

OK To Use

 AUDIT NAME  
 2024 Standard I Member Rights and Member Information

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 Consumer linked to this audit

 Staff Audit

**SECTIONS**

## Section

## NUMBERTITLE

1 I. Enrollee Rights and Protections (Customer Service)

**SECTION QUESTIONS**

## Questions

1	1.1 The CMHSP maintains an office(s) of Enrollee Rights and Recipient Rights in compliance with federal and state statutes.	Met/Partially Met/Not Met	N/A
2	1.2 Local communication with consumers regarding the role and purpose of the PIHP's Customer Services and Recipient Rights Office.	Met/Partially Met/Not Met	N/A
3	1.3 Policies and member materials include the enrollee's right to be treated with respect and due consideration of their dignity and privacy.	Met/Partially Met/Not Met	N/A
4	1.4 Policies and member materials include the enrollee's right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.	Met/Partially Met/Not Met	N/A
5	1.5 The CMHSP policies provide the enrollee the right to participate in the decisions regarding their healthcare, including the right to refuse treatment.	Met/Partially Met/Not Met	N/A
6	1.6 The CMHSP policies and member materials will provide enrollees the right to be free from any form of coercion, discipline, convenience, or retaliation.	Met/Partially Met/Not Met	N/A
7	1.7 The CMHSP ensures that consumers are free to exercise their rights in a manner that does not adversely affect their services.	Met/Partially Met/Not Met	N/A
8	1.8 The CMHSP has processes to ensure that its staff and sub-contractors take those rights into account when furnishing services to enrollees.	Met/Partially Met/Not Met	N/A

**SECTION QUESTIONS**

Questions

NUMBERTITLE  
2 I. Right to Receive a copy of Medical Records

SECTION QUESTIONS			
Questions			
1	1.9 If the privacy rule as set forth in 45 CFR 160 and 164 subparts A and E applies, beneficiaries can request and receive a copy of his or her medical records, and request that they be amended or corrected.	Met/Partially Met/Not Met	N/A

SECTION QUESTIONS  
Questions

NUMBERTITLE  
3 I. Member Information

SECTION QUESTIONS			
Questions			
1	1.10 Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area (spoken as the primary language by more than 5% of the population in the PIHPs Region.	Met/Partially Met/Not Met	N/A
2	1.11 Oral interpretation of all languages is available free of charge.	Met/Partially Met/Not Met	N/A
3	1.12 Written notice of a significant change in its provider network including the addition of new providers and planned termination of existing providers is provided to each beneficiary.	Met/Partially Met/Not Met	N/A
4	1.13 A good faith effort must be made to give written notice of termination of a contracted provider to each member who received his or her primary care from, or was seen on a regular basis by, the terminated provider. Notice to the member 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.	Met/Partially Met/Not Met	N/A
5	1.14 A CMHSP not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on moral or religious grounds must furnish information about the services it does not cover to the LRE, who notifies the State & to potential enrollees.	Met/Partially Met/Not Met	N/A

6	1.15 All informational materials, including those describing consumer rights, service requirements and benefits are provided in a manner and format that may be easily understood. Informational materials are written at the 4th grade reading level when possible (i.e., it may be necessary to include medications, diagnoses and conditions that do not meet criteria).	Met/Partially Met/Not Met	N/A
7	1.16 A policy and/or procedure is in place for accessing the language needs of individuals served.	Met/Partially Met/Not Met	N/A

**SECTION QUESTIONS**

Questions

NUMBERTITLE

4 I. Information Requirements

<b>SECTION QUESTIONS</b>			
Questions			
1	1.17 The CMHSP written material must be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually impaired or have limited reading proficiency. Large print in a font size no smaller than 18 point.	Met/Partially Met/Not Met	N/A
2	1.18 Enrollees / potential enrollees are informed that information is available in alternative formats and how to access those formats and how to access those formats	Met/Partially Met/Not Met	N/A

**SECTION QUESTIONS**

Questions

NUMBERTITLE

5 I. General Information for all Enrollees

<b>SECTION QUESTIONS</b>			
Questions			
1	1.19 The adequate and advance notices meet the language and alternative format needs of the consumer.	Met/Partially Met/Not Met	N/A
2	1.20 The following information is provided in paper form upon request and electronic form to all consumers within a reasonable time after notice of the consumer's referral: - Names, street address, any group affiliation, website, specialty, accepting new	Met/Partially Met/Not Met	N/A

	<p>enrollees, cultural capability, non-English language spoken, appropriate accommodations for physical disabilities, locations, and telephone numbers of current providers. This includes at a minimum information about each provider type; case managers, psychiatric hospitalizations, psychiatrists, primary therapists, etc., and any restrictions on the consumer's freedom of choice among providers;</p> <ul style="list-style-type: none"> <li>- Amount, duration, and scope of services available in sufficient detail to ensure that consumers understand the services to which they are entitled;</li> <li>- Procedures for obtaining services including authorization requirements;</li> <li>- Extent to which, and how, recipients may obtain benefits for out-of-network providers.</li> </ul>		
3	<p>1.21 The following information is provided in paper form upon request and electronic form to all consumers within a reasonable time after notice of the consumer's referral:</p> <ul style="list-style-type: none"> <li>- The extent to which, and how after-hours emergency coverage is provided, including:                             <ol style="list-style-type: none"> <li>1. What constitutes emergency medical conditions / emergency services.</li> <li>2. The fact that prior authorization is not required for emergency services.</li> <li>3. The process and procedures for obtaining emergency services.</li> </ol> </li> </ul>	Met/Partially Met/Not Met	N/A
4	<p>1.22 Consumer rights and protections, including information about the right to a State Fair Hearing, the right to file grievances and appeals, the requirements and time frames for filing a grievance or appeal, the availability of assistance in the filing process, the toll-free numbers that consumers can use to file a grievance or an appeal by phone, and the fact that benefits can continue if requested by consumer pending a hearing decision.</p>	Met/Partially Met/Not Met	N/A
5	<p>1.23 The following information is provided in paper form upon request and electronic form to all consumers within a reasonable time after notice of the consumer's referral:</p> <ul style="list-style-type: none"> <li>- Any cost-sharing and how to access any other benefits available under the state plan but not covered in contract;</li> </ul>	Met/Partially Met/Not Met	N/A

- Additional information is available upon request, regarding the PIHP operational structure and physician incentive plans;  
- Consumers are notified of their right to receive all required information at least once per year. Provider Member Handbook Annually

6	1.24 The CMHSP provides to the beneficiary annually (e.g., at the time of person-centered planning) the estimated cost to the CMHSP of each covered support and service they are receiving.	Met/Partially Met/Not Met	N/A
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**SECTION QUESTIONS**

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