



CareOregon

Members' Rights and Responsibilities For Members with Medicaid (Oregon Health Plan)

Members' Rights

- To be treated with dignity and respect
- To have the same rights and care choices as your providers' other patients
- To see your health records and receive one copy per year free of charge
- To have corrections added to your health information
- To be active in your treatment plan
- To talk honestly with your provider about appropriate or medically necessary treatment options for your conditions, **regardless of cost or benefit coverage**
- To refuse services or treatment and be told the consequences of that decision
- To know that information in your medical records is confidential, with exceptions determined by law
- To sign advance directive forms, such as a living will and/or a power of attorney, that explain the care you want if you cannot make these decisions for yourself
- To know how to appeal a decision or file a complaint with CareOregon and receive a response
- To receive the level of service that you expect and deserve, as approved by your provider(s)
- To have a friend, family member or advocate with you during a medical appointment and at other times as needed within clinical guidelines
- To have a language interpreter with you during appointments at no charge to you, if you wish
- To have information provided in a way that works for you (in languages other than English that are spoken in the plan service area, in Braille, in large print or other alternate formats, etc.) If you are eligible for Medicare because of a disability, we are required to give you information about the plan's benefits that is easy to access for you
- To have access to our staff and translation services, which are available to answer questions from non-English speaking members
- To receive a notice that tells you how your health information may be used and shared
- To decide if you want to give your permission before your health information can be used or shared for certain purposes, such as advertising
- To get a report on when and why your health information was shared for certain purposes
- To choose a primary care provider (PCP) and to change your primary care provider as permitted
- To make an appointment with a mental health, chemical dependency or family planning provider without first getting a referral from your PCP

- To get information about your condition, and covered and non-covered services so you can make an informed decision about treatment(s) recommended by your providers
- To receive written materials describing your rights, responsibilities, available benefits, how to get services and what to do in an emergency
- To have written materials explained in a way that you understand
- To receive necessary and reasonable services to diagnose your medical condition
- To receive covered services under the Oregon Health Plan that meet generally accepted standards of care and are medically appropriate
- To obtain covered preventive services
- To have access to urgent and emergency services 24 hours a day, seven days a week
- To get a referral from your PCP to specialists for medically appropriate covered services
- To have a clinical record maintained that documents conditions, services you received and any referrals made by your PCP to specialists
- To transfer a copy of your clinical record to another provider
- To be free from any form of restraint or seclusion (isolation) that is not medically necessary or is used by staff to bully or punish you. Staff may not restrain or isolate you for the staff's convenience or retaliation against you. You have the right to report violations to CareOregon and/or to the Oregon Health Plan.
- To receive written notices before a benefit or service level is denied or changed, unless this notice is not required by federal or state regulations
- To ask for an administrative hearing with the Department of Human Services
- To know as soon as possible that your provider cancelled an appointment with you
- To receive information about CareOregon; our providers, practitioners and services; and members' rights and responsibilities
- To make recommendations about CareOregon's member rights and responsibilities policy
- To get information about a network provider's professional qualifications, such as board-certification status or the medical school that he/she attended. Call Customer Service for this information.

If you believe your rights are being denied or your health information isn't being protected, you can file a complaint with your provider or health insurer.

AND/OR

File a complaint with the Client Services Unit of the Division of Medical Assistance Programs, phone 800-273-0557, TTY: 503-378-6791.

You can ask your provider or CareOregon questions about your rights.

Members' Responsibilities

- To treat CareOregon staff and providers with courtesy and respect
- To choose your primary care provider (PCP) as soon as possible after you become a member
- To participate in your health care decisions, unless you choose to give that responsibility to a friend or family member
- To ask questions about conditions, treatments and other issues related to your care that you do not understand
- To follow your provider's treatment plan after you and your provider agree upon your care
- To be on time for your appointments. Call your provider as soon as possible in advance if you must cancel or will arrive late for an appointment.
- To get routine health exams and preventive services from your PCP
- To use urgent and emergency services only when appropriate. Contact your PCP within 72 hours after an emergency.
- To call your PCP's office when you need nonemergency medical care. Know your PCP's office and after-hours phone number(s).
- To provide true and complete information to your health care providers and CareOregon about your medical history. This includes information about your medications; previous illnesses, injuries and medical care; and your current health status.
- To help your PCP get information, such as your medical records, from other providers. You may be asked to sign an authorization to release your medical information.
- To tell your Department of Human Services (DHS) worker about any of the following changes in your household:
 - › Home address or phone number changes
 - › Any family member moves in or out of the household
 - › Covered member is eligible for other medical insurance
 - › Member becomes pregnant and the birth of the child
- To get a referral to see a specialist from your PCP or clinic before you seek care, unless self-referral to the specialist is allowed
- To use information to make informed decisions about treatment before it is given
- To tell the practitioner or provider that your health care is covered under the Oregon Health Plan (OHP) before you receive services. Be ready to show the practitioner or provider your Medical Care Identification form if you are asked to do so.
- To pay for non-covered services
- To pay the monthly OHP premium on time if required
- To help CareOregon obtain amounts from other sources for your injuries. If you receive payment for an injury, you must pay CareOregon up to the amount it paid for your injury.
- To bring issues, complaints or grievances to the attention of the Plan

Contact CareOregon if you have any questions, concerns, problems or suggestions.
Contact CareOregon immediately if you suspect fraud or abuse.