

Participant Rights and Responsibilities



Keystone First
Community HealthChoices

Keystone First Community HealthChoices (CHC) and its network of providers do not discriminate against Participants based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a **Keystone First CHC** Participant, you have the following rights and responsibilities.

Participant rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by **Keystone First CHC** staff and network providers.
2. To get information in a way that you can easily understand and find help when you need it.
3. To get information that you can easily understand about **Keystone First CHC**, its services, and the doctors and other providers that treat you.
4. To pick the network health care providers that you want to treat you.
5. To get emergency services when you need them from any provider without **Keystone First CHC's** approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, risks of treatment, and tests that may be self-administered without any interference from **Keystone First CHC**.
7. To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
8. To talk with providers in confidence and to have your health care information and records kept confidential.
9. To see and get a copy of your medical records and to ask for changes or corrections to your records.
10. To ask for a second opinion.
11. To file a Grievance if you disagree with **Keystone First CHC's** decision that a service is not medically necessary for you.
12. To file a Complaint if you are unhappy about the care or treatment you have received.
13. To ask for a Department of Human Services (DHS) Fair Hearing.
14. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
15. To get information about services that **Keystone First CHC** or a provider does not cover because of moral or religious objections and about how to get those services.
16. To exercise your rights without it negatively affecting the way DHS, **Keystone First CHC**, and network providers treat you.
17. To create an advance directive. See your Participant Handbook for more information.
18. To make recommendations about the rights and responsibilities of **Keystone First CHC's** Participants.
19. To know and get information about:
 - **Keystone First CHC** and its health care providers.
 - Your Participant rights and responsibilities.
 - Your benefits and services.
 - The cost of health care.
20. To talk with your health care provider about:
 - Your treatment plans, regardless of cost or benefit coverage.
 - The kinds of care you can choose to meet your medical needs, in a way you understand.
21. To take an active part in the decisions about your health care, including the right to refuse treatment. Your decision to do so will not negatively affect the way you are treated by **Keystone First CHC**, its health care providers, or DHS.
22. To voice complaints about and/or appeal decisions made by **Keystone First CHC** and its health care providers.
23. To be given an opportunity to make suggestions for changes in **Keystone First CHC** policies and procedures.

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Participant responsibilities

Participants need to work with their health care and long-term services and supports (LTSS) providers. **Keystone First CHC** needs your help so that you get the services and supports you need. These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
 2. Follow instructions and guidelines given by your providers.
 3. Be involved in decisions about your health care and treatment.
 4. Work with your providers to create and carry out your treatment plans.
 5. Tell your providers what you want and need.
 6. Learn about **Keystone First CHC** coverage, including all covered and non-covered benefits and limits.
 7. Use only network providers unless **Keystone First CHC** approves an out-of-network provider or you have Medicare.
 8. Be referred by your primary care practitioner (PCP) to see a specialist, when the specialist is not one on the self-referral list.
 9. Respect other patients, provider staff, and provider workers.
 10. Make a good-faith effort to pay your co-payments.
 11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.
 12. Let **Keystone First CHC** and your health care providers know of any changes that may affect your membership, health care needs, or benefits.
- Some examples include, but are not limited to, the following:
- You are pregnant.
 - You have a special medical condition.
 - You have a new baby.
 - You change your PCP.
 - Your address or phone number changes.
 - Your family size changes.
 - You have other health insurance.
 - You move out of the county or state that you live in now.
13. Work with **Keystone First CHC** and our health care providers. This means you should follow the guidelines given to you about **Keystone First CHC** and you should follow your health care provider's instructions about your care. This includes:
 - Making appointments with your health care provider.
 - Canceling appointments when you cannot make your appointments.
 - Calling **Keystone First CHC** when you have questions.
 14. Talk with your health care provider to agree on goals for your treatment, to the degree you are able to do so.
 15. Talk with your health care provider so you can understand your health problems, to the degree you are able to do so.

If you have any questions about your rights and responsibilities or want more information, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Keystone First Community HealthChoices complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-332-0729 (TTY 1-855-235-4976).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-332-0729 (TTY 1-855-235-4976)**.

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-332-0729 (телетайп 1-855-235-4976)**.

For the full nondiscrimination notice, go to **www.keystonefirstchc.com**.

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Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

www.keystonefirstchc.com



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