

FEP Disease Management and Maternity Wellness Management Programs Participating Member Rights and Responsibilities

1. The disease management and wellness department's business hours are from 8 a.m. to 4:30 p.m., Monday through Thursday, and 7 a.m. to 3:30 p.m. Friday. The number, 800- 520-3137, is accessible 24/7 and messages may be left any time. You should expect a return call within one business day.
 - **In an emergency, dial 911.** Your health care provider has the responsibility to make all decisions concerning your medical treatment. The disease management or wellness management program is not a source of emergency medical care.
2. You have the right to define preferences. (i.e. setting personal goals, health education, time/day of calls, mode of appt reminder, etc.)
3. You have the right to know about philosophy and characteristics of the program.
4. You have the right to receive administrative information regarding changes in or termination of the disease management or wellness management program.
5. You have the right to have personally identifiable health information be kept confidential shared by the disease management or wellness management program only in accordance with state and federal law.
6. With your consent, the disease management and wellness management program has the responsibility to notify your treating provider of your participation in the disease management or wellness management program and to provide updates at periodic intervals. You have the right to this information upon request. If you do not consent for us to notify your provider, it is your responsibility to notify your provider of your participation.
7. You have the right to consent, decline participation, revoke consent or dis-enroll at any point in time.
8. You have the right to consent that the disease management or wellness management program can contact family, caregivers, and/or providers in case of emergency.
9. You have the right to involve family/caregivers when indicated. If you are unable to participate due to the inability to communicate via telephone due to a physical or mental incapability, you have the right to a proxy if that person can provide documentation of guardianship and/or durable power of attorney for medical decisions.
10. You have the responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
11. You have the responsibility to give accurate clinical and contact information and to notify the disease management or wellness management program of changes in this information.
12. You have the right to be informed of the outcomes being tracked to aid in understanding the importance of the requested lab data, or other information. You have the right to receive accurate information from the disease management or wellness management program and for these programs to advocate on your behalf.

13. You have the responsibility to learn about your health including what you can do to help manage your health at home (i.e., self-care behaviors) on a daily basis (e.g., eating healthy, exercising, taking medications), and participate in shared decision-making (i.e., setting goals) and collaborating in your plan of care. Tracking/trending your individual progress is encouraged.
14. You have the right to education that is appropriate for your health literacy, linguistic and cultural needs.
15. You have the right to identify the staff member and their job title and to speak with a supervisor of the staff member to express a concern/complaint by emailing dmmanager@bcbsks.com or mailing BCBSKS, Attn: DM Manager, 1133 SW Topeka Blvd, Topeka, KS 66629.
16. You will be offered the opportunity to provide input on your experience of care and service through our customer satisfaction survey or by emailing or mailing the contact listed above. (see line 15)