



Member Rights, Protections and Responsibilities Policies and Procedures

Company: Advanced Health	Approved by: M. Hale Title: CCO Drafted by: M. Hale Title: CCO
Department: Compliance	
Member Rights, Protections and Responsibilities	Approved Date: March 16, 2020
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1.0 Purpose

1.1 The purpose of these Member Rights, Protections and Responsibilities Policies and Procedures is to delineate how Advanced Health will ensure compliance with applicable rules and regulations relating to such rights, protections and responsibilities.

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2.0 Scope

2.1 These Policies and Procedures apply to Advanced Health, and by extension to Privileged Providers, other Network Providers and other contracted entities that interact with Members on behalf of Advanced Health.

3.0 Acronyms and Definitions

3.1 “Contract” means the CCO 2.0 Contract.

3.2 Capitalized terms not otherwise defined in this Policy and Procedure shall have the meaning as defined in the Contract.

3.3 “Member” has the same meaning as defined in the CCO 2.0 Contract and includes potential members.

3.4 “Member Rights, Protections and Responsibilities”, “Member Rights” and “Member Rights and Responsibilities” have the same meaning as those rights, protections and responsibilities set forth in 42 CFR §438.100, OAR 410-141-3590 and the Contract, and each of these terms.

3.4.1 More specifically, these guaranteed rights and protections include the right to:

3.4.1.1. Be treated with dignity and respect;

3.4.1.2. Be treated by participating providers the same as other people seeking health care benefits to which they are entitled and to be encouraged to work with the Member’s care team, including Providers and community resources appropriate to the Member’s needs;

3.4.1.3. Choose a Primary Care Provider (PCP) or service site and to change those choices as permitted in Advanced Health’s administrative policies;

3.4.1.4. Refer oneself directly to Behavioral Health or family planning services without getting a referral from a PCP or other Participating Provider;

3.4.1.5. Have a friend, family member, member representative, or advocate present during appointments and other times as needed within clinical guidelines;

3.4.1.6. Be actively involved in the development of their Treatment Plan;

3.4.1.7. Be given information about their condition and Covered and Non-Covered services to allow an informed decision about proposed treatments;

3.4.1.8. Consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services;

3.4.1.9. Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;

3.4.1.10. Have written materials explained in a manner that is understandable to the Member and be educated about the coordinated care approach being

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used in the community and how to navigate the coordinated health care system;

- 3.4.1.11. Receive culturally and linguistically appropriate services and supports in locations as geographically close to where Members reside or seek services as possible and choice of providers within the delivery system network that are, if available, offered in non-traditional settings that are accessible to families, diverse communities, and underserved populations;
- 3.4.1.12. Receive oversight, care coordination and transition and planning management from Advanced Health within the targeted population to ensure culturally and linguistically appropriate community-based care is provided in a way that serves them in as natural and integrated an environment as possible and that minimizes the use of institutional care;
- 3.4.1.13. Receive necessary and reasonable services to diagnose the presenting condition;
- 3.4.1.14. Receive integrated person-centered care and services designed to provide choice, independence and dignity and that meet generally accepted standards of practice and are medically appropriate;
- 3.4.1.15. Have a consistent and stable relationship with a care team that is responsible for comprehensive care management;
- 3.4.1.16. Receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources including but not limited to the use of certified or qualified health care interpreters, certified traditional health workers including community health workers, peer wellness specialists, peer support specialists, doulas, and personal health navigators who are part of the Member's care team to provide cultural and linguistic assistance appropriate to the Member's need to access appropriate services and participate in processes affecting the Member's care and services;
- 3.4.1.17. Obtain Covered Preventive Services;
- 3.4.1.18. Have access to urgent and emergency services 24 hours a day, seven days a week without prior authorization;
- 3.4.1.19. Receive a referral to specialty providers for medically appropriate covered coordinated care services in the manner provided in Advanced Health's referral policy;
- 3.4.1.20. Have a clinical record maintained that documents conditions, services received, and referrals made;
- 3.4.1.21. Have access to one's own clinical record, unless restricted by statute;
- 3.4.1.22. Transfer of a copy of the clinical record to another provider;

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- 3.4.1.23. Execute a statement of wishes for treatment, including the right to accept or refuse medical, surgical, or behavioral health treatment and the right to execute directives and powers of attorney for health care established under ORS 127;
 - 3.4.1.24. Receive written notices before a denial of, or change in, a benefit or service level is made, unless a notice is not required by federal or State regulations;
 - 3.4.1.25. Be able to make a complaint or appeal with Advanced Health and receive a response;
 - 3.4.1.26. Request a contested case hearing;
 - 3.4.1.27. Receive a notice of an appointment cancellation in a timely manner; and
 - 3.4.1.28. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion.
- 3.4.2 Additional rights guaranteed under Contract, and federal and State law include the right to:
- 3.4.2.1.A second opinion from a Health Care Professional within the Provider Network or outside the Provider Network, at no cost to the Members;
 - 3.4.2.2.Exercise their civil rights under Title VI of the Civil Rights Act and ORS Chapter 659A and to report a complaint of discrimination by contacting the Contractor, OHA, the Bureau of Labor and Industries or the Office of Civil Rights;
 - 3.4.2.3.Receive written notice of Advanced Health’s nondiscrimination policy and process to report a complaint of discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, marital status, age, or disability in accordance with all Applicable Laws including Title VI of the Civil Rights Act and ORS Chapter 659A;
 - 3.4.2.4.Equal access for both males and females under 18 years of age to appropriate facilities, services and treatment under this Contract, consistent with OHA obligations under ORS 417.270;
 - 3.4.2.5.OHA certified or qualified health care interpreter services available free of charge to each Potential Member and Member. This applies to all non-English languages and sign language, not just those that OHA identifies as prevalent;
 - 3.4.2.6.Have in place a mechanism to help Members and Potential Members understand the requirements and benefits of Advanced Health’s plan and develop and provide written information materials and educational

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programs consistent with the requirements of OAR 410-141-3280124F1 and 410-141-3300;

- 3.4.2.7. Receive information on available treatment options and alternatives presented in a manner appropriate to the Member's condition, preferred language, and ability to understand;
- 3.4.2.8. To request and receive a copy of their own Health Record, (unless access is restricted in accordance with ORS 179.505 or other Applicable Law) and to request that the records be amended or corrected as specified in 45 CFR Part 164;
- 3.4.2.9. Be furnished by Advanced Health the information specified in 42 CFR §438.10(f)(2)-(3), and 42 CFR §438.10(g), if applicable, as specified in the CFR within thirty (30) days after Advanced Health receives notice of the Member's Enrollment from OHA within the time period required by Medicare. Advanced Health shall notify all Members of their right to request and obtain the information described in this section at least once a year;
- 3.4.2.10. Access Covered Services which at least equals access available to other persons served by Advanced Health;
- 3.4.2.11. Exercise Member's rights, and that the exercise of those rights will not adversely affect the way Advanced Health, its staff, Subcontractors, Participating Providers, or OHA, treat the Member. Advanced Health shall not discriminate in any way against Members when those Members exercise their rights under the OHP;
- 3.4.2.12. Any cost sharing authorized under the Contract for Members is in accordance with 42 CFR §447.50 through 42 CFR §447.90 and the applicable Oregon Administrative Rules;
- 3.4.2.13. Be notified of Member's responsibility for paying a Co-Payment for some services, as specified in OAR 410-120-1230;
- 3.4.2.14. If available and upon request by Member, utilize electronic methods to communicate with and provide Member information;
- 3.4.2.15. Be furnished health care services in accordance with requirements for timely access and medically necessary coordinated care (42 CFR §438.206 through 42 CFR §438.210);
- 3.4.2.16. Be provided information to help understand the requirements and the benefits of the Plan; and

¹ New OAR 410-141-3580

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3.4.2.17. Exercise his or her rights and the exercise of those rights will not adversely affect the way Advanced Health, its Network Providers, or the State Medicaid agency treats the Member.

3.4.3 Advanced Health Members shall have the following responsibilities:

- 3.4.3.1. Choose or help with assignment to a PCP or service site;
- 3.4.3.2. Treat Advanced Health, Providers, and clinic staff members with respect;
- 3.4.3.3. Be on time for appointments made with Providers and to call in advance to cancel if unable to keep the appointment or if expected to be late;
- 3.4.3.4. Seek periodic health exams and preventive services from the PCP or clinic;
- 3.4.3.5. Use the PCP or clinic for diagnostic and other care except in an emergency;
- 3.4.3.6. Obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed;
- 3.4.3.7. Use urgent and emergency services appropriately and notify the Member's PCP or clinic within 72 hours of using emergency services in the manner provided in the Advanced Health's referral policy;
- 3.4.3.8. Give accurate information for inclusion in the clinical record;
- 3.4.3.9. Help the Provider or clinic obtain clinical records from other providers that may include signing an authorization for release of information;
- 3.4.3.10. Ask questions about conditions, treatments, and other issues related to care that is not understood;
- 3.4.3.11. Use information provided by Advanced Health Providers or care teams to make informed decisions about treatment before it is given;
- 3.4.3.12. Help in the creation of a Treatment Plan with the provider;
- 3.4.3.13. Follow prescribed agreed upon treatment plans and actively engage in their health care;
- 3.4.3.14. Tell the Provider that the Member's health care is covered under the OHP before services are received and, if requested, show the Provider the Division Medical Care Identification form;
- 3.4.3.15. Tell the Department or Authority worker of a change of address or phone number;
- 3.4.3.16. Tell the Department or Authority worker if the Member becomes pregnant and notify the worker of the birth of the member's child;
- 3.4.3.17. Tell the Department or Authority worker if any family members move in or out of the household;

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- 3.4.3.18. Tell the Department or Authority worker if there is any other insurance available;
- 3.4.3.19. Pay for Non-Covered Services under the provisions described in OAR 410-120-1200 and 410-120-1280;
- 3.4.3.20. Pay the monthly OHP premium on time if so required;
- 3.4.3.21. Assist Advanced Health in pursuing any third-party resources available and reimburse Advanced Health the amount of benefits it paid for an injury from any recovery received from that injury; and
- 3.4.3.22. Bring issues or complaints or grievances to the attention of Advanced Health.

4.0 Policies

- 4.1** Advanced Health shall remain steadfast in its commitment towards ensuring its Members maintain access and receive treatment in a manner consistent with 42 CFR 438.100, OAR 410-141-3590 and Exhibit B Part 3 of the CCO 2.0 Contract, and will comply with all other federal and State laws that pertain to Member Rights, Protections and Responsibilities including Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR Part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR Part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education activities); Titles II and III of the Americans with Disabilities Act; and, Section 1557 of the Patient Protection and Affordable Care Act.
- 4.2** Advanced Health will ensure communication of Member Rights, Protections and Responsibilities to its Members, Subcontractors, including Network Providers, and employees.
- 4.3** Advanced Health shall monitor compliance with this Member Rights, Protections and Responsibilities Policy and Procedure.
- 4.4** Advanced Health shall follow its policies and procedures for the implementation and enforcement of any corrective action plans or disciplinary actions.

5.0 Procedures

- 5.1** Advanced Health meets its commitment to comply with all requirements outlined in Policy 5.1 by having a system with dedicated staff charged with the review and oversight of Member Rights, Protections and Responsibilities. While all staff are responsible for ensuring that our Members are treated in a manner consistent with their rights, the staff with primary responsibility for review and oversight of Member Rights, Protections and Responsibilities are:
- 5.1.1 The Chief Executive Officer—Primary responsibility for enforcement of any zero tolerance, or related action resulting in the termination of a contract or employee.

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- 5.1.2 The Chief Compliance Officer—Primarily responsibility for auditing and monitoring of Advanced Health and its Subcontractors, including its Provider Network, and implementing appropriate corrective action as necessary up to, and including, termination of contractual agreements.
- 5.1.3 The Chief Medical Officer— Shared or primary responsibility for monitoring and overseeing any disciplinary action process of a Network Provider.
- 5.1.4 The Chief Operating Officer— Shared or primary responsibility for monitoring and overseeing any disciplinary action process of a Network Provider.
- 5.1.5 HR Generalist—Primary responsibility for monitoring employees, and overseeing any corrective or disciplinary action of employee(s)
- 5.1.6 Executive Program Director—Oversight and primary responsibility for all Grievance and Appeals monitoring and reporting processes. Primary responsibility for overseeing matters elevated through customer service monitoring activities.
- 5.1.7 Regulatory Compliance Committee—Primary body charged with oversight of all governance activities, including oversight of any corrective action process and monitoring to ensure corrective actions plans are closed timely.

5.2 Member Rights and Responsibilities will be communicated in, at a minimum, the following ways:

5.2.1 Communication to Members. The Director of Member Services is primarily responsible for communicating Member Rights, Protections and Responsibilities by ensuring that:

- 5.2.1.1. Members receive the Member Handbook, which includes Member Rights, Protections and Responsibilities within thirty (30) days after notification from OHA of the Member’s Enrollment and at least annually thereafter;
- 5.2.1.2. Advanced Health’s Member Handbook is maintained and prominently displayed at Advanced Health’s front desk, or within the Member waiting area;
- 5.2.1.3. Paper and electronic copies of the Member Handbook are available upon request to Members;
- 5.2.1.4. An electronic copy of the Member Handbook is prominently displayed on Advanced Health’s website; and
- 5.2.1.5. Customer service staff are well-versed in Member Rights, Protections and Responsibilities and assist Members over the phone who may have questions regarding their rights and responsibilities.

5.2.2 Communication to Subcontractors. The Chief Compliance Officer is primarily responsible for communicating Member Rights, Protections and Responsibilities

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to its Network Providers, Privileged Providers and other Subcontractors who interact with our Members by ensuring that:

- 5.2.2.1. Contractual agreements include Member Rights, Protections and Responsibilities and the responsibilities of the Subcontractors to promote and honor those rights during their interactions with the Members;
- 5.2.2.2. Advanced Health's Provider Handbook, which includes Member Rights, Protections and Responsibilities, is given to each new Provider, either electronically or paper form, is electronically available on Advanced Health's website, and available upon request; and
- 5.2.2.3. Questions that Subcontractors may have regarding Member Rights, Protections and Responsibilities are promptly answered.

5.2.3 Communication to Employees. The Human Resource Generalist is primarily responsible for communicating Member Rights, Protections and Responsibilities to Advanced Health employees by ensuring that:

- 5.2.3.1. Training on Member Rights, Protections and Responsibilities is completed upon hire and at least annually thereafter for employees of Advanced Health;
- 5.2.3.2. A log is maintained documenting the completion of such training; and
- 5.2.3.3. Additional training is completed as needed as part of employee coaching or corrective action.

5.2.4 Communication to Provider Network. The Chief Medical Officer is primarily responsible for promoting Member Rights, Protections and Responsibilities within the Provider Network by ensuring that:

- 5.2.4.1. He or she promotes Member Rights, Protections and Responsibilities within the Provider Network, and educates fellow Providers by reinforcing our responsibilities and expectations during interactions with other Providers; and
- 5.2.4.2. Additional training and counseling, as applicable, is provided to those Providers who may not demonstrate a comprehensive understanding of Member Rights, Protections and Responsibilities.

5.3 Compliance with this Member Rights, Protections and Responsibilities Policy and Procedure will be monitored through at least the following mechanisms:

5.3.1 Quality Monitoring. Advanced Health's Quality Department, under the direction of the Executive Program Director, monitors and responds to Member Grievances, in accordance with Advanced Health's Grievance and Appeals Policies and Procedures, and reports Grievances and Appeals to OHA in accordance with OHA requirements.

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5.3.1.1. Grievances involving potential violations of Member Rights are reported to the Chief Compliance Officer for further investigation and response, as needed.

5.3.2 Contracts Monitoring. Annual review of Subcontractor performance includes a review of Member Rights processes.

5.3.3 Customer Services. Potential violations of Member Rights, Protections and Responsibilities are generally identified through Member Complaints, and are investigated and acted upon in accordance with Advanced Health's Grievance and Appeals Policies and Procedures.

5.3.4 Claims Post-Payment Integrity and Member Survey Letters. As part of its Post-Payment Integrity Review processes, Advanced Health monitors its Member survey letters for indications of potential, suspected or likely Member Rights, Protections and Responsibilities violations.

5.4 Corrective action plans and disciplinary actions will be in accordance with the:

5.4.1 Employee Handbook, Supervisor Manual and applicable Human Resource Policies and Procedures;

5.4.2 The Compliance Manual and related Fraud, Waste and Abuse Policies and Procedures;

5.4.3 The Contracting Manual Policies and Procedures; and

5.4.4 Terms of applicable Subcontract agreements.

6.0 Reference Sources

6.1 42 CFR §438.100 and *et. seq.*

6.2 42 CFR §§447.50 through 447.90

6.3 42 CFR Part 80 (Title VI of the Civil Rights Act of 1964)

6.4 45 CFR Part 91 (Age Discrimination Act of 1975)

6.5 The Rehabilitation Act of 1973

6.6 Title IX of the Education Amendments of 1972

6.7 Titles II and III of the Americans with Disabilities Act

6.8 Section 1557 of the Patient Protection and Affordable Care Act

6.9 ORS § 417.270

6.10 ORS § 127.505 through 127.660.

6.11 OAR 410-141-3590.

6.12 CCO 2.0 Contract, Exhibit B, Part 3.

7.0 Related Documents

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7.1 Employee Handbook.

7.2 Supervisor Manual

7.3 Provider Handbook.

7.4 Compliance Plan.

7.5 Fraud, Waste and Abuse Policies and Procedures.

7.6 Grievance and Appeals Policies and Procedures.

7.7 Advance Directives Policies and Procedures.

7.8 Behavioral Health Policies and Procedures.

7.9 Care Coordination/Intensive Care Coordination Policies and Procedures.

8.0 Attachments

8.1 None

9.0 Approvals

Document Owner: Michael Hale
Name

Approved: Michael C. Hale
Signature

Title: Chief Compliance Officer

Date: March 16, 2020

Effective Date: March 16, 2020

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