



## **Utilization Review and Appeals Program Member Rights and Responsibilities**

CCM's Utilization and Appeal Review Program recognizes the following rights and responsibilities of participating members including:

1. Members have the right to have personally identifiable health information shared by the Case Manager only in accordance with state and federal law.
2. Members have the right to timely determinations on prospective, concurrent, retrospective, and appeal reviews.
3. A member, a member's designee and a member's ordering health care provider have the right to request and receive copies of CCM's written policies and procedures for Utilization and Appeal Review, as well as the clinical rationale to support any Adverse Determination.
4. A member, a member's designee and, in connection with retrospective adverse determinations, a member's ordering health care provider have the right to the timely appeal of an adverse determination rendered by CCM.
5. Members have the right to refuse services, without jeopardizing benefit eligibility and/or health outcomes.
6. Members have the right to have their medical information remain confidential and shared only with parties who are involved with the Utilization and/or Appeal process.
7. Members can designate a legally authorized representative to make health care and UR decisions on the member's behalf. Medical records may be requested, and claims may be reviewed to understand history, current status and treatment plan. Interpreters may be used when addressing language barriers.

We welcome you to contact us at 1 (800) 541-7403 if you have any questions.