

## **1998 New Jersey Managed Health Care Plans New Jersey Consumer Bill of Rights**

Members of HMOs and POS plans, or any health plan that manages the use of services through provider networks, have important consumer rights including:

- The right to have a doctor - not an administrator - make the decision to deny or limit coverage
- The right to appeal a decision to deny or limit coverage, first within the managed care plan, then through an independent organization for a \$25 filing fee (reduced to \$2 for hardship) See page 20 for details.
- The right to no "gag rules." Doctors are allowed to discuss all treatment options even if they are not covered services.
- The right to receive up to 120 days of continued coverage - if medically necessary - from a doctor who has been terminated by a managed care plan
- The right to know how your managed care plan pays its doctors so you know if financial incentives or disincentives are tied to medical decisions
- The right to obtain a current directory of doctors within the network
- The right to have a choice of specialists following a referral
- The right of consumers with chronic disabilities to be referred to specialists who are experienced treating those disabilities
- The right to access a primary care provider or a back-up 24 hours a day, 365 days a year for urgent care
- The right to call 911 in a potentially life-threatening situation without prior approval from your managed care plan
- The right to have a plan pay for a medical screening exam in the emergency room to determine whether an emergency medical condition exists
- The right to no retaliation against you or your doctor for filing appeals