

# Lipa

## **PREPAID HEALTH PLAN MEMBER RIGHTS AND RESPONSIBILITIES**

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### **As a Member, You Shall Have the Following Rights:**

- To be treated with dignity and respect;
- To be treated by providers the same as other people seeking health care benefits to which you are entitled;
- To select or change your Primary Care Provider (PCP);
- To obtain mental health, chemical dependency, or family planning services without a referral;
- To have a friend, family member, or advocate present during appointments and at other times as needed within clinical guidelines;
- To be actively involved in the development of your treatment plan;
- To be given information about your condition and covered and non-covered services to allow an informed decision about proposed treatment(s);
- To consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services;
- To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;
- To have written materials explained in a manner that is understandable;
- To receive necessary and reasonable services to diagnose the presenting condition;
- To receive covered services under the Oregon Health Plan that meet generally accepted standards of practice and are medically appropriate;
- To obtain covered preventive services;
- To have access to urgent and emergency services 24 hours a day, 7 days a week;
- To receive a referral to specialty practitioners for medically appropriate covered services;
- To have a clinical record maintained that documents conditions, services received and referrals made;
- To have access to your clinical record, unless restricted by statute;
- To transfer a copy of your clinical record to another provider;
- To make a statement of wishes for treatment and obtain a power of attorney for health care;
- To receive written notices before a denial of, or change in, a benefit or service level is made, unless such notice is not required by federal or state regulations;
- To know how to make a complaint with the plan and receive a response from the plan;
- To request an administrative hearing with the Department of Human Services;
- To receive interpreter services;
- To receive a notice of an appointment cancellation in a timely manner.

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## **As a Member, You Shall Have the Following Responsibilities:**

- To choose your provider or clinic once enrolled;
- To treat all plan providers and personnel with respect;
- To be on time for appointments made with providers and to call in advance either to cancel, if unable to keep the appointment, or if you are going to be late;
- To seek periodic health exams and preventive services from your Primary Care Provider (PCP) or clinic;
- To obtain services consistently from your PCP except in an emergency or upon referral from your PCP;
- To obtain a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed;
- To use urgent and emergency care appropriately and notify the plan or your PCP within 72 hours of an emergency;
- To give accurate information to be included in the clinical record;
- To help the provider or clinic obtain clinical records from other providers, which may include signing a release of information;
- To ask questions about conditions, treatments, and other issues related to your care that you do not understand;
- To use information to make informed decisions about treatment before it is given;
- To help in the creation of a treatment plan with the provider;
- To follow prescribed agreed-upon treatment plans;
- To tell the provider that your health care is covered under the Oregon Health Plan before services are received and, if requested, to show the provider the DMAP Medical Care Identification Form;
- To tell your DHS worker of a change of address or phone number;
- To tell your DHS worker if anyone covered on your Medical Care ID becomes pregnant and to notify your DHS worker of the birth of the child;
- To tell your DHS worker if any family members move in or out of the household;
- To tell your DHS worker if there is any other insurance available;
- To pay for non-covered services;
- To pay the monthly OHP premium on time if so required;
- To assist the plan in pursuing any third-party resources available for an injury, and to reimburse the plan any benefits paid for an injury;
- To bring issues or complaints to the attention of the plan;
- To sign a release allowing DHS and the plan to get information pertinent to an Administrative Hearing request, so that the plan may respond to the request in an effective and efficient manner.