

Membership

Membership Overview

Employees choose MCIC during an initial or open enrollment period. Open enrollment periods are held once each contract year as determined by the employer group and MercyCare Insurance Co. The open enrollment period allows eligible employees to renew or change their health coverage. Employees may join MCIC at other times during the year upon life qualifying events such as:

- ◆ newly hired
- ◆ recently married
- ◆ recently widowed
- ◆ a birth or adoption occurring in the family
- ◆ loss of other coverage

Verification of Membership and Benefits

The MCIC Member Identification (ID) card helps the provider determine the member's eligibility and benefits. **Possession of the MCIC ID card does not guarantee coverage or benefit level, if member is ineligible on the date of service.** Services provided beyond limitations of the Employer Master Group Policy are not covered.

The member's ID card should be presented upon arrival to the provider office. Please request to see the member's ID card for **each** visit. Should they fail to present it, you can contact MCIC Customer Services to verify eligibility. The office should make a copy of the ID card for the member's file. The member should inform the provider office of any insurance changes that may have occurred since their last visit. Some changes that may affect the Member's insurance coverage are:

- ◆ An employer change.
- ◆ A change in insurance carriers.
- ◆ A change in benefit levels/co-pays

Member Rights and Responsibilities

MCIC is committed to treating members in a manner that respects their rights and to inform members of MCIC's expectation of their responsibilities. A formal statement was developed in 1997 and continues to be published to members and MCIC Providers.

MCIC has provided a copy of the Member Rights and Responsibilities in the next section. If you have any questions regarding this statement or want to obtain another copy for your office, please contact your Provider Relations Representative at 800-752-3431. MCIC's Member Rights and Responsibilities are also available on our website at www.mercyhealthsystem.org

Member Rights and Responsibilities

MercyCare Insurance is a partnership that consists of you, your doctors and MercyCare, whose goal is to assure that you receive appropriate quality health care. The foundation of MercyCare Insurance Company (MCIC) is to have each member develop a relationship with a Primary Care Physician (PCP) who will coordinate and manage your medical care. Your rights and responsibilities as part of the MercyCare partnership are described below:

As a member, you have the right to:

- Receive information about the MercyCare organization, services, practitioners, hospitals, other providers, and member rights and responsibilities
- Know how to obtain health care services
- Know what your benefits are
- Be treated with respect and recognition of your dignity and right to privacy
- Confidentiality of your personal health information as described in your HIPAA Notice of Privacy Practices
- Take part in decisions regarding your treatment
- Understand the purpose and probable results and risks of treatment
- Discuss openly and freely all planned treatments, procedures, and services
- Initiate a complaint by phoning Customer Service at 1-800-895-2421 about care or service that you receive as a MercyCare member and receive a timely response
- Make recommendations regarding the organization's member rights and responsibilities policies by contacting Customer Service

As a member, you are responsible to:

- Read your MercyCare Member Handbook, Certificate of Coverage, Schedule of Benefits and Provider Directory so that you understand how to use the MercyCare Health Plan
- Choose a PCP with whom you will coordinate your care
- Identify yourself as a MercyCare member by presenting your MCIC insurance card before receiving health care services

- Pay your co-payments at the time of your visit
- Keep your appointments
- Provide information about your past illnesses, hospitalizations, medications and other matters concerning your health that will help your practitioner understand your health care needs
- Participate in understanding any health problems you may be experiencing and develop mutually agreed upon treatment goals with your practitioner
- Cooperate with and follow the advice and plan of your health care provider
- Discuss any questions you have about your health with your practitioner
- Notify MercyCare Insurance Company of address, telephone or other status changes within 30 days of the change

HIPAA Privacy Rule

As a covered entity under HIPAA (Health Insurance Portability and Accountability Act), MercyCare is required to have certain policies and procedures in place regarding the uses and disclosures of PHI (Personal Health Information). As a healthcare provider, you are also a covered entity under HIPAA, and are therefore subject to these federal guidelines.

MercyCare distributes a Notice of Privacy practices to our members, which you will find in the following section. It outlines the uses and disclosures of PHI, as well as rights of the member and the protections in place to safeguard PHI.

As a MercyCare contracted provider, we expect you to adhere to the HIPAA Privacy regulations, as they apply to healthcare providers. Additionally, we expect you to be aware of the uses and disclosures of PHI made by MercyCare, and to help us ensure the protection of PHI that is shared between us. If you have questions about your obligations as a healthcare provider under the HIPAA rule, please contact your organization's Privacy Officer. If you have questions about MercyCare's implementation of the HIPAA Privacy Rule, or you need to report a member complaint about a MercyCare breach of confidentiality, please contact the MercyCare Privacy Officer at 608-741-3345.

NOTICE OF PRIVACY PRACTICES • EFFECTIVE DATE: APRIL 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR DUTIES RE: YOUR MEDICAL INFORMATION

In administering your health plan, we will receive confidential medical information about you. We understand that medical information about you and your health is personal. We are committed to protecting all personal information about you.

This notice will tell you about the ways in which we may use and disclose personal information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your personal information. We are required by law to:

- Make sure that personal information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to personal information about you; and
- Follow the terms of our notice that is currently in effect.

USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The following categories describe different ways that we use and disclose personal information. For each category of uses or disclosures we will explain what we mean and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For treatment. We may use personal information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, a doctor prescribing a medication may need to know if you have diabetes or heart disease and what medications you are currently taking, as this might affect what he or she can prescribe. We also may disclose medical information about you to people outside the health plan who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

For payment. We may use and disclose personal information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular

treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

For health care operations. We may use and disclose personal information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, and audit services; business planning, management and general administration.

To your plan sponsor. We may disclose personal information about you to your plan sponsor (for example, your employer) if your plan sponsor requests the summary health information to obtain premium bids or for modifying, amending or terminating your group health plan. In the case of this type of disclosure, the information would be de-identified.

To agents. We may use and disclose information about you to MercyCare's licensed agents for customer service purposes. For example, a sales agent may act at the request of an employer to resolve a claims issue for a member.

Appointment reminders. We may use and disclose information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-related benefits and services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Marketing. We may contact you to give you information about health-related benefits and services that may be of interest to you.

Individuals involved in your care or payment for your care. We may release personal information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose personal information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As required by law. We will disclose personal information about you when required to do so by federal, state or local law.

To avert a serious threat to health or safety.

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and tissue donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Workers' compensation. We may release personal information about you for workers' compensation or similar programs.

Public health risks. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Health oversight activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and disputes. We may disclose your health information in the course of any administrative or judicial proceeding.

Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Coroners, medical examiners and funeral directors. We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.

National security and intelligence activities. We may release medical information about you to authorized federal officials, for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others.

We may disclose personal information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state to conduct special investigations.

INTERNAL PROTECTION OF PERSONAL HEALTH INFORMATION

MercyCare has several safeguards in place to ensure the protection of your personal information that we handle either orally, electronically or in written format. These safeguards include but are not limited to the following: storage of paper files in locked cabinets; storage of electronic files in password and access controlled computer files and network drives; destruction of discarded paper documents by shredding; a separate and isolated customer service area; secured access to our building; extensive guidelines documented for employees to follow when communicating about members; an appointed Privacy Officer and Confidentiality Committee to enforce internal policies. In addition, MercyCare has guidelines in place to ensure that each employee has access to the minimum amount of personal information necessary to perform his/her job function. If you have questions about our protection methods, please contact our customer service department.

WHEN MERCYCARE MAY NOT USE OR DISCLOSE YOUR PERSONAL INFORMATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your personal information without written authorization from you. If you do authorize us to use or disclose your personal information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose personal information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING PERSONAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the personal information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request

unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the MercyCare Customer Service Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the MercyCare Customer Service Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated to you in a certain way or at a certain location could endanger you.

Right to inspect and copy. You have the right to inspect and copy personal information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information compiled in anticipation of a legal proceeding or psychotherapy notes.

To inspect and copy personal information that may be used to make decisions about you, you must submit your request in writing to the MercyCare Customer Service Department. If you request a copy of the information, we may charge a fee for the costs of copying, matting or other supplies associated with your request and will provide you with access and/or copies within 30 days.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to personal information, you may request that the denial be reviewed. Another licensed health care professional chosen by the health plan will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to amend. If you feel that personal information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the health plan.

To request an amendment, your request must be made in writing and submitted to the MercyCare Customer Service Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to

support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the personal information kept by or for the health plan;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

Right to an accounting of disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of personal information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the MercyCare Customer Service Department. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 2002. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.mercyhealthsystem.org. To obtain a paper copy of this notice, contact the MercyCare Customer Service Department.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for personal information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our office. The notice will contain the effective date on the first page, in the upper right hand corner. We will send you revised notices that have been materially changed from the previous version.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with MercyCare or with the Secretary of the Department of Health and Human Services. To file a complaint with MercyCare, contact our customer service department at (800) 895-2421, or P.O. Box 2770, Janesville, WI 53547. All complaints should be submitted in writing. You will not be penalized for filing a complaint.

If you have questions about this notice, contact MercyCare's customer service department at (800) 895-2421, or P.O. Box 2770, Janesville, WI 53547.

COMPLAINT PROCEDURES

MercyCare is committed to ensuring that all member concerns are handled in an appropriate and timely manner. We ensure that every member has the opportunity to express dissatisfaction with any aspect of the Plan.

VERBAL COMPLAINT

If you have a complaint regarding a decision made by the Plan or with any other aspect of the Plan, you may contact our Customer Service Department via the telephone.

If the Customer Service Department is unable to resolve your complaint initially, they will contact you by phone with the outcome within 10 working days of the receipt of the complaint.

If you are not satisfied with the resolution of the complaint, you may submit a written request for a grievance hearing.

GRIEVANCE

You have the right to request a grievance hearing at any time you are dissatisfied with a decision made by the Plan, or with any other aspect of the Plan by submitting your concern to the Plan in writing.

The Customer Service Department will send notification, acknowledging the receipt of your grievance request within 5 days. You will then be contacted via the telephone (if available) by a Customer Service Representative who will explain the grievance process and advise you of the next available date for a grievance hearing. You will receive a written confirmation of your hearing date a minimum of 7 days before the hearing is scheduled.

The Grievance Committee will review the substance of your concern and review all relevant documents pertaining to the grievance. The Grievance Committee will not include the person who made the initial determination. There will be at least one member of the committee who is a MercyCare insured and who is not employed by MercyCare, if possible.

At your grievance hearing, you and/or a representative you have chosen to act on your behalf have the right to be present and/or a representative you have chosen to act on your behalf may present information relevant to the grievance. If you choose

not to be present, you may also participate in the hearing through a conference call.

The Grievance Committee will then make a decision on the resolution of the grievance.

Within five (5) working days of the grievance hearing, the Customer Service Department will send a letter to you with the resolution of the grievance and if applicable any corrective action that will be taken.

All grievances will be decided within thirty calendar days after receipt of the grievance, unless there are extenuating circumstances. In such cases, Customer Service will notify the member in writing before the 30th day that the grievance has not been decided, the reason for the delay, and when a decision on the grievance may be expected. MercyCare will resolve the case within thirty calendar days after giving this notice.

An expedited review may be obtained if a delay of service could seriously jeopardize your life or health or your ability to regain maximum function, or if a reviewing physician advises us that you would subject to severe pain that cannot be adequately managed without the care or treatment that is the subject of the grievance, or that the grievance should be expedited. You will be notified by phone of the outcome as quickly as your health condition requires, but not more than 72 hours after receipt of the grievance.

You will also be notified of any additional rights you have in case the results are not to your satisfaction.

INDEPENDENT REVIEW

You have the right to request and obtain an independent review. An "independent review" is a review of an adverse determination or an experimental treatment determination, as defined below, by an independent review organization. An "independent review organization" is a neutral expert certified by the Commissioner of Insurance.

- a. "Adverse Determination" means a determination by MercyCare, in which all of the following apply:
 1. An admission to a health care facility, the availability of care, the continued stay or other treatment that is a covered benefit has been reviewed by the Plan.

2. Based on the information provided, the treatment in #1 above does not meet MercyCare's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness.
3. Based on the information provided, MercyCare reduced, denied or terminated the treatment under #1 above, or payment for the treatment was denied.
4. The amount of the reduction or the cost or expected cost of the denied or terminated treatment or payment exceeds, or will exceed during the course of the treatment, \$250.

This definition includes the denial of a request for a referral for out-of-plan services when you request health care services from a provider that does not participate in MercyCare's provider network because the clinical expertise of the provider may be medically necessary for the treatment of your medical condition and that expertise is not available in MercyCare's provider network.

- a. "Experimental treatment determination" means a determination by MercyCare in which all of the following apply:
 1. A proposed treatment has been reviewed.
 2. Based on the information provided, the proposed treatment is determined to be experimental under the terms of the Plan.
 3. Based on the information provided, MercyCare denied the treatment or payment for the treatment.
 4. The cost or expected cost of the denied treatment or payment exceeds, or will exceed during the course of the treatment, \$250.

After MercyCare makes an adverse determination or an experimental treatment determination, you will receive a notice explaining your right to request an independent review, and how to go about obtaining an independent review. Your request for independent review must be made within 4 months from the date of the adverse determination or experimental treatment determination, or from the date of receipt of notice of the grievance panel decision, whichever is later. The request for independent review must be made in writing and sent to MercyCare, Customer Service Department, Independent Review, P.O. Box 2770, Janesville, Wisconsin 53547-2770. The request should contain the following:

- a. Your name, address, and phone number.

- b. An explanation of your disagreement with MercyCare's determination, including any documentation that supports your position.
- c. A statement authorizing your representative to pursue independent review on your behalf if you are using such a representative to pursue independent review.
- d. The name of the independent review organization you select. You can obtain a list of certified independent review organizations from the Customer Service Department at [1-800-895-2421] or from the web site of the Office of the Commissioner of Insurance noted at the end of this Complaint Procedures section.
- e. The \$25 fee, payable to the independent review organization you select. The \$25 fee is refundable by MercyCare if the independent review decision is made in your favor in whole or in part.

In order to be eligible for independent review, you must exhaust MercyCare's internal grievance procedure. You need not exhaust the internal grievance procedure if either of the following conditions are met:

- a. Both MercyCare and you, or your authorized representative, agree that the appeal should proceed directly to independent review.
- b. The independent review organization determines that bypassing the grievance procedure is appropriate upon receiving a request from you or your authorized representative that is simultaneously sent to MercyCare. Bypassing the grievance procedure is appropriate if your health condition is such that requiring you to use the internal grievance procedure before proceeding to independent review would jeopardize your life or health or your ability to regain maximum function

MercyCare will acknowledge your request for independent review within 2 days of receipt of the request and immediately notify the independent review organization you selected. If the independent review organization determines that your case should be expedited (because following the normal procedure would jeopardize your life or health or your ability to regain maximum function), MercyCare will forward the case to the independent review organization within 1 day after receiving the request for review. Otherwise, MercyCare will forward the case to the independent review organization within 5 business days after receiving the request for independent review.

In addition to the information provided by you and MercyCare, the independent review organization

may consider any typed or printed, verifiable medical or scientific evidence that the independent review organization determines is relevant, regardless of whether the evidence has been submitted for consideration at any time previously. Any information you or MercyCare submit to the independent review organization must also be submitted to the other

party. If, on the basis of any additional information, MercyCare reconsiders your case and determines that the treatment should be covered, the independent review is terminated. An independent review does not include appearances by you or your authorized representative, any person representing MercyCare, or any witness on behalf of either you or MercyCare.

A decision of an independent review organization regarding an adverse determination must be consistent with the terms of the plan. A decision of an independent review organization regarding an experimental treatment determination is limited to a determination of whether the proposed treatment is experimental. The independent review organization will determine that the treatment is not experimental and find in your favor only if the independent review organization finds all of the following:

- a. The treatment has been approved by the Food and Drug Administration (FDA), if the treatment is subject to the approval of the FDA.
- b. Medically and scientifically accepted evidence clearly demonstrates that the treatment is proven safe, can be expected to produce greater benefits than the standard treatment without posing a greater adverse risk to you, and meets the coverage terms of the plan and is not specifically excluded under the terms of the plan.

The independent review organization will make a decision within 30 business days after receiving all pertinent information required to make the decision. If the independent review organization is working with an expedited case, it will make its decision as quickly as your health condition requires, but not more than 72 hours after receipt of all pertinent information required to make the decision. In the case of an expedited review, the independent review organization will notify you and MercyCare of its decision within 1 hour of making the decision, or as soon as possible.

The independent review organization decision will be in writing, signed on behalf of the independent review organization, and served by personal delivery or by mailing a copy to you or your authorized

representative and to MercyCare. The decision is binding on you and MercyCare.

OFFICE OF THE COMMISSIONER OF INSURANCE

You may resolve your problem by taking the steps outlined above. You may also contact the Office of the Commissioner of Insurance to file a complaint. The Office of the Commissioner of Insurance is a state agency that enforces Wisconsin's insurance laws. To request a complaint form, you can contact the Office of the Commissioner of Insurance by one of the following:

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(800) 236-8517
(608) 266-3585
Fax: (608) 264-8115
Email: marketreg@oci.state.wi.us
Website: www.oci.wi.gov