

PLAN OPERATIONS	Advantage Dental From DentaQuest		
	<i>Policy and Procedure</i>		
	Policy Name:	Enrollee Rights and Responsibilities	Policy ID: PLANCG-26
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date: 01/09/2025
	States:	Oregon	Last Review Date: 01/22/2025
	Application:	Medicaid	Effective Date: 01/23/2025

PURPOSE

To establish the enrollees and potential enrollees rights and responsibilities.

POLICY

Providing equal rights and responsibilities to enrollees and potential enrollees is the highest priority of Advantage Dental Services along with providing quality care. Enrollees and potential enrollees shall have the same rights and responsibilities as any other patient of the provider's practice.

The rights and responsibilities of enrollees and potential enrollees will be communicated to them in the Coordinated Care Organization (CCO) Enrollee Handbook and other materials provided to new enrollees and potential enrollees as well as the Advantage Dental Services website at www.advantagedentalservices.com. Enrollees and potential enrollees may request information on their rights and responsibilities at any time by contacting Advantage Dental Services or the CCO as indicated in the Enrollee Handbook. Enrollees and potential enrollees are free to exercise their rights, and by doing so, will not adversely affect the way enrollees and potential enrollees are treated by providers or Advantage Dental Services.

Advantage Dental Services enrollees and potential enrollees shall have the following rights and are entitled to:

- a) Be treated with dignity and respect;
- b) 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) Choose a Primary Care Dentist (PCD) or service site and to change those choices as permitted in the DCO's administrative policies;
- d) Refer oneself directly to behavioral health or family planning services without getting a referral from a PCP or other participating provider;
- e) Have a friend, family member, member representative, or advocate present during appointments and other times as needed within clinical guidelines;
- f) Be actively involved in the development of their treatment plan;
- g) Be given information about their condition and covered and non-covered services to allow an informed decision about proposed treatments;
- h) Consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services;
- i) Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;

- j) 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;
- k) Receive communications of individually identifiable health information from the DCO by alternative means or at alternative locations per 45 CFR 164.522 if the member provides a written statement that includes:
 - a. A valid alternative address or other method of contact suitable for enabling the member to receive communications from the DCO (e.g., valid cell phone number, verifiable e-mail address); and
 - b. If required by the DCO, a clearly stated disclosure that all or part of the protected health information could put the member in danger.
- l) 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) Receive oversight, care coordination and transition and planning management from their DCO within the targeted population 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;
- n) Receive necessary and reasonable services to diagnose the presenting condition;
- o) 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;
- p) Have a consistent and stable relationship with a care team that is responsible for comprehensive care management;
- q) 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, certified traditional health workers including community health workers, peer wellness specialists, peer support specialists, doulas, 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;
- r) Obtain covered preventive services;
- s) Have access to urgent and emergency services 24 hours a day, seven days a week without prior authorization;
- t) Receive a referral to specialty providers for medically appropriate covered coordinated care services in the manner provided in the DCO's referral policy;
- u) Have a clinical record maintained that documents conditions, services received, and referrals made;
- v) Have access to one's own clinical record, unless restricted by statute;
- w) Transfer of a copy of the clinical record to another provider;
- x) 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;
- y) 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;
- z) Be able to make a complaint or appeal with the DCO and receive a response;
- aa) Request a contested case hearing;
- bb) Receive certified or qualified health care interpreter services; and
- cc) Receive a notice of an appointment cancellation in a timely manner;

- dd) 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.

Advantage Dental Services enrollees and potential enrollees shall have the following responsibilities:

- a) Choose or help with assignment to a PCD;
- b) Treat the DCO, provider, and clinic staff members with respect;
- c) 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;
- d) Seek periodic health exams and preventive services from the PCD;
- e) Use the PCD for diagnostic and other care except in an emergency;
- f) Obtain a referral to a specialist from the PCD before seeking care from a specialist unless self-referral to the specialist is allowed;
- g) Use urgent and emergency services appropriately and notify the enrollee's PCD or clinic within 72 hours of using emergency services in the manner provided in the DCO's referral policy;
- h) Give accurate information for inclusion in the clinical record;
- i) Help the provider obtain clinical records from other providers that may include signing an authorization for release of information;
- j) Ask questions about conditions, treatments, and other issues related to care that is not understood;
- k) Use information provided by the DCO providers or care teams to make informed decisions about treatment before it is given;
- l) Help in the creation of a treatment plan with the provider;
- m) Follow prescribed agreed upon treatment plans and actively engage in their health care;
- n) Tell the provider that the enrollee's health care is covered under the OHP before services are received and, if requested, show the provider the Division Medical Care Identification form;
- o) Tell the Department or Authority worker of a change of address or phone number;
- p) Tell the Department or Authority worker if the enrollee becomes pregnant and notify the worker of the birth of the enrollee's child;
- q) Tell the Department or Authority worker if any family members move in or out of the household;

- r) Tell the Department or Authority worker if there is any other insurance available;
- s) Pay for non-covered services under the provisions described in OAR 410-120-1200 and 410-120-1280;
- t) Pay the monthly OHP premium on time if so required;
- u) Assist the DCO in pursuing any third-party resources available and reimburse the DCO the amount of benefits it paid for an injury from any recovery received from that injury; and
- v) Bring issues or complaints or grievances to the attention of the DCO.

Advantage Dental Services Contracted Providers, Subcontractors, and Plan Staff Members Shall:

- a) Be educated on enrollee rights and protections through regular training and materials.
- b) Observe and protect enrollee rights in all points of contact and interaction with enrollees, potential enrollees, and the provision of their care.

Advantage Dental Services Contracted Providers, Subcontractors, and Plan Staff Members Shall Not:

- a) Prohibit or otherwise limit or restrict Health Care Professionals who are its employees, or subcontractors acting within the lawful scope of practice, from undertaking any of the activities listed below, on behalf of enrollees who are patients of such Health Care Professionals:
 - a. Advising or otherwise advocating for an enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self-administered, that is Medically Appropriate even if such care or treatment is not covered or is subject to Co-Payment;
 - b. Providing any and all information an enrollee needs in order to decide among relevant treatment options;
 - c. Advising an enrollee of the risks, benefits, and consequences of treatment or nontreatment; and
 - d. Advising and advocating for an enrollee's right to participate in decisions regarding the enrollee's own health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

REFERENCES

42 CFR 438.100 Enrollee Rights

OAR 410-120-1200 Excluded Services and Limitations

OAR 410-141-3590 MCE Member Relations: Member Rights and Responsibilities

Revision History

Date:	Description
06/14/2012	Approval and adoption.
06/06/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
04/24/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
03/06/2020	Updates based on annual review.
1/13/2021	Updates based on annual review.
11/09/2021	Updates based on annual review.
1/18/2022	Updates based on annual review.
06/02/2022	Updates based on CCO partner audit findings.
07/08/2022	Updates based on CCO partner audit findings.
12/31/2022	Updates based on annual review.
03/24/2024	Updates based on annual review.
06/15/2024	Updates based on CCO partner audit findings.
07/24/2024	Updates based on CCO partner audit findings.
01/09/2025	Updates based on annual review.