



## Members Rights, Protections and Responsibilities Policy and Procedures

Company: Advanced Health	Approved by: Samyukta Vendrathi Title: Chief Operating Officer Current Revision Date: 9/22/2025
Department: Customer Service	

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### 1. 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.

### 2. 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. ACRONYMS AND DEFINITIONS

- 3.1. Unless otherwise defined, all uppercase words will be defined the same as in the CCO Contract.
- 3.2. “Contract” means the CCO 2.0 Contract.

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

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

**3.5.** “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 the terms of the Members Rights and Responsibilities listed within the document.

3.5.1. More specifically, these guaranteed rights and protections include

3.5.1.1. You have the right to be treated like this:

3.5.1.1.1. Be treated with dignity and respect, and consideration for your privacy.

3.5.1.1.2. Be treated by participating providers the same as other people seeking health care.

3.5.1.1.3. Have a stable relationship with a care team that is responsible for managing your overall healthcare.

3.5.1.1.4. Not be held down or kept away from people because it would be easier to care for you, to punish you, or to get you to do something you don't want to.

3.5.2. You have the right to get this information:

3.5.2.1. Materials explained in a way and in a language you can understand,

3.5.2.2. Materials that tell you about CCO;s an how to use the health care system.

3.5.2.3. Written materials that tell you your rights, responsibilities, benefits, how to get services, and what to do in an emergency.

3.5.2.4. Information about your condition, what is covered, and what is not covered, so you can make good decisions about your treatment. Get this information in a language and a format that works for you.

3.5.2.5. A health record that keeps track of your conditions, the services you get, and referrals.

3.5.2.6. Have access to your health records.

3.5.2.7. Share your health records with a provider.

3.5.2.8. Written notice of denial or change in a benefit before it happens. You might not get a notice if it isn't required by federal or state rules.

3.5.2.9. Written notice about providers who are no longer in-network.

3.5.2.10. Be told in a timely manner if an appointment is cancelled.

3.5.3. You have the right to get this care:

3.5.3.1. Care and services that put you at the center. Get care that gives you a choice, independence, and dignity. This care will be based on your health needs and meet standards of practice.

3.5.3.2. Services that consider your cultural and language needs and are close to where you live. If available, you can get services in non-traditional settings.

3.5.3.3. Care Coordination, community-based care, and help with care transitions in a way that works with your culture and language. This will help keep you out of a hospital or facility.

3.5.3.4. Services that are needed to know what health condition you have.

3.5.3.5. Help to use the health care system. Get the cultural and language support you need. This could be:

3.5.3.5.1. Certified or qualified health care interpreter.

3.5.3.5.2. Certified traditional health workers.

3.5.3.5.3. Community health workers.

3.5.3.5.4. Peer wellness specialists.

3.5.3.5.5. Peer support specialists

3.5.3.5.6. Doulas

3.5.3.5.7. Personal health navigators.

3.5.3.6. Help from CCO staff who are fully trained in CCO policies and procedures.

3.5.3.7. Covered Preventative Services.

3.5.3.8. Urgent and emergency services 24 hours a day, 7 days a week without approval or permission.

3.5.3.9. Referrals to specialty providers for covered coordinated services that are needed based on your health.

3.5.4. You have the right to do these things.

3.5.4.1. Choose providers and change those choices.

3.5.4.2. Have a friend, family member, or helper come to your appointments.

3.5.4.3. Be actively involved in making your treatment plan.

3.5.4.4. Agree to or refuse services. Know what might happen based on your decision. A court-ordered service cannot be refused.

3.5.4.5. Refer yourself to behavioral health or family planning services without permission from a provider.

3.5.4.6. Make a statement of wishes for treatment. This means your wishes to accept or refuse medical, surgical, or behavioral health treatment. It also means the right to make directives and give powers of attorney for health care, listed in ORS 127.

3.5.4.7. Make a complaint or ask for an appeal. Get a response from Advanced Health when you do this.

3.5.4.7.1. Ask the state to review if you don't agree with Advanced Health's decision. This is called a hearing.

3.5.4.8. Get Free certified or qualified health care interpreters for all non-English languages and sign language.

3.5.5. You must treat others this way:

3.5.5.1. Treat Advanced Health staff, providers, and others with respect.

3.5.5.2. Be honest with your providers so they can give you the best care.

3.5.6. You Must tell OHP this information by calling 800-699-9075 (TTY 711) when you:

3.5.6.1. Move or change your mailing address.

3.5.6.2. If any family moves in or out of your home.

3.5.6.3. Change your phone number.

3.5.6.4. Become Pregnant and when you give birth.

3.5.6.5. Have other insurance.

3.5.7. You must help with your care in these ways:

3.5.7.1. Choose or help choose your primary care provider or clinic.

3.5.7.2. Get yearly checkups, wellness visits, and preventative care to keep you healthy.

3.5.7.3. Be on time for appointments. If you will be late, call ahead or cancel your appointment if you can't make it.

3.5.7.4. Bring your medical ID cards to appointments. Tell the office that you have OHP and any other health insurance. Let them know if you were hurt in an accident.

3.5.7.5. Help your provider make your treatment plan. Follow the treatment plan and actively take part in your care.

3.5.7.6. Follow directions from your providers' or ask for another option.

3.5.7.7. If you don't understand, ask questions about conditions, treatments, and other issues related to care.

3.5.7.8. Use information you get from providers and care teams to help you make informed decisions about your treatment.

- 3.5.7.9. Use your primary care provider for tests and other care needs unless it's an emergency.
  - 3.5.7.10. Use in-network specialists or work with your provider for approval if you want or need to see someone who does not work with Advanced Health.
  - 3.5.7.11. Use urgent or emergent services appropriately. Tell your primary care provider within 72 hours if you do use these services.
  - 3.5.7.12. Help providers get your health record. You may have to sign a form for this.
  - 3.5.7.13. Tell Advanced Health if you have any issues, complaints, or need help.
  - 3.5.7.14. Pay for services that are not covered by OHP.
  - 3.5.7.15. If you get money because of an injury, help Advanced Health get paid for services we gave you because of that injury.
- 3.5.8. Additional rights guaranteed under Contract, and federal and State law include the right to:
- 3.5.8.1. A second opinion from a Health Care Professional within the Provider Network or outside the Provider Network, at no cost to the Members;
  - 3.5.8.2. 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;
  - 3.5.8.3. 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;
  - 3.5.8.4. 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;
  - 3.5.8.5. 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;
  - 3.5.8.6. Have access to an OHA certified or qualified interpreter for on-site appointments. These interpreters are listed on the Oregon Health Care Interpreter registry; Oregon House Bill 2359
  - 3.5.8.7. 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 programs consistent with the requirements of OAR 410-141-3280124F<sup>1</sup> and 410-141-3300;
  - 3.5.8.8. Receive information on available treatment options and alternatives presented in a manner appropriate to the Member's condition, preferred language, and ability to understand;
  - 3.5.8.9. 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;
  - 3.5.8.10. 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;
  - 3.5.8.11. Access Covered Services which at least equals access available to other persons served by Advanced Health;
  - 3.5.8.12. 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;

- 3.5.8.13. Any cost sharing authorized under the Contract for Members is in accordance with 42 CFR
- 3.5.8.14. §447.50 through 42 CFR §447.90 and the applicable Oregon Administrative Rules;
- 3.5.8.15. Be notified of Member's responsibility for paying a Co-Payment for some services, as specified in OAR 410-120-1230;
- 3.5.8.16. If available and upon request by Member, utilize electronic methods to communicate with and provide Member information;
- 3.5.8.17. 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);
- 3.5.8.18. Be provided information to help understand the requirements and the benefits of the Plan; and
- 3.5.8.19. 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.

#### **4. 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
- 4.5.** Advanced Health in accordance with 42 CFR § 438.3 (d) shall not discriminate against individuals eligible to enroll on the basis of race; color; national origin; disability; or sex which includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes; s

#### **5. PROCEDURES**

- 5.1.** Advanced Health meets its commitment to comply with all requirements outlined in Policy 4.1 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 listed below in the responsibilities section.
- 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 14 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 Quality and Compliance Officer is primarily responsible for communicating Member Rights, Protections and Responsibilities 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 Manager 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 disciplinary 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 Chief Quality and Compliance Officer, 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. Additionally, monitor compliance with these policies and procedures, take corrective action as needed, and report findings to the Quality Improvement Committee defined under OAR 410-141-3525.
    - 5.3.1.1. Grievances involving potential violations of Member Rights are reported to the Chief Quality and 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. REFERENCE SOURCES

6.1. [42 CFR §438.100 and et. seq.](#)

6.2. 42 CFR §438.3(d)

6.3. 42 CFR §§447.50 through 447.90

6.4. 42 CFR Part 80 (Title VI of the Civil Rights Act of 1964)

6.5. 45 CFR Part 91 (Age Discrimination Act of 1975)

6.6. The Rehabilitation Act of 1973

6.7. Title IX of the Education Amendments of 1972

6.8. Titles II and III of the Americans with Disabilities Act

6.9. Section 1557 of the Patient Protection and Affordable Care Act

6.10. ORS § 417.270

6.11. ORS § 127.505 through 127.660

6.12. [OAR 410-141-3590-MCE Member Relations-Rights and Responsibilities](#)

6.13. CCO 2.0 Contract, Exhibit B, Part 3

6.14. [OAR 410-141-3525: Outcome and Quality Measures](#)

## 7. RESPONSIBILITIES

*(Compliance, Monitoring, Review)*

7.1. The Chief Executive Officer—Primary responsibility for enforcement of any zero tolerance, or related action resulting in the termination of a contract or employee.

7.2. The Chief Quality and 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. Oversight and primary responsibility for all Grievance and Appeals monitoring and reporting processes. Primary responsibility for overseeing matters elevated through customer service monitoring activities.

7.3. The Chief Medical Officer— Shared or primary responsibility for monitoring and overseeing any disciplinary action process of a Network Provider.

7.4. The Chief Operating Officer— Shared or primary responsibility for monitoring and overseeing any disciplinary action process of a Network Provider.

7.5. HR Manager —Primary responsibility for monitoring employee training and collaborating with supervisors to administer any corrective or disciplinary action of employee(s).

7.6. 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.

**7.7. Director of Member Services-** Assure communication of Member Rights, Protections and Responsibilities to Members, Subcontractors, including Network Providers, and employees.

**8. RELATED DOCUMENTS**

- 8.1. Member Rights and Responsibilities Policy
- 8.2. Employee Handbook
- 8.3. Supervisor Manual
- 8.4. Staff Training and Development Policy and Procedures
- 8.5. Provider Handbook
- 8.6. Compliance Plan
- 8.7. Fraud, Waste and Abuse Policies and Procedures
- 8.8. Member Grievance System Policies and Procedures
- 8.9. Advance Directives Policies and Procedures
- 8.10. Behavioral Health Policies and Procedures
- 8.11. Care Coordination Policies and Procedures

**9. ATTACHMENTS**

- 9.1. None

**10. HEALTH EQUITY IMPACT ASSESSMENT TOOL**

*(If question does not apply, answer "Does Not Apply")*

<p><b>10.1.</b> Does the policy advance equity and what are the intended outcomes? How? If not, does it have the potential to ignore or worsen existing disparities or produce other unintended consequences, should this policy be enacted? If so, what mitigation should be planned?</p>	<p>Yes, the policy advances equity by assuring that all staff, Members, and providers are knowledgeable of the member’s rights to assure they are not violated. The policy states that all Members have the same rights and responsibilities.</p>
<p><b>10.2.</b> Was there equitable involvement in the drafting or revision process? How have you included those impacted in the process? Who else should be involved? Who is the focus and who may be being left out?</p>	<p>OHA develops the Member Rights and Responsibilities which are drafted with review by a RAC consisting of both members and providers throughout Oregon.</p>
<p><b>10.3.</b> What are the potential equity-related disparate impacts of this policy, practice, or decision? How might this policy have a disproportionate impact, negatively or positively on those historically underrepresented or excluded? How does this policy, practice or decision perpetuate or help to dismantle historical or other barriers to equity?</p>	<p>This policy has the potential to positively impact equity by ensuring that member rights, protections, and responsibilities are explicitly upheld, particularly for historically underrepresented or excluded groups. It addresses systemic barriers such as discrimination based on race, disability, or language. However, disparities could arise if communication efforts (e.g., Member Handbook distribution or accessibility) fail to adequately reach non-English speakers or individuals with disabilities. The effectiveness depends on consistent enforcement, accessibility of materials, and inclusivity in training content</p>
<p><b>10.4.</b> What accountability, infrastructure and resources are required to implement the policy with the goal of advancing health equity?</p>	<p>All CCO staff are trained and expected to adhere to the policy as well as all Members are informed of the policy.</p>

<p><b>10.5.</b> What is the plan to evaluate and monitor the policy, practice, or decision to ensure equity in the short- and long-term?</p>	<p>Member’s Rights Protections and Responsibilities are monitored through tracked complaints submitted via members and providers. Every employee is trained on the policy to assure they can identify and report any inequities.</p>
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<b>11. APPROVALS</b>	
<p><b>11.1 – Document Owner</b></p>	<p>Name and Title: Lisa Frischkorn, Director of Member Services Department: Member Services</p>
<p><b>11.2 – Approving Manager</b></p>	<p>Name and Title: Samyukta Vendrathi, Chief Operating Officer Department: Administration Signature: <u>Samyukta Vendrathi</u></p>
<p><b>11.3 – Collaborators</b></p>	<p>Name(s) and Title(s): Anna Warner, Chief Quality and Compliance Officer</p>
<p><b>11.4 – Approvals</b></p>	<p><b>Policy Review Committee</b> Date Approved: 9/30/2025 <b>OHA Approval (if needed)</b> Date Approved:</p>
<p><b>11.5 – Original Effective Date</b></p>	<p>Date: March 16, 2020</p>
<p><b>11.6 – Review Period</b></p>	<p>How often PnP is reviewed: Annually</p>
<p><b>11.7 – Review Date(s)</b></p>	<p>Date: 10/18/2024</p>
<p><b>11.8 – Revision Date(s)</b></p>	<p>Date: 3/16/2020, 2/27/2023, 10/18/2024, 9/22/2025</p>
<p><b>11.9 – Add to Advanced Health Website</b></p>	<p><input type="checkbox"/></p>

# MS-Member Rights Protections and Responsibilities\_Policy and Procedure\_2025\_09\_22Final

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