Civil Rights** by emailing ODM_EEO_EmployeeRelations@medicaid.ohio.gov, faxing **614-644-1434**, or mailing to P.O. Box 182709, Columbus, Ohio 43218-2709; or
 - **U.S. Department of Health and Human Services, Office for Civil Rights** electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**.
Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **877-856-5702 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

Language assistance services, free of charge, are available to you.
877-856-5702 (TTY: 711)

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस्।

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Kiswahili (Swahili): Piga simu kwa nambari iliyo hapo juu ili upate huduma za usaidizi wa lugha bila malipo.

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

繁體中文 (Traditional Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Ikinyarwanda (Kinyarwanda): Hamagara numero iri haruguru uhabwe serivisi z'ubufasha bw'ururimi ku buntu.

简体中文 (Simplified Chinese): 您可以拨打上面的电话号码以获得免费的语言协助服务。

دري (Dari): برای دریافت خدمات رایگان کمک زبانی با شماره بالا تماس بگیرید.

پشتو (Pashto): د وړيا ژبې ملاتړ ترلاسه کولو لپاره پورته شميرې ته زنگ ووهئ.

አማርኛ (Amharic): ነፃ የቋንቋ ድጋፍ አገልግሎቶችን ለማግኘት ከላይ ባለው ስልክ ቁጥር ይደውሉ።

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.