SUBJECT	CHAPTER	SECTION	SUBJECT
Enrollee Rights and Information Rights	07	01	02

CHAPTER	SECTION
Rights of Persons Served	Individual Rights

WRITTEN BY	REVIEWED BY	AUTHORIZED BY
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I. APPLICATION:

☐ PIHP Board ☒ CMH Providers ☒ SUD Providers
☒ PIHP Staff ☒ CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 that its provider network complies with all applicable Federal and State laws pertaining to enrollee information rights; and to develop policies and mechanisms that ensure its staff, and affiliated providers take those rights into account when furnishing services to all Medicaid beneficiaries.

III. DEFINITIONS:

Appeal: A review of an adverse benefit determination.

Beneficiary: An individual who is eligible for and enrolled in the Medicaid program in Michigan.

Enrollee: A Medicaid recipient who is currently enrolled in the Region 10 PIHP.

Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships, such as rudeness, a provider, an employee, or failure to respects beneficiary's rights regardless of whether remedial actions are requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the PIHP or provider to make an authorized decision.

State Fair Hearing: A State level review of beneficiaries' disagreements with a CMHSP or provider denial, reduction, suspension, or termination of Medicaid services. State administrative law judges, who are independent of the MDHHS, perform the reviews.

IV. STANDARDS:

A. The PIHP, and all subcontract affiliate providers shall ensure each Medicaid

enrollee is entitled to and receives the informational requirements guaranteed by 42 CFR 438.10 and Enrollee rights guaranteed by 42 CFR 438.100

B. The PIHP and its affiliated providers, utilizing existing policy development and review protocols will develop new and revise existing policies related to enrollee rights and information rights as called for by federal and state law and regulation.

C. Subcontract affiliate providers have responsibilities of the informational requirements guaranteed by 42 CFR 438.10 and Enrollee rights guaranteed by 42 CFR 438.100 included in the delegated functions of their contract with the PIHP.

V. PROCEDURES: N/A

VI. EXHIBITS:

A. Medicaid Information Requirements from Code of Federal Regulations

B. Medicaid Enrollee Rights from Code of Federal Regulations

VII. REFERENCES:

42 CFR 438.10 Information Requirements
42 CFR 438.100 Enrollee Rights
MDHHS/PIHP Contract: Customer Service Standards

MEDICAID INFORMATON REQUIREMENTS
FROM CODE OF FEDERAL REGULATIONS

The PIHP, or as delegated to any subcontract affiliate provider, shall:

1. For consistency in the information provided to enrollees, the State must develop and require each PIHP and its Provider Network to use:
    a. Definitions for managed care terminology, including appeal, co-payment, durable medical equipment, emergency medical condition, emergency medical transportation, emergency room care, emergency services, excluded services, grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, medically necessary, network, non-participating provider, physician services, plan, preauthorization, participating provider, premium, prescription drug coverage, prescription drugs, primary care physician, primary care provider, provider, rehabilitation services and devices, skilled nursing care, specialist, and urgent care; and
    b. Model enrollee handbooks and enrollee notices.
2. The PIHP and its Provider Network shall ensure the required information in 42 CFR 438.10 is provided to each enrollee.
3. The PIHP and its Provider Network shall ensure Enrollee information required may not be provided electronically unless all the following are met:
    a. The format is readily accessible;
    b. The information is placed in a location on the PIHP's website that is prominent and readily accessible;
    c. The information is provided in an electronic form which can be electronically retained and printed;
    d. The information is consistent with the content and language requirements of this section; and
    e. The enrollee is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.
4. The PIHP and its Provider Network shall have in place mechanisms to help Enrollees and potential Enrollees understand the requirements and benefits of the plan.
    a. Establish a methodology for identifying the prevalent non-English languages spoken by enrollees and potential enrollees throughout the PIHP service area;
    b. Make oral interpretation available in all languages and written translation in each prevalent non-English language. Written materials that are critical to obtaining services for potential enrollees must include taglines in the prevalent non-English languages in the State, explaining the availability of written translations or oral interpretation to understand the information provided, information on how to request auxiliary aids and services, and the toll-free number of the entity providing choice counseling services as required by 438.71(a). Taglines for written materials critical to obtaining services must be printed in a conspicuously visible font size.

c. Make its written materials that are critical to obtaining services, including, at a minimum, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages in its particular service area. Written materials that are critical to obtaining services must also be made available in alternative formats upon request of the potential enrollee or enrollee at no cost, include taglines in the prevalent non-English languages in the State and in a conspicuously visible font size explaining availability of written translation or oral interpretation to understand the information provided, information on how to request auxiliary aids and services and include the toll-free and TTY/TDY telephone number of the PIHP Provider Network entity's member/customer service unit. Auxiliary aids and services must also be made available upon request of the potential enrollee or enrollee at no cost.

d. Make interpretation services available to each potential Enrollee and require the PIHP Provider Network to make those services available free of charge to each enrollee. This includes oral interpretation and the use of auxiliary aids such as TTY/TDY and American Sign Language. Oral interpretation requirements apply to all non-English languages, not just those that the State identifies as prevalent.

e. Notify potential enrollees, and require the PIHP Provider Network to notify its enrollees:
    i. That oral interpretation is available for any language and written translation is available prevalent languages;
    ii. That auxiliary aids and services are available upon request and at no cost for enrollees with disabilities; and
    iii. How to access these services.

f. The PIHP and its Provider Network provides all written materials for potential enrollees and Enrollees consistent with the following;
    i. Use easily understood language and format;
    ii. Use a font size no smaller than 12 point;
    iii. Be available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of enrollees or potential enrollees with disabilities or limited English proficiency;

5. The PIHP and its Provider Network must make a good faith effort to give written notice of termination of a contracted provider to each enrollee who received his or her primary care from, or was on a regular basis by, the terminated provider. Notice to the enrollee must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice.
6. The PIHP and its Provider Network provide each enrollee and enrollee handbook, within a reasonable time after receiving notice of the beneficiary's enrollment.

7. The content of the enrollee handbook must include information that enables the enrollee to understand how to effectively use the managed care program. This information must include at a minimum:
    a. Benefits provided by the PIHP and its Provider Network;
    b. How and where to access any benefits provided by the State, including any cost sharing, and how transportation is provided;
    c. The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that enrollees understand the benefits to which they are entitled.
    d. Procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for specialty care and for other benefits not furnished by the enrollee's primary care provider.
    e. The extent to which, and how, after-hours and emergency coverage are provided.
    f. Any restrictions on the enrollee's freedom of choice among network providers.
    g. The extent to which, and how, enrollees may obtain benefits, including family planning services and supplies form out-of-network providers.
    h. Cost sharing, if any is imposed under the State plan.
    i. Enrollee rights and responsibilities, including the elements specified in 438.100.
    j. The process of selecting and changing the enrollee's primary care provider.
    k. Grievance, appeal, and fair hearing procedures and timeframes, consistent with subpart F of this part, in a State-developed or State-approved description. Such information must include:
        i. The right to file grievances and appeals;
        ii. The requirements and timeframes for filing a grievance or appeal;
        iii. The availability of assistance in the filing process;
        iv. The right to request a State fair hearing after the PIHP has made a determination on an enrollee's appeal which is adverse to the enrollee; and
        v. The fact that, when requested by the enrollee, benefits that the PIHP seeks to reduce or terminate will continue if the enrollee files an appeal or a request for State fair hearing within the timeframes specified for filing, and that the enrollee may, consistent with state policy, be required to pay the cost of services furnished while the appeal or state fair hearing is pending if the final decision is adverse to the enrollee.
    l. How to exercise an advance directive; and
    m. How to access auxiliary aids and services, including additional information in alternative formats or languages.

n. The toll-free telephone number for member services, medical management, and any other unit providing services directly to enrollees.
o. Information on how to report suspected fraud or abuse;
p. Any other content required by the State.

8. The PIHP and its Provider Network must give each enrollee notice of any change that the State defines as significant at least 30 days before the intended effective date of the change.
9. The PIHP and its Provider Network must make available in paper form upon request and electronic form, the following information about its network providers:
    a. The provider's name as well as any group affiliation.
    b. Street address(es).
    c. Telephone number(s).
    d. Web site URL, as appropriate.
    e. Specialty, as appropriate.
    f. Whether the provider will accept new enrollees.
    g. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office.
    h. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
10. The provider directory must include the information in item 9 of this section for each of the following provider types covered under the contract:
    a. Physicians, including specialists;
    b. Hospitals;
    c. Pharmacies;
    d. Behavioral health providers; and
    e. LTSS providers, as appropriate.
11. Information included in a paper directory must be updated at least –
    a. Monthly, if the PIHP or its Provider Network does not have a mobile-enabled, electronic directory; or
    b. Quarterly, if the PIHP or its Provider Network has a mobile-enabled, electronic provider directory.
        i. An electronic provider directory must be updated no later than 30 calendar days after the PIHP or its Provider Network receives updated provider information.
12. Provider directories must be made available on the PIHP and its Provider Network's Web site in a machine-readable file and format.

MEDICAID ENROLLEE RIGHTS
FROM CODE OF FEDERAL REGULATIONS

1. The PIHP and its Provider Network must ensure that:
    a. Has written policies regarding the enrollee rights; and
    b. Complies with any applicable Federal and State laws that pertain to enrollee rights and ensures that its employees and contracted providers observe and protect those rights.
2. The PIHP and its Provider Network shall ensure that each Enrollee has the right to the following;
    a. Receive information in accordance with 438.10;
    b. Be treated with respect and with due consideration for his or her dignity and privacy;
    c. Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand. (The information requirements for services that are not covered under the contract because of moral or religious objections are set forth in §438.10(g)(2)(ii)(A) and (B).);
    d. Participate in decisions regarding his or health care, including the right to refuse treatment;
    e. 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;
    f. If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E, applies, request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR 164.524 and 164.526;
    g. The right to be furnished health care services in accordance with 438.206 through 438.210; and
    h. Free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the PIHP, and its Provider Network treat the Enrollee.
3. The PIHP and its Provider Network shall ensure compliance with any other applicable Federal and State laws (including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.
4. The PIHP and its affiliated providers, utilizing existing policy development and review protocols, will develop new and revise existing policies related to enrollee information rights as called for by Federal and State law and regulation.