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 members have the following rights.

Respect and Dignity:

1. Be treated with respect and with due consideration for their 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 diversity, 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 their 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 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 Customer 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 a member does not agree with Care1st's decision.
8. Receive information on treatment options and alternatives, presented in a manner appropriate to the member's condition, cultural preferences, language preference, health literacy, and ability to understand.

9. Receive information related to coordination of care concerning schools and state agencies that may occur, as appropriate and within the limits of applicable regulations.

Confidentiality and Privacy:

1. Have their 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. Members also have the right to change PCPs if they wish to do so.
3. Participate in treatment decisions regarding their health care, including the right to refuse treatments.
4. Know and understand their medical problems and healthcare conditions so that members can make informed decisions about their healthcare. Ask and be told the cost members would pay if they 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 receive a copy of their 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 (about 4 and a half weeks) 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 (about 1 and a half weeks) 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 (CLIA exempt) pursuant to 42 CFR 493.3(a)(2).
** The response may be a 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 164.524(d)(2) and 164.524(B).

Reporting Member Concerns:

1. Tell Care1st about any problems, complaints or grievances a member has with their 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 if Care1st does not resolve their concern of adequacy with the Notice of Adverse Determination letter member received. (Maricopa County – 602-417-7000; Outside Maricopa County – 1-800-962-6690) (TTY:711).

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 a member's eligibility changes in the household.
2. Keep member's ID card safe. Do not throw it away. Members may not loan, sell or give the ID card to another person. Letting someone else use their member ID card is fraud. If a member loans or gives the card to someone else, a 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 gets any services.
2. Tell Care1st Customer 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.

Know the Providers:

1. Know the name of member's PCP. Keep 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 a member needs to cancel an appointment or if a 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 the member understands the instructions before they 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 the member 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 a member needs to change or cancel the appointment.

Reporting Member Concerns or Question:

1. Call or write to Customer Services when a member has questions, problems, or grievances (complaints).
2. Tell Care1st or AHCCCS if a 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.

GRIEVANCES AND INVESTIGATIONS CONCERNING PERSONS WITH SERIOUS MENTAL ILLNESS (SMI)

The Health Plan providers are required to understand the legal rights of persons with SMI provided for in Arizona Administrative Code Title 9, Chapter 21 (9 A.A.C. 21 (PDF), Article 2. The Health Plan and its providers are required to initiate an SMI Grievance Investigation upon receipt of a non-frivolous allegation that (1) a mental health provider has violated a member's legal rights; or (2) a condition requiring investigation exists (an incident or condition that appears to be dangerous, illegal, or inhumane, including a client death).

Filing Requirements:

A request for an SMI Grievance Investigation involving an alleged rights violation or condition requiring investigation that does not involve a client death or an allegation of physical or sexual abuse shall be filed with and investigated by The Health Plan. Requests for an SMI Grievance Investigation must be submitted to The Health Plan, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation. This timeframe may be extended for good cause.

Any person may request an SMI Grievance Investigation by completing the **Appeal or Serious Mental Illness Grievance Form** (AHCCCS ACOM Chapter 400, Section 446, Attachment A) and delivering it to The Health Plan at the following address:

Care1st Health Plan Arizona
Attn: Grievance and Appeal Department
1850 W. Rio Salado Parkway, Suite 211
Tempe, AZ 85281
833-619-0415

A request for an SMI Grievance Investigation involving client death, physical abuse, or sexual abuse is filed with and investigated by the AHCCCS Administration pursuant to

AHCCCS ACOM 446 – Grievances and Investigations Concerning Persons with Serious Mental Illness.

The Health Plan and its providers are required to report Quality of Care Concerns and Incidents, Accidents, and Deaths to The Health Plan Quality Management. (**See Section 10 – Quality Management Requirements**). The provider's obligation to request an SMI Grievance Investigation as described above is separate from the provider's reporting requirements described in **Section 10 – Quality Management Requirements**.

Please note the following exclusions:

- This process does not apply to allegations asserting a violation relating to the right to receive services, supports and/or treatment that are State-funded and are no longer funded by the State due to limitations on legislative appropriation;
- This process does not apply to service planning disagreements more appropriately managed as appeals as described in Sections 8.4 and 8.5 and A.A.C. R9-21-405 (PDF)
- This process is only available for allegations involving behavioral health services. Grievances involving physical health services or services for persons who are not in the SMI Program are managed according to Section 8.1.

Notice of Decision and Right to Appeal:

The Health Plan follows the investigation process described in Arizona Administrative Code Title 9, Chapter 21 (9 A.A.C. 21), Article 4, and in AHCCCS ACOM 446 (Grievance and Investigations Concerning Persons with Serious Mental Illness). When the investigation is concluded, The Health Plan issues a decision letter to the grievant (and the member and other authorization representatives) outlining the investigation, findings of fact, conclusions of law, and in the case of substantiated allegations, the corrective measure(s) being imposed to correct the identified deficiency or deficiencies.

If the member or authorized representative is not satisfied with the outcome of The Health Plan's Investigation, the grievant has access to an administrative review and/or an administrative hearing as described in AHCCCS ACOM 446 (Grievance and Investigations Concerning Persons with Serious Mental Illness). To request an administrative review or administrative hearing, the appellant must send their written request to The Health Plan at the following address:

Care1st Health Plan Arizona
Attn: Grievance and Appeal Department
1850 W. Rio Salado Parkway, Suite 211
Tempe, AZ 85281
833-619-0415

Upon receipt of a request for an administrative review or administrative hearing, The Health Plan transmits the request and the file, if any, to AHCCCS Office of Administrative Legal Services pursuant to AHCCCS ACOM 445 (Submission of Request for Hearing).

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	www.azmed.org
Arizona Hospital & Healthcare Association	www.azhha.org
Arizona Aging and Adult Administration	www.azdes.gov/aaa
American Academy of Family Physicians	www.aafp.org
American Association of Retired Persons	www.aarp.org
American Hospital Association	www.putitinwriting.org