

Subject: Rights and Responsibilities

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Objective:

To ensure that Tuality Health Alliance (THA) members are afforded the following rights under the Division of Medical Assistance Programs (DMAP) and are responsible for their behaviors and actions in accordance with this policy.

Policy:

I. THA Members have the following rights:

- A. To be treated with respect and with due consideration for their dignity and privacy.
- B. To be treated by providers the same as other people seeking health care benefits to which the member is entitled.
- C. To choose a Primary Care Provider or clinic as permitted in OAR 410-141-0060 with the right to change those choices.
- D. To have direct access to mental health, chemical dependency or family planning services without getting a referral from a Primary Care Provider (PCP) or other provider.
- E. To have a friend, family member, or advocate present during appointments and at other times as needed within clinical guidelines.
- F. To be actively involved in the development of their treatment plan.
- G. To be given information about their condition and covered and non-covered services to allow an informed decision about proposed treatment(s).
- H. To consent to treatment or refuse services and to be told the consequences of that decision, except for court ordered services.
- I. To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency.
- J. To have written materials explained in a manner that is understandable to the member. This includes providing enrollment notices, informational and instructional materials in the prevalent non-English languages.
- K. To receive necessary and reasonable services to diagnose the presenting condition.

- L. To receive DMAP covered services that meet generally accepted standards of practice and are medically appropriate
- M. To obtain covered preventive services.
- N. To have access to urgent and emergency services 24 hours a day, 7 days a week and receive post stabilization care services related to the emergency medical condition in order to maintain, improve or resolve the condition.
- O. To receive a referral to specialty providers for medically appropriate covered services or receive a second opinion from a qualified health care professional within the network at no cost.
- P. To have a clinical record maintained which documents conditions, services received, and referrals made.
- Q. To have access to their own clinical record, unless restricted by statute.
- R. To transfer a copy of their clinical record to another provider.
- S. To execute a statement of wishes for treatment, including the right to accept or refuse medical, surgical, chemical dependency or mental health treatment and the right to execute directives and powers of attorney for health care (Established under ORS 127 and amended by OBRA 1990 – Patient Self-Determination Act and Oregon Legislative Assembly in 1993).
- T. To receive written notices before a denial of, or change in, a benefit or service level is made, unless such notice is not required by federal or state regulations.
- U. To know how to make a complaint, grievance or appeal with THA or DMAP and receive a response as defined in OAR-410-141-0260 and 410-141-0266.
- V. To request an administrative hearing with the Department of Human Services (DHS).
- W. To receive interpreter services free of charge.
- X. To receive a notice of an appointment cancellation in a timely manner.
- Y. To receive written notice of termination of a participating provider within 15 days after receipt or issuance of the termination notice to the member who received their primary care from, or was seen on a regular basis by the terminated participating provider.
- Z. The right to 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.

- AA. The right to receive information on the structure and operation of THA's organization and any Practitioner Incentive Plan.
- BB. The right to receive information on Advance Directives when requested

II. THA members have the following responsibilities

- A. To choose, or help with assignment to a Primary Care Provider (PCP)
- B. To treat providers and clinic staff with respect
- C. To be on time for appointments made with providers and to call in advance either to cancel if unable to keep the appointment or if he/she expects to be late
- D. To seek periodic health exams and preventive services from their PCP or clinic
- E. To use their PCP or clinic for diagnostic and other care except in an emergency
- F. To obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist unless self-referral to a specialist is allowed
- G. To use urgent care and emergency services appropriately and notify THA within 72 hours of an emergency
- H. To give accurate information for inclusion in the clinical record
- I. To help the provider or clinic obtain clinical records from other providers which may include signing an authorization for release of information
- J. To ask questions about conditions, treatments and other issues related to their care that is not understood
- K. To use information to make informed decisions about treatment before it is given
- L. To help in the creation of a treatment plan with the provider
- M. To follow the prescribed agreed upon treatment plans
- N. To tell the provider that their health care is covered under DMAP before services are received and, if requested, to show the provider the DMAP Medical Care Identification form
- O. To notify the Department of Human Services (DHS) worker of a change of address or phone number
- P. To tell the DHS worker if they become pregnant and to notify the DHS worker of the birth of the member's child

- Q. To tell the DHS worker if any family members move in or out of the household
- R. To tell the DHS worker and service provider(s) if there is any other insurance available, if there are changes of insurance coverage including Private Health Insurance according to OAR 410-120-1960 and to complete any required periodic documentation of such coverage in a timely manner.
- S. To pay for Non-Covered Services under the provisions described in OAR 410-120-1200 and 410-120-1280
- T. To pay the monthly OHP premium on time if so required
- U. To assist THA in pursuing any third party resources available and to pay THA the amount of benefits it paid for an injury from any recovery received from that injury
- V. To bring issues, complaints, or grievances to the attention of THA
- W. To sign an authorization for the release of information so DHS and THA can get information that is pertinent and needed to respond to an Administration Hearing request in an effective and efficient manner.

Refer: Oregon Administrative Rules- 410-120-1855; 410-141-0120, 410-120-1860, 410-120-1865; 410-141-0080; 410-141-0060; 410-141-0140; 410-141-0320
CFR 438.100-Enrollee Rights
ORS409
THA Policy I-6 PCP Selection THA Policy I-2 Access
THA Policy I-4 Interpreters
THA Policy I-8 Emergency Room Services
FCHP 2011 Contract Exhibit B Part III Section 2

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Formulated: March 14, 2002

Revised: May 2004
 December 2005
 November 2008
 February 2011

THA Plan Director

THA Medical Director