CORPORATE POLICY & PROCEDURE

	Policy Name: MS3 - Member Rights
Department: Customer Care	Policy Number: MS3
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Line of Business: ☐ All ☒ Umpqua Health Alliance ☐ Umpqua Health - Newton Creek	☐ Umpqua Health Management ☐ Umpqua Health Network
Approved By: Nancy Rickenbach (Chief Operating Officer)	Date: 01/27/2021

POLICY STATEMENT

Umpqua Health Alliance (UHA) is dedicated to providing the best possible care and experience for its members. Therefore, UHA, along with its subcontractors, will comply with all Federal and State laws regarding member rights as described in the UHA Member Handbook as well as the Oregon Administrative Rules (OAR) 410-141-3590, 410-141-3920 through 410-141-3960, 42 Code of Federal Regulation (CFR) § 438.100 and Coordinated Care Organization (CCO) Contract Exhibit B, Part 2, Section 5 and Exhibit B, Part 3.

PURPOSE

To ensure that UHA members, employees and providers are aware of the health plan members' rights under Medicaid law.

RESPONSIBILITY

Customer Care

DEFINITIONS

Care team: The group of providers, community members, and/or volunteers assigned to work with the member.

External personnel: Individual contractors, subcontractors, network providers, agents, first tier, downstream, and related entities, and their workforce.

Internal personnel: All Umpqua Health employees, providers, volunteers.

Member: A Medicaid beneficiary who is currently enrolled in Umpqua Health Alliance or who may potentially enroll. For the purposes of OAR 410-141-3920 through 410-141-3965, references to a "member" include any individual eligible for NEMT services under the policy.

PROCEDURES

General

1. Members are informed in writing of their rights through the Member Handbook.
    a. Provided to members within 14 days upon enrollment and re-enrollment.
    b. Available upon request at no charge to the member and is mailed within five (5) business days.
2. In the event an individual feels that one of their rights have been violated, the member may contact UHA's Member Services Department, in which a grievance will be filed.

   a. UHA's Clinical Engagement Department periodically review grievances pertaining to member rights.
3. In accordance with 42 Code of Federal Regulation (CFR) § 438.100(a)(2), internal and external personnel are required to comply with any applicable Federal and State laws that pertain to enrollee rights, and ensure they observe and protect those rights. Failure to do so will result in corrective actions in accordance with policy CO19 – Disciplinary Process for Compliance Infractions, up to and including termination of employment or contract.
4. UHA requires that members are treated with the same respect and due consideration for his or her dignity and privacy; the same as non-members or other patients who receive services equivalent to covered services from contracted providers.
5. UHA members are entitled to the following rights as outlined in OAR 410-141-3590 and UHA's CCO Contract Exhibit B, Part 3:
   a. To be treated with dignity and respect with due consideration for his or her privacy;
   b. To 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;
   c. To choose a Primary Care Provider (PCP) or service site, and to change those choices as permitted by UHA's administrative policies;
      i. For a member in a service area serviced by only one Prepaid Health Plan (PHP), any limitation UHA imposes on his or her freedom to change between PCPs or to obtain services from non-participating providers if the service or type of provider is not available with the UHA's provider network may be no more restrictive than the limitation on disenrollment under CCO contract Exhibit B, Part 3(9).
   d. To refer oneself directly to behavioral health or family planning services without getting a referral from a PCP or other participating provider;
   e. To have a friend, family member, or advocate present during appointments and 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 treatments, including alternative treatments;
   h. To consent to treatment or refuse services (i.e. medical, surgical, substance use disorders, and/or mental health treatment) and be told the consequences of that decision, except for court ordered services;
   i. To execute directives and powers of attorney for health care established under ORS 127.505 to 127.660 and the OBRA 1990 -- Patient Self-Determination Act;

j. To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;
k. 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;
l. To 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;
m. To make certified or Qualified Health Care Interpreter Services available free of charge to each potential member and member. This applies to all non-English languages, not just those that Oregon Health Authority (OHA) identifies as prevalent. UHA shall notify its members and potential members that oral interpretation is also available free of charge for any language and that written information is available in prevalent non-English languages in service area(s) as specified in 42 CFR § 438.10(c)(3). UHA shall notify its members how to access oral interpretation and written translation services;
n. To receive oversight, care coordination and transition and planning management from UHA 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;
o. To receive necessary and reasonable services to diagnose the presenting condition;
p. To 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;
q. To have a consistent and stable relationship with a care team that is responsible for comprehensive care management;
r. To 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, and 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;
s. To obtain covered preventive services;

t. To have access to urgent and emergency services 24 hours a day, 7 days a week without prior authorization;
u. To receive a referral to specialty providers for medically appropriate covered coordinated care services, in the manner provided in the CCO's referral policy;
v. To have a clinical record maintained which documents conditions, services received, and referrals made;
w. To have access to one's own clinical record, unless restricted by ORS 179.505 or other applicable law and to request that the records be amended or corrected as specified in 45 CFR Part 164;
x. To transfer of a copy of the clinical record to another provider;
y. To 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;
z. To 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;
aa. To be able to file a grievance or appeal, orally or in writing, or have a provider or an authorized representative with written consent file on the member's behalf either to UHA or to the State;
bb. To receive a notice of an appointment cancellation in a timely manner;
cc. Ensure members are aware that a second opinion is available from a qualified health care professional within the provider network, or that UHA will arrange for members to obtain a qualified health care professional from outside the provider network, at no cost to the members;
dd. Ensure members are aware of their civil rights under Title VI of the Civil Rights Act and ORS Chapter 659A, that a member has a right to report a complaint of discrimination by contacting UHA, OHA, the Bureau of Labor and Industries (BOLI) or the Office of Civil Rights (OCR);
ee. Provide notice to members of UHA'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;
ff. Provide 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;
gg. Allow each member to choose his or her health professional from available participating providers and facilities to the extent possible and appropriate. For a member in a service area serviced by only one Prepaid Health Plan (PHP), any limitation UHA imposes on his or her freedom to change between PCPs or to

obtain services from non-participating providers if the service or type of provider is not available with the UHA's provider network may be no more restrictive than the limitation on disenrollment under CCO contract Exhibit B, Part 3, Section 6.b;

hh. Require, and cause its participating providers to require, that members receive information on available treatment options and alternatives presented in a manner appropriate to the member's condition, preferred language and ability to understand;

ii. Furnish to each of its members 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 30 days after the UHA received notice of the member's enrollment from OHA or for members who are Fully Dual Eligible, within the time period required by Medicare. UHA shall notify all members of their right to request and obtain the information described in this section at least once a year;

jj. To ensure members are free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliations specified in federal regulations on the use of restraints and seclusion;

kk. Ensure, and cause its participating providers to ensure, that each member is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the UHA, its staff, subcontractors, participating providers or OHA, treat the member. UHA shall not discriminate in any way against members when those members exercise their rights under the OHP;

ll. Ensure that any cost sharing authorized under the CCO contract for members is in accordance with 42 CFR § 447.50 through 42 CFR § 447.60 and with the General Rules.

mm. Notify members of their responsibility for paying a co-payment for some services, as specified in OAR 410-120-1280; and

nn. UHA may use electronic methods of communications with members, at their request, to provide member information if:

i. The recipient has requested or approved electronic transmittal;
ii. The identical information is available in written form upon request;
iii. The information does not constitute a direct member notice related to an adverse Action or any portion of the grievance, appeals, contested case hearings or any other member rights or member protection process;
iv. Language and alternative format accommodations are available; and
v. All HIPAA requirements are satisfied with respect to personal health information.

Non-Emergent Medical Transportation (NEMT)

1. UHA informs members of their rights through the Member Handbook and the UHA Rider's Guide.
    a. Provided to members within 14 days upon enrollment and re-enrollment.
    b. Available upon request at no charge to the member and is mailed within five (5) business days.
2. Have access to a toll-free call center to request rides.
3. To not be billed for transport to or from covered medical services, even if UHA or its NEMT subcontractor denied reimbursement for the transportation services.
4. To schedule transportation within the timelines outlined in MS7 - Non-Emergent Medical Transportation.
5. Member pick up:
    a. Not required to enter a transportation vehicle more than 15 minutes prior to the scheduled pick up time.
    b. To not arrive to an appointment more than 15 minutes prior to the office or other facility opening for business unless requested by the member, the member's guardian, parent, or representative.
    c. To not be picked up after an appointment more than 15 minutes after the office or facility closes for business, unless the appointment is not reasonably expected to end within 15 minutes after closing, or as requested by the member, or as applicable, the member's guardian, parent, or representative.
6. Transportation to or from a source of covered service or health-related service, that does not involve a sudden, unexpected occurrence which creates a medical crisis requiring emergency medical services as defined in OAR 410-120-0000 and requiring immediate transportation to a site, usually a hospital, where appropriate emergency medical care is available.
7. Members have passenger rights and responsibilities as set forth in 42 CFR § 438.100, and as set forth in OARs 410-141-3920 through 410-141-3960, and other State and Federal administrative statutes and rules relating to the rights and responsibilities of Medicaid recipients such as the right to file a grievance and request an appeal or reconsideration (CE01 – Grievances and CE20 – Appeals and Hearings). The grievance and appeal processes and rights specified in OAR 410-141-3835 through 410-141-3915 are available with respect to NEMT services with the modifications outlined in MS7 - Non-Emergent Medical Transportation.
8. Comfort and safety in all vehicles used for NEMT services and must meet the following requirements:
    a. The interior of the vehicle will be clean and free from any debris impeding a member's ability to ride comfortable;

b. Smoking, aerosolizing, or vaporizing of inhalants is prohibited in the vehicle at all times in accordance with Oregon Revised Statute (ORS) 433.835 to 433.990 and OAR 333-015-0025 to 333-015-0090; and
c. In compliance with all applicable local, State and Federal transportation laws regarding vehicle and passenger safety standards and comfort. The vehicles will include, without limitation, to the following safety equipment:
    i. Safety belts for all passengers if the vehicle is legally required to provide safety belts;
    ii. First aid kit;
    iii. Fire extinguisher;
    iv. Roadside reflective or warning devices;
    v. Flashlight;
    vi. Tire traction devices when appropriate;
    vii. Disposable gloves; and
    viii. All equipment necessary to securely transport members using wheelchairs or stretchers in accordance with the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Action of 1973, and ORS 659A.103.
d. The vehicle to be in good operating condition and to include, but not limited to, the following equipment:
    i. Side and rearview mirrors;
    ii. Horn;
    iii. Heating, air conditioning, and ventilation systems; and
    iv. Working turn signals, headlights, taillights, and windshield wipers.
e. Drivers:
    i. Who have passed a criminal background check in accordance with ORS 181A.195 and 181A.200, and OAR Chapter 257, Division 10;
    ii. Who have a valid driver's license. The license must be the class of license with any required endorsements that permits the driver to legally operate the vehicle for which they are hired to drive pursuant to ORS Chapter 807 and OAR Chapter 735, Division 062, or the applicable statutes of other states;
    iii. Who are not included on the exclusion list maintained by the Office of the Inspector General; and
    iv. iv. Authorized to provide NEMT services that have received training on their job duties and responsibilities as outlined in OAR 410-141-3925(5)(a)-(f).
f. Emergency Medical Technicians (EMT) hired as an NEMT driver to be licensed under OAR Chapter 33, Division 265.

g. To be provided NEMT services outside of UHA's service area under any of the following circumstances:
    i. The member is receiving covered services that are not available, in accordance with OAR 410-141-3515, in UHA's services area;
    ii. The member is receiving covered services outside of Oregon, but the location is contiguous to UHA's services area and no more than 75 miles from the Oregon border;
    iii. The member is receiving in-patient services at a facility outside UHA's services are due to unavailability within UHA's service area and the member requires additional covered services within the service area where the inpatient service facility is located; and
    iv. The member is receiving covered services outside the State of Oregon because the required covered service is not available within Oregon.

h. Attendants:
    i. For children 12 years of age and under who are eligible for NEMT services to and from OHP- covered medical services and members with special physical or developmental needs regardless of age.
        1. Parents or guardians must provide an attendant to accompany these members while traveling to and from covered services and other purposes authorized by UHA in accordance with OAR 410-141-3930(2) except when:
            a. The driver is a Department of Human Services volunteer or employee or an OHA employee;
            b. The member requires secured transport pursuant to OAR 410-141-3940 (secured transports); or
            c. An ambulance provider transports the member for non-emergent services, and UHA reimburses the ambulance provider at the ambulance transport rate per CCO Contract.
        2. An attendant may be the member's mother, father, stepmother, stepfather, grandparent, or guardian. The attendant must also be any adult 18 years or older authorized by the member's parent or guardian.
        3. UHA has the right to require the member's parent or guardian to provide written authorization for an attendant other than the parent or guardian to accompany the member.
        4. The attendant must accompany the member from the pick-up location to the destination and the return trip.
        5. The member's parent, guardian, or adult caregiver shall provide an install safety seats as required by ORS 811.210-811.225. An

NEMT driver may not transport a member if a parent or guardian fails to provide a safety seat that complies with State law.

ii. For NEMT services for the involuntary transport of members who are in danger of harming themselves or others, secured transport may be used in accordance with OAR 410-141-3940.
    1. One additional attendant may accompany the member at no additional charge when medically appropriate, such as to administer medications in-route or to satisfy legal requirements including, but not limited to, when a parent, legal guardian, or escort is required during transport.

i. Member service modifications and rights:
    i. UHA may modify NEMT services when the member:
        1. Threatens harm to the driver or others in the vehicle;
        2. Has a health condition that presents a direct threat to the driver or others in the vehicle;
        3. Presents a direct threat to the driver or others in the vehicle;
        4. Engages in behaviors or circumstances that place the driver or others in the vehicle at risk of harm;
        5. Engages in behavior that, in the UHA's judgement, causes local medical providers or facilities to refuse to provide further services without modifying NEMT services;
        6. Frequently does not show up for scheduled rides; or
        7. Frequently cancels the ride on the day of the scheduled ride time.
    ii. A member may request modification of NEMT services when the NEMT driver:
        1. Threatens to harm the member or others in the vehicle;
        2. Drives or engages in other behavior that places the member or others in the vehicle at risk or harm; or
        3. Presents a direct threat to the member or others in the vehicle.
    iii. Reasonable modifications include:
        1. Use of specific transportation provider;
        2. Travel with an attendant;
        3. Use of public transportation where available;
        4. Drive or locate someone to drive the member and receive mileage reimbursement; and
        5. Confirm the ride with the NEMT provider on the day of or the day before the scheduled ride.
    iv. The following may also cause modifications to your ride services:

1. A member has a health condition that is a direct threat to the driver or others in the vehicle.
2. A member threatens harm to the driver or others in the vehicle.
3. A member engages in behavior or creates circumstances that puts the driver or others in the vehicle at risk of harm.

j. Members have the right to be advised at the time of request for NEMT services of the need for accommodation which will be followed by written confirmation to the member, the member's care coordinator, and any requesting provider. Before modifying services, the NEMT provider, a UHA representative, and the member will:
   i. Communicate about the reason for imposing a modification;
   ii. Explore options that are appropriate to the member's needs; and
   iii. Address health and safety concerns.
   iv. Communications listed in 8(h)(i)-(iii) of this policy may include:
      1. The member's care team, including any care coordinator, at the request or upon approval of the member or UHA; and
      2. Any other individual of the member's choosing.

k. Member reimbursed mileage, meals and lodging:
   i. The member must return any documentation UHA requires before receiving reimbursement.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Customer Care	NA	NA	NA	NA