

SECTION IV: Member Rights & Responsibilities

MEMBER RIGHTS

Members have the following rights and responsibilities, and are informed of these in the Evidence of Coverage (EOC) booklet.

As a ONECare member, each individual has the right to:

- Receive polite and courteous care. Members must be treated fairly and with respect no matter their race, ethnicity, national origin, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay or ability to speak English.
- Timely access to covered services and drugs
- Have their medical records and any information about their health care kept private and confidential.
- Be given information about ONECare, ONECare providers, including their qualifications and the languages that they speak, and covered services.
- Receive services in a language that the member understands. They have the right to get an interpreter if they have limited English or if they are hearing impaired.
- Know and understand their medical problems and health care conditions so that they can make informed decisions about their health care.
- Provide instructions about what is to be done when they are not able to make medical decisions for themselves.
- File a complaint with ONECare and request reconsideration of decisions.

MEMBER RESPONSIBILITIES

Members have the responsibility to:

- Be considerate.
- Carry their ONECare ID card with them at all times, and identify themselves as a ONECare member PRIOR to receiving any services.
- Tell us if they move.

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- Give their PCP, or other ONECare providers, complete information about their health. Tell providers about past problems or illnesses the member has had, if they have ever been in the hospital, and all drugs and medicines that they are taking.
- Tell ONECare Member Services, their PCP, and other ONECare providers about any other insurance they have.
- Follow their doctor's instructions carefully and completely. Make sure that they understand the instructions before they leave the doctor's office.
- Pay what they owe.

GRIEVANCES

Members may call or write to Member Services if they have a grievance or problem regarding their health care services, or if they think they have not been treated appropriately. Member Services may request the provider's assistance to resolve the issue. Providers may be contacted to clarify the situation and/or to provide education regarding CMS and ONECare policies and procedures. Member Services works to settle grievances as quickly as possible, but no longer than 30 days from receipt.

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. ONECare as well as CMS 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. 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.

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For more information on health care directives, the following organizations offer assistance and resources:

Arizona Medical Association	www.azmedassn.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.puttinwriting.org