

OHSU Health IDS LLC		Policy & Procedure			
Company:	OHSU Health Services LLC, IDS	Committee Name:		Regulatory Compliance	
Subject:	Statement of OHSU IDS Members' Rights and Responsibilities				
P & P Original Effective Date:	1/1/2020	P & P Origination Date:	1/1/2020	P & P Published Date:	1/1/2020
P & P Previous Revision Effective Date:	2/8/2021	P & P Revision Published Date:		1/9/2023	
Reference Number:	MR-105	Next Review Date:		1/2025	
Product (check all boxes applicable to this policy) <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Pharmacy					

I. Policy Statement and Purpose

OHSU Health IDS has a statement that communicates its commitment to treat all members in a manner that respects their rights and its expectations of members' responsibilities. OHSU Health IDS distributes the statement of these rights and responsibilities to participating Members and practitioners.

II. Member Rights

OHSU Health IDS members shall have the following rights and are entitled to:

- Be treated with dignity and respect
- Be given information about their condition and covered and non-covered services to allow an informed decision about proposed treatments
- Be actively involved in the development of their treatment plan
- Consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services
- 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
- Have a clinical record maintained that documents conditions, services received, and referrals made
- Have access to one's own clinical record, unless restricted by statute
- Request and receive a copy of the clinical record and request that it be amended or corrected
- Transfer of a copy of the clinical record to another provider
- 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
- Obtain timely access to health care services and medically necessary coordinated care
- Choose a primary care provider or service site and to change those choices as permitted in the OHSU Health IDS administrative policies
- Obtain a second opinion at no cost
- Refer oneself directly to behavioral health or family planning services without obtaining a referral from a PCP or other participating provider
- Have a friend, family member, or advocate present during appointments and other times as needed within clinical guidelines
- Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency
- Be provided equal access to appropriate facilities, services, and treatment regardless of gender

- Have written materials explained in a manner that is understandable to the member and be educated about the coordinated care approach being used in the community and how to navigate the coordinated health care system
- 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
- Receive oversight, care coordination and transition and planning management from OHSU Health IDS 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
- Receive necessary and reasonable services to diagnose the presenting condition
- 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
- Have a consistent and stable relationship with a care team that is responsible for comprehensive care management
- 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 advocates, community health workers, peer wellness specialists, 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
- Obtain covered preventive services
- Have access to urgent and emergency services 24 hours a day, seven days a week without prior authorization
- Receive a referral to specialty providers for medically appropriate covered coordinated care services in the manner provided in the OHSU Health IDS referral policy
- 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
- 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
- Be able to make a complaint or appeal with OHSU Health IDS and receive a response
- Request a contested case hearing
- Receive certified or qualified health care interpreter services free of charge
- Receive a notice of an appointment cancellation in a timely manner
- Receive member information electronically upon request
- Receive notice of any responsibility for paying a co-payment under the provisions described in OAR 410-120-1230
- Only be responsible for cost sharing in accordance with 42CFR 447.50 through 447.90

III. Member Responsibilities

OHSU Health IDS Members shall have the following responsibilities:

- Choose or help with assignment to a PCP or service site
- Treat OHSU Health IDS, providers, and clinic staff members with respect
- 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
- Seek periodic health exams and preventive services from the PCP or clinic
- Use the Primary Care Provider (PCP) or clinic for diagnostic and other care except in an emergency
- 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
- 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 OHSU Health IDS referral policy

- Give accurate information for inclusion in the clinical record
- Help the provider or clinic obtain clinical records from other providers that may include signing an authorization for release of information
- Ask questions about conditions, treatments, and other issues related to care that is not understood
- Use information provided by OHSU Health IDS providers or care teams to make informed decisions about treatment before it is given
- Help in the creation of a treatment plan with the provider
- Follow prescribed agreed upon treatment plans and actively engage in their health care
- 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
- Tell the DHS or OHA worker of a change of address or phone number
- Tell the DHS or OHA worker if the Member becomes pregnant and notify the worker of the birth of the Member's child
- Tell the DHS or OHA worker if any family Members move in or out of the household
- Tell the DHS or OHA worker if there is any other insurance available
- Pay for non-covered services under the provisions described in OAR 410-120-1200 and 410-120-1280
- Pay the monthly OHP premium on time if so required;
- Assist OHSU Health IDS in pursuing any third-party resources available and reimburse the CCO the amount of benefits it paid for an injury from any recovery received from that injury, and
- Bring issues or complaints or grievances to the attention of the OHSU Health IDS

IV. Statement of Members Rights and Responsibilities

The statement of Members' rights and responsibilities is published in the Health Share Member handbook and OHSU Health IDS provider manual. The Health Share of Oregon Member handbook is also available on the OHSU Health IDS website.

V. Monitoring

The OHSU Health IDS Regulatory Compliance committee reviews Member complaints quarterly for persistent or significant problems regarding Member's rights and responsibilities. The committees identify areas for improvement and implement appropriate interventions.

VI. Related Policies & Procedures, Forms and References

OAR: 410-141-3590

VII. Revision Activity

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
New Policy and Procedure	OHSU IDS Quality Committee	1/1/20	1/1/20
Minor grammar and rule revisions	IDS Regulatory Compliance Committee	2/8/2021	2/8/2021
Board of Directors Approval	IDS Board of Directors	2/23/2021	2/8/2021
Reviewed only, no revisions	OHSU IDS Regulatory Compliance Committee	1/9/2023	1/9/2023
Board Oversight, Consent Agenda	OHSU Health IDS Board of Directors	1/24/2023	1/9/2023