



**Title**

Care Management Member Rights and Responsibilities

**Review Procedure**

No less than annually and as needed as determined by ongoing monitoring and evaluation of the Care Management (CM) Program, the Director of Care Management will review and ensure compliance with all applicable state and federal laws and regulations. The policy will be reviewed and approved by the Quality Management (QM) Committee.

REVIEW AND APPROVAL HISTORY					
VERSION	REVIEWED BY	REVIEW DATE	APPROVED BY	APPROVAL DATE	DESCRIPTION OF CHANGE
1	Quality Committee	3/28/2023	Quality Committee	3/28/2023	Original
2	Quality Committee	1/16/2024	Quality Committee	1/16/2024	Updates made to reflect operational consistency

**General Statement of Policy**

SOMOS Your Health LLC (the “MSO”) is a management services organization that has contracted with managed care companies (“MCOs”) to provide certain services on the behalf of the MCO. SOMOS will provide available services to patients managed by SOMOS and is not required to provide coverage for benefits not otherwise covered. This policy describes the SOMOS Care Management (CM) Department’s policy for patient’s rights and responsibilities in accordance with 42 CFR § 438.10 of Title 42 of the Code of Federal Regulations.

**Contacts/Scope**

Policy 101.5 is intended to provide guidance on SOMOS’ commitment to patient rights and its expectations of patients’ responsibilities while enrolled in a care management program. SOMOS Care Management Department and to current and future eligible SOMOS managed patients. The Chief Medical Officer (CMO) and the Director of Care Management provide oversight of the CM Department’s process for case management.

**Glossary/Definitions**

**Protected Health Information (PHI):** Individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral.<sup>1</sup>

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<sup>1</sup> Health Insurance Portability And Accountability Act, P.L. 104-191



**Individualized Care Plan (ICP)/Individualized care management plan:** Plan of care developed by a patient and/or a patient’s ICT or health plan that includes prioritized goals that considers the patient’s and caregiver’s goals, preferences and desired level of involvement in the case management plan, time frame for reevaluation, resources to be utilized, including the appropriate level of care, planning for continuity of care including transition of care and transfer between settings and collaborative approaches to be used, including family participation.<sup>2</sup>

**Interdisciplinary Care Team (ICT):** Participation of the Primary Care Provider (PCP) and support staff along with the patient’s family in maintaining the patient’s ICP.

## **Procedures**

To ensure that case management services are provided according to best practice standards, SOMOS develops and implements written policies and procedures, consistent with best practices and that comply with state and federal law as well as SOMOS’s contractual obligations.

## **Member Rights**

Newly enrolled Medicaid members are provided with a copy of their respective Managed Care Organization’s (MCO) member information pursuant to 42 CFR § 438.10 which include information related to the member’s enrollment, benefits and rights and responsibilities. Members will receive the information in their member welcome packet as well a letter mailed to the member and an electronic and/or mailed newsletter. In addition, if the member opts in for text and e-mail messaging, the information will be sent via the member's preference.

SOMOS members newly enrolled in a CM program, and annually, are provided with access to understandable information that helps members understand what services are available and what is expected of them while enrolled in a care management program. (Policy 101.1 Care Management Program Description and policy 101.4 Care Management Program Monitoring) are available to both members and providers on the SOMOS website and provide information that includes the available Case Management programs and services, staff qualifications, and ways to contact the CM department.

Members have the right to opt in or opt out of some aspects or the overall CM program and are supported by the CM staff to collaborate on decisions with the member’s provider. Members are informed of all case management services available and can work with the CM staff to collaborate and discuss options with their providers, even if a service is not a covered benefit. All CM staff interactions with members are expected to be conducted in a courteous and respectful manner.

Members have the right to have personally identifiable data and medical information kept confidential. SOMOS and its providers are required by federal and state laws to protect a patient’s Protected Health Information (PHI) and report any breach in confidentiality immediately. Providers must have policies and procedures available to protect the confidentiality of patient information and records. These policies must apply to all individuals that access patient information. At a minimum, the policies and procedures specifically address:

- the health plan and any delegates’ appropriate use and disclosure of patient PHI in order to protect patient privacy;

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<sup>2</sup> NCQA CM 3, Element A

- access to confidential information on a "need to know basis" with disclosure of the minimum information needed;
- the maintenance and retention of medical records (both original information and documentation used for medical management, care management and quality assessment);
- rights for patients to access their PHI, including requesting restrictions on, amendments to, and accountings of disclosures of their medical information;
- protecting the identity of the patient, practitioner, or provider by encrypting all aggregated and individual data reported as a component of the QM process;
- protecting the content of all meeting minutes and internal communications (including electronic documents) by clearly identifying these documents as confidential and by maintaining such documents securely and by shredding such documents if disposal is indicated.

To ensure confidentiality of HIV related information, providers should also have policies and procedures to address:

- Initial and annual in-service education of staff and contractors.
- Identification of staff allowed access and limits of access.
- Procedure to limit access to trained staff (including contractors).
- Protocol for secure storage (including electronic storage).
- Procedures for handling requests for HIV-related information.
- Protocols to protect persons with or suspected of having HIV infection from discrimination.

Member complaints, grievances, and appeals (including providers appealing on behalf of a member), are handled directly by the member’s respective MCO.

### **Member Responsibilities and Expectations**

SOMOS members enrolled in a CM program, and annually, are provided with access to understandable information that helps members understand what services are available and what is expected of them while enrolled in a care management program. SOMOS will make the information accessible to members via a member welcome packet, mailed letter, and an electronic and/or mailed newsletter. Members are expected to provide SOMOS with the necessary information to deliver the appropriate services and follow the mutually agreed-on case management plan. If members are unable to follow the case management plan offered by SOMOS, they are to contact their assigned case manager to collaborate and discuss an alternative plan. Members are expected to notify SOMOS and their usual provider of care if they disenroll from the CM program. Members are expected to be treated courteously and respectfully.

### **Monitoring and Oversight**

The Care Management Program is monitored and evaluated on a continuous basis to ensure compliance with all applicable state and federal laws and regulations. Progress and outcomes of the Care Management Program are reviewed and discussed in the QM Committee on a quarterly basis. The Care Management Program Evaluation is presented annually to the QM Committee and reviewed for approval.

Program quality is monitored through monthly case audits on randomly selected cases to ensure compliance to program guidelines. In the event non-compliance is discovered, immediate investigation of the root cause commences and is reported to the Director of Care Management and Chief Medical Officer



and shared with the CM Committee. Audit findings are used to share with the individual and is used as a training and guidance for the CM staff.

### **Documentation/Attachments**

Checklists or monitoring tools—If the SOP is overseen with a checklist or some other tool, reference it in the SOP and/or attach it. This may include an ongoing monitoring tool as well as an annual audit tool.

### **Attachment 101.5.1 - List of MCOs and location of Member Rights and Responsibility in the Member Handbook**

<b>MCO Name</b>	<b>Location of Member’s Rights and Responsibility</b>
UHC	Member Handbook Page 80
HealthFirst	Member Handbook Page 29
Fidelis	Member Handbook Page 52
Emblem Health	Member Handbook Page 36
Aetna	Member Handbook Page 34
Metroplus	Member Handbook Page 48
Empire BCBS	Member Handbook Page 42

### **Governance**

*42 CFR § 438.10 of Title 42 of the Code of Federal Regulations  
2020 NCQA CM 8 Elements A through C*

### **Whom Do I Contact with Further Questions?**

Chief Executive Officer  
Chief Compliance Officer  
General Counsel