

SECTION 6 - MEMBER RIGHTS

Specific Rights Regarding Services

All Members enrolled in the Program are encouraged to participate in the decision surrounding the care they receive and are entitled to:

- Get health care services in a language that can be understood in a culturally sensitive way and to be treated with dignity, respect and fairness at all times
- Privacy and confidentiality of medical records and personal information
- Information about coverage and costs in a manner that is easy to understand
- Use their rights under the rules of Medicare and/or Medicaid to file a complaint or request an appeal
- Choose a qualified provider who is part of the PHP Provider Network
- Timely access to Primary Care Providers and referrals to specialists when medically necessary
- Get emergency care when and where needed
- Receive urgently needed services either within or outside of the service area when needed
- Receive complete information from physicians or other providers about diagnosis, prognosis and risks of any treatment that is given or offered
- Be informed about any prescribed medication, including instructions and possible side-effects
- Refuse treatment and to be advised of the probable consequences of such refusal
- Participate fully in decisions about health and treatment options and to make informed decisions
- Complete an Advance Directive, a “living will” or other legal document that gives medical providers instructions about Members’ wishes for medical care in the event the Member is unable to make decisions (See Appendix 4 at end of manual for Appointment of Representative form and instructions)
- File a grievance about PHP or a Plan Provider without fear of retaliation and receive a response to the grievance in a timely manner (See Appendix 1 at end of manual for Member Request for Appeal or Grievance form)
- Receive records and information that pertain to them within a timely manner of the request
- Allow the release of records in the case of a transfer to another health care facility or as required by law or by a third-party payment contract

Direct Access to Preventive Care

While enrolled in the Program, Members have access to the following services from a Plan Provider without the need for a referral:

- Women’s health care, including annual pap smears and screening pelvic examinations, clinical breast examinations and screening mammograms
- Annual colorectal cancer screening
- Annual prostate cancer screening
- Bone density measurement
- Hepatitis B, pneumococcal and annual influenza virus vaccine
- Diabetic self-management education programs
- Annual eye examinations
- Annual hearing examinations
- Dental examinations (at least annually)

No Restraint Policy

It is the policy of PHP to ensure that all Members are free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation such as:

- Physical Restraint – any article, device or garment used primarily to modify a Member’s behavior by interfering with the free movement of the Member or the normal functioning of a portion of the body and which the Member is unable to remove easily, or confinement in a locked room but does not include mechanical support.
- Mechanical Support – any article, device or garment which is used only to achieve the proper position or balance of the Member. This may include, but is not limited to, a Geri chair, Posey belt, jacket or bedside rail.
- Chemical Restraint – a medication used primarily to modify behavior by interfering with the Member’s freedom of movement or mental alertness.
- Seclusion – physical or social separation from others by actions of staff, but does not include separation in order to prevent the spread of a communicable disease or “cool down” periods in an unlocked room as long as presence in the room by the resident is voluntary.

In the event a Provider feels a restraint is necessary for protection of the Member, the provider must follow all requirements of certifying agencies associated with the Provider. PHP recognizes that chemical restraints may be used for a terminally ill resident who is under the care of a hospice program or a home health agency and as allowed under governing statutes and state and federal laws.

Advance Directives

Members are encouraged to have an advance directive and provide copies of advance directives to their primary care providers, family members, friends and others involved in the Member’s health care. They are also encouraged to keep advance directives in a safe place that is known to

and accessible to family members and/or other responsible individuals. Members are expected to discuss advance directives with their primary care provider, family members, friends and others involved in the Member's health care. However, a Member has the right to receive medical care regardless of whether he or she has an advance directive. Members have the following rights and responsibilities related to advance directives:

- The right to cancel or change advance directives at any time.
- The right to obtain concise information about different types of advance directives and when an advance directive will take effect.
- The right to make decisions concerning medical care including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- The right to complain to the Wisconsin Department of Health and Family Services Division of Disability and Elder Services of failures by PHP to comply with advance directives.

Physicians and other health care providers must comply with all applicable State and Federal laws related to advance directives. PHP holds written policies and procedures regarding advance directives and informs all Members of their rights with respect to advance directives. Likewise, PHP expects Physicians and other health care providers to also maintain written policies regarding advance directives for their staff to follow in order to assure compliance with a Member's Advance Directives. A Member cannot be discriminated against based on the status of an executed advance directive, be required to have advance directives in order to receive medical care, nor be prevented from having an advance directive. Physicians and other health care providers must not execute advance directives until the Member is no longer able to give informed consent.

It is recommended that Members be asked by Providers if they have advance directives. If the Member does have an Advance Directive, Provider and Physicians must document this in a prominent part of the Member's current medical record. A copy is also to be included in the Member's medical record.

Interpretation Services

It is the policy of PHP to make interpretation services available free of charge for potential and enrolled Members with special needs or who do not speak English as a primary language. Members are notified about how to access interpretation services and have the following resources available to them:

- PHP facilitates interpretation services for Members when attending medical appointments
- Evidence of Coverage (EOC) in large print
- Evidence of Coverage (EOC) on tape - English
- Oral Hmong summary for notice of privacy practices
- Contracted entities that provide sign language
- Hmong interpretation of any Member documents
- Interpretation services as needed for Member home visits

All PHP staff has knowledge about interpretation services and how to access that information. If contracts with interpretation services are terminated or added, staff is informed of those changes.