

## SECTION IV: Member Rights & Responsibilities

Care1st is committed to treating members with respect and dignity. Member rights and responsibilities are shared with staff, providers and members each year. Care1st informs members of their rights and responsibilities in the Member Handbook.

### MEMBER RIGHTS

Care1st member has the following rights.

#### *Respect and Dignity:*

1. Be treated with respect and with due consideration for his or her dignity and privacy.
2. Receive polite and courteous care. Members must be treated fairly and with respect no matter their race, ethnicity, national origin, gender, age, behavioral health condition (intellectual) or physical disability, sexual preference, genetic information, ability to pay or ability to speak English.
3. Get services in a language that member understands at no cost to the member. Member has the right to get an interpreter if member has limited English or if member is hearing impaired.
4. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
5. Exercise his or her right and that the exercise of those rights shall not adversely affect service delivery to member [42 CFR 438.100(c)].

#### *Receive Information:*

1. Request information on the structure and operation of Care1st or its subcontractors.
2. Request information on whether or not Care1st has Physician Incentive Plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements Care1st uses, the right to know whether stop-loss insurance is required and the right to a summary of member survey results, in accordance with PIP regulation.
3. Receive information about formulating Advance Directives.
4. Be given information about Care1st providers, including their qualifications and the languages other than English that they speak.
5. Get a summary of Care1st's member survey results.
6. Be told in writing of any changes to member services.
7. Be told in writing when Care1st reduces, suspends, terminates, or denies any service requested by a provider, and be told what to do if member does not agree with Care1st's decision.
8. Be told what treatment options or other types of care and services are available to member, and the benefits and disadvantages of each choice. And, that these are

## SECTION IV: Member Rights & Responsibilities

given to member in a manner right to his or her condition and ability to understand.

### ***Confidentiality and Privacy:***

1. Have his or her medical records and any information about health care be private and confidential.

### ***Treatment:***

1. Use any hospital or other setting for emergency care.
2. Choose PCP from Care1st's list of PCPs. Member also has the right to change PCPs if he or she wish to do so.
3. Participate in decisions regarding their health care, refuse any medical treatments, and to be told what will happen if they do not get treatment.
4. Know and understand his or her medical problems and healthcare conditions so that member can make informed decisions about his or her healthcare. Ask and be told the cost member would pay if he or she chose to pay for a service that Care1st does not cover.
5. Get a second opinion at no cost from another Care1st health care professional or from someone outside the network if the Care1st network is not sufficient.
6. Decide who member wants to be present for their treatments and exams.
7. Have available upon request the criteria that decisions are based on.

### ***Medical Record:***

1. Request and received a copy of his or her medical records and to request that they be amended or corrected, as specified in 45 CFR part 164 and applicable State law.
2. Ask for a copy of their medical records annually as determined by federal and state law at no cost to them. \*
3. Have their medical records and any information about their health care kept private and confidential.
4. Receive a reply within 30 days to their request for a copy of their records. \*\*
5. Inspect their medical records at no cost to them.
6. Ask that their medical records be updated or corrected.
7. Have their medical records transferred from their previous provider to their new provider within 10 days of their request.

\* Their right to access medical records may be denied if the information is psychotherapy notes, compiled for, or in a reasonable anticipation of a civil, criminal or administrative action, protected health information subject to the Federal Clinical Laboratory Improvement Amendments of 1988 or exempt pursuant to 42 CFR 493.3(a)(2).

## SECTION IV: Member Rights & Responsibilities

\*\* The response may be the copy of the record or a written denial that includes the basis for the denial and information about how to seek review of the denial in accordance with 45 CFR Part 164 (AMPM 410-B9e).

### ***Reporting Member Concerns:***

1. Tell Care1st about any problems, complaints or grievances member has with his or her health care services, providers, or Care1st.
2. File a complaint with Care1st regarding the adequacy of a Notice of Adverse Determination letter they received.
3. Contact AHCCCS Medical Management if Care1st does not resolve their concern of adequacy with the Notice of Adverse Determination letter they received.
4. File a complaint with Care1st regarding the adequacy of a Notice of Adverse Determination letter you received. Member has the right to Contact AHCCCS Medical Management at [MedicalManagement@azahcccs.gov](mailto:MedicalManagement@azahcccs.gov) if Care1st does not resolve his or her concern of adequacy with the Notice of Adverse Determination letter member received. (Maricopa County – 602-417-7000; Outside Maricopa County –1-800-962-6690)

## MEMBER RESPONSIBILITIES

Care1st members have the following responsibilities.

### ***AHCCCS Eligibility:***

1. Keep member's AHCCCS eligibility up to date. Keep all AHCCCS eligibility appointments, and tell the eligibility worker when anything that could affect member's eligibility changes in the household.
2. Keep member's ID card safe. Do not throw it away. Member may not loan, sell or give the ID card to another person. Letting someone else use member's ID card is fraud. If member loans or gives the card to someone else, member could lose the AHCCCS eligibility. Member could also have legal action taken against him or her.

### ***Information About Health Insurance Coverage:***

1. Carry the Care1st ID card at all times and identify as a Care1st member BEFORE member get any services.
2. Tell Care1st Member Services, member's PCP and other Care1st providers about any other insurance member has.

### ***Respect and Dignity:***

1. Respect member's doctors, their staff, and the other people who provide services.

## **SECTION IV: Member Rights & Responsibilities**

### ***Know the Providers:***

1. Know the name of member's PCP. Keep your PCP's name, address and telephone number where member can easily find it.

### ***Appointments with PCP and Other Providers***

1. Make appointments with member's PCP during office hours instead of using Urgent Care or the Emergency Room for things that are not urgent or emergencies.
2. Keep all scheduled appointments and be on time. Call the doctor's office ahead of time if member needs to cancel an appointment or if member is going to be late.

### ***Treatment:***

1. Tell member's PCP or other Care1st providers if member does not understand his or her condition or the treatment plan.
2. Give member's PCP or other Care1st providers complete information about member's health and all ongoing care member receives. Tell providers about past problems or illnesses member has had, if member has been in the hospital or emergency rooms, and all drugs and medicines that member is taking.
3. Tell member's PCP or other Care1st providers about any changes in member's health or medical condition.
4. Follow member doctor's instructions carefully and completely. Ensure that member understands the instructions before you leave the provider's office.
5. Take an active part in managing member's healthcare and take care of problems before they become serious. Ask questions about his or her care.
6. Take all medications as prescribed and take part in programs that help members be well.
7. Bring member's children's shot records to all of their PCP visits.

### ***Co-Payment:***

1. Pay member co-payment when it is required.

### ***Transportation:***

1. Schedule transportation at least three days in advance. Notify transportation if member needs to change or cancel the appointment.

### ***Reporting Member Concerns or Question:***

1. Call or write Member Services when member has questions, problems or grievances (complaints).
2. Tell Care1st or AHCCCS if member suspects fraud or abuse by a provider or another member.

## SECTION IV: Member Rights & Responsibilities

### GRIEVANCES

Members may call or write to Customer Service if they have a grievance or problem regarding their health care services, or if they think they have not been treated appropriately. Customer Service may request the provider's assistance to resolve the issue. Providers may be contacted to clarify the situation and/or to provide education regarding AHCCCS and Care1st policies and procedures. Customer Service works to resolve grievances within 10 business days of receipt, absent extraordinary circumstances, but no longer than 90 days from receipt.

### ADVANCE DIRECTIVES

The Patient Self-Determination Act, passed by Congress in 1991, requires that health care providers educate patients on issues related to Advance Directives, which may include a living will or a health care power of attorney. The Act requires all Medicare and Medicaid providers to furnish timely information so patients have the opportunity to express their wishes regarding the refusal of medical care. Care1st as well as AHCCCS must comply with this Act, and request your cooperation in helping us become compliant. Documentation is required in the medical record as to whether or not an adult member has completed an Advanced Directive. Below are suggestions to assist in bringing your medical records into compliance with this standard:

1. Add a line to your initial patient assessment record stating
  - a. Advance Directive discussed - Yes or No
  - b. Do you have a Living Will or Power of Attorney - Yes or No
2. For paper charts, stamp the front of the member's chart or provide a "sticker" on the chart with the above statements(s). Please be sure to address the above questions with the member.

For more information on health care directives, the following organizations offer assistance and resources:

Arizona Medical Association	<a href="http://www.azmed.org">www.azmed.org</a>
Arizona Hospital & Healthcare Association	<a href="http://www.azhha.org">www.azhha.org</a>
Arizona Aging and Adult Administration	<a href="http://www.azdes.gov/aaa">www.azdes.gov/aaa</a>
American Academy of Family Physicians	<a href="http://www.aafp.org">www.aafp.org</a>
American Association of Retired Persons	<a href="http://www.aarp.org">www.aarp.org</a>
American Hospital Association	<a href="http://www.putinwriting.org">www.putinwriting.org</a>