

DRAFT

WEST VIRGINIA MEDICAID MEMBER AGREEMENT

MEMBER RIGHTS

1. **I understand** that the information I provide is confidential and the Medicaid Program and my health plan only will release the information for purposes related to the administration of the Medicaid Program.
2. **I understand** that I have a right to be in charge of my health care. I understand that I have a right to see my medical records. I will be a part of all decisions about my health care. I can talk freely and honestly with my doctor and ask him or her any questions I have about my or my children's illness and treatment.
3. **I understand** that I will be treated fairly and with respect. I will get the care and treatment I need as soon as possible. I understand that I cannot be treated differently because I am in the Medicaid Program or because of my age, sex, race, national origin, illness or health condition.
4. **I understand** that I have a right to know about all laws, regulations, rules and requirements about the Medicaid Program and my health plan.
5. **I understand** that I can call or write to my health plan about any questions or tell them about problems I am having by calling (304) 558-XXXX
6. **I understand** that any time I am eligible for Medicaid, that I have a Right to appeal any decision and to receive a prompt Fair Hearing before the Department of Health and Human Resources, Board of Review. I can request a fair hearing by calling (304) 558-XXXX or writing to XXX.

MEMBER RESPONSIBILITIES

1. **I understand** that it is my responsibility to follow the rules and requirements of the West Virginia Medicaid program and my health plan. I understand that it is my responsibility to take the best care of myself and my children.
2. **I will cooperate** with the Medicaid Program and my health plan and provide them with accurate and timely information about myself and my family members. I will notify the Medicaid Program of any changes in my life situation. Changes may include, but are not limited to:
 - a. a change in address or phone number;
 - b. someone moving in or out of my home;

- c. getting or losing a job;
 - d. any changes in earnings, income or assets; and
 - e. any changes in health status such as becoming pregnant, being diagnosed with a disease or achieving my health improvement goals.
3. **I understand** that it is my responsibility to do the right things so that I am healthy. I understand that smoking, using drugs illegally, drinking too much alcohol, and being over weight are bad for my health. If I do any of these things, I promise to try not to do these things. I will go to the special programs my health care provider sends me to improve my health including exercise and nutrition programs.
 4. **I promise** to read the booklets and materials my doctor gives me about how to be a healthy person. I will ask my doctor questions if I do not understand his or her instructions or if I do not understand the material I have read.
 5. **I understand** that it is my responsibility to select a primary care doctor. If you do not select a doctor in 45 days, one will be selected for you. I understand it is my responsibility to go to that doctor when I or my family members get sick. I understand that I should go to the doctor at least once a year for a check up, and to take my children more often when the doctor tells me to come. I will listen to the doctor when I am or my children are sick, and do what the doctor tells me to do, including taking the medicines they give me. I will show up on time when I or my children have an appointment to see the doctor. If I cannot see the doctor when I have an appointment, I will call to tell my doctor I cannot come. I will only do this when there is a very good reason. If I miss three consecutive appointments, I understand I will be assessed a penalty.
 6. If I hold up my part of this agreement and I meet the health improvement goals set by my doctor, **[I understand** that I may receive an award or have to pay less for my medical appointments and my medicines.]
 7. If I do not hold up my part of this agreement, **[I understand** that I may be excluded from the special benefit programs and may be excluded from incentive programs.]
 8. **I will** go the hospital emergency room only when I feel it is a medical emergency. Whenever, I am sick I will call my doctor first and go see him or her. If I cannot talk to my doctor or some one in the doctor's office and it is an emergency, then I will go to the hospital.

WEST VIRGINIA MEDICAID RESPONSIBILITIES AND ACKNOWLEDGMENT

1. **DHHR will** work with you and your doctor to develop a health improvement plan and make any changes that may be needed.
2. **DHHR will** support your health improvement plan by providing information, guidance and services.

3. **DHHR will** encourage you to take the lead in determining the plan to achieve your health improvement goals.
4. **DHHR will** give you timely notice before anything negative happens to your benefits and will provide the opportunity for a Fair Hearing on any issue related to your benefits or to your health improvement plan.
5. **As a representative of DHHR,** I have carefully explained the above information and acknowledge the responsibilities of the Department

Income Maintenance Worker Signature

Date

MEMBER ACKNOWLEDGMENT

I understand the information contained in this document and agree to follow this, my West Virginia Medicaid Member Agreement.

West Virginia Medicaid Member Signature

Date

Revised 9-13-05

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MEMBER AGREEMENT

In order to be a **responsible parent** I agree to...

1. NOT smoke
2. take my children to all of their check-ups
3. make sure my children get all of their shots
4. take my children to the dentist
5. follow all of the safety guidelines recommended by my provider

In order to be a **healthy woman** I must...

1. see my provider every year for a check-up
2. see the dentist every 6 months
3. have advanced directives on my medical chart so that it is clear what my wishes are if I get hurt and cannot state my wishes
4. get all of my shots
5. have a female pap test and breast exam every year starting at age 18 (or when I first become sexually active)
6. have a mammogram regularly, as instructed by my provider, starting at age 40
7. have colorectal cancer screening starting at age 50 (age 40 if colon cancer runs in my family)
8. have my cholesterol checked starting at age 25
9. make sure I have a complete skin exam by my provider at my check-up
10. NOT smoke or use alcohol in excess
11. maintain a healthy weight (body mass index less than 25)
12. take control of my health and know my health status
13. know my family health history because it can affect my health

In order to be a **healthy man** I must...

1. see my provider every year for a check-up
2. see the dentist every 6 months
3. have advanced directives on my medical chart so that it is clear what my wishes are in case I get hurt and cannot state my wishes
4. have colorectal cancer screening completed every year starting at age 50 (age 40 if colon cancer runs in my family)
5. talk to my provider about screening for prostate cancer starting at age 50 (age 40 if prostate cancer runs in my family)
6. have my cholesterol checked starting at age 25
7. make sure I have a complete skin exam by my provider at my check-ups

8. NOT smoke or use alcohol in excess
9. maintain a healthy weight (body mass index less than 25)
10. take control of my health and know my health status
11. know my family health history because it could affect my health

If I have **DIABETES** ("SUGAR") I must...

1. know what a Hemoglobin A1C is (average sugar over 3 months)
2. know my Hemoglobin A1C (a number from 4-15)
3. know my goal for my Hemoglobin A1C (less than 7)
4. get my blood drawn regularly (about every three month)
5. know my blood pressure and my blood pressure goals (<130/80)
6. know my cholesterol and what my goals are (total <200, LDL<70, HDL>40)
7. follow a diabetic diet
8. take all of my medicines
9. exercise at least three times a week for about an hour
10. see my provider every three months (unless they instruct my otherwise)
11. see a diabetic educator twice a year
12. get a complete foot check every year
13. make sure I understand the effects diabetes has on my heart, kidneys, eyes, legs
14. see the eye doctor every year
15. get all of my shots

KNOW YOUR NUMBERS!

Body Mass Index (BMI)--an accurate way to know if I am a healthy weight

Cholesterol (total, LDL, HDL, triglycerides)

Blood Pressure

Hemoglobin A1C (HgA1C) if you are a diabetic