

## Louisiana Medicaid Bayou Health Program

### Member and Potential Member Bill of Rights

Each member is guaranteed the following rights:

- To be treated with respect and with due consideration for his/her dignity and privacy.
- To participate in decisions regarding his/her health care, including the right to refuse treatment.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in the Federal regulations on the use of restraints and seclusion.
- To be able to request and receive a copy of his/her medical records, (one copy free of charge) and request that they be amended or corrected.
- To receive health care services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid Fee For Service and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
- To receive all information — e.g., enrollment notices, informational materials, instructional materials, available treatment options and alternatives — in a manner and format that may be easily understood as defined in the Contract between DHH and the MCO.
- To receive assistance from both DHH and the Enrollment Broker in understanding the requirements and benefits of the MCO.
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.
- To be notified that oral interpretation is available and how to access those services.
- As a potential member, to receive information about the basic features of the Bayou Health program; which populations may or may not enroll in the program and the MCO's responsibilities for coordination of care in a timely manner in order to make an informed choice.
- To receive information on the MCO's services, to include, but not limited to:
  - Benefits covered;
  - Procedures for obtaining benefits, including any authorization requirements;
  - Any cost sharing requirements;
  - Service area;

- Names, locations, telephone numbers of and non-English language spoken by current contracted providers, including at a minimum, primary care physicians, specialists, and hospitals;
  - Any restrictions on member's freedom of choice among network providers;
  - Providers not accepting new patients; and
  - Benefits not offered by the MCO but available to members and how to obtain those benefits, including how transportation is provided.
- To receive a complete description of disenrollment rights at least annually.
  - To receive notice of any significant changes in core benefits and services at least 30 days before the intended effective date of the change.
  - To receive information on grievance, appeal and State Fair Hearing procedures.
  - To receive detailed information on emergency and after-hours coverage, to include, but not limited to:
    - What constitutes an emergency medical condition, emergency services, and post-stabilization services;
    - That emergency services do not require prior authorization;
    - The process and procedures for obtaining emergency services;
    - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract;
    - Member's right to use any hospital or other setting for emergency care; and
    - Post-stabilization care services rules as detailed in 42 CFR §422.113(c).
  - To receive the MCO's policy on referrals for specialty care and other benefits not provided by the member's PCP.
  - To have his/her privacy protected in accordance with the privacy requirements in 45 CFR Parts 160 and 164 Subparts A and E, to the extent that they are applicable.
  - To exercise these rights without adversely affecting the way the MCO, its providers or DHH treat the member.