

MEMBER RIGHTS AND RESPONSIBILITIES

This section explains the rights and responsibilities of Molina Members. Providers and their office staff who contract with Molina are encouraged to be familiar with these rights and responsibilities and are expected to abide by them. Also included in this section is information about providing interpreter services, women's health care services and enrollee self-determination regarding Advance Directives, natural death act and anatomical gifts.

Below are the Member Rights and Responsibilities:

MOLINA MEMBER RIGHTS & RESPONSIBILITIES STATEMENT

You have the right to:

- Get the facts about Molina, our services and Providers who contract with us to provide services
- Have privacy and be treated with respect and dignity
- Help make decisions about your health care. You may refuse treatment.
- Ask for and receive a copy of your medical records or ask for us to amend or correct them
- Openly talk about your treatment options in a way you understand them. It does not matter what the cost or benefit coverage.
- Voice any Complaints (grievance) or Appeals about Molina or the care you were given
- Use your Member rights without fear of negative results
- Receive the Members' rights and responsibilities at least yearly
- Suggest changes to this policy

You have the responsibility to:

- Give, if you can, all facts that Molina and the Providers need to care for you
- Know your health problems and take part in making agreed upon treatment goals as much as possible
- Follow the plan and instructions for care you agree to with your Provider
- Treat your Providers with respect
- Keep appointments and be on time. If you are going to be late or cannot keep an appointment, call your Provider.
- Show your Molina ID card and your Services Card for all services. Also show the ID card for any other insurance you may have including Medicare.

SPECIAL PROVISIONS FOR AMERICAN INDIANS AND ALASKA NATIVES

If an American Indian/Alaska Native Enrollee indicates that he or she wishes to have an IHCP as his or her PCP, Molina must treat the IHCP as an in network PCP for the Enrollee regardless of whether or not the IHCP has entered into a subcontract with Molina.

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Molina must honor the referral of an out-of-network IHCP to refer an AI/AN Enrollee to a network provider. (42 C.F.R. § 438.14(b)(6)).

In accord with the Section 5006(d) of the American Recovery and Reinvestment Act of 2009, Molina is required to allow American Indians and Alaska Natives free access to and make payments for any participating and nonparticipating IHCPs for contracted services provided to American Indian and Alaska Native Enrollees at a rate equal to the rate negotiated between the Contractor and the IHCP. If such a rate has not been negotiated, the payment is to be made at a rate that is not less than what would have otherwise been paid to a participating provider who is not an IHCP.

For Indian Health Care Providers (IHCPs) that are FQHCs, when the amount the IHCP receives from the Contractor for services to an Indian Enrollee of the Contractor's plan is less than the total amount the IHCP is entitled receive (including any supplemental payment under Section 1902(bb)(5) of the Social Security Act, the state must make a supplemental payment to the IHCP to make up the difference between the amount Molina pays and the amount the IHCP is entitled to receive as an FQHC, whether or not the IHCP has a contract with Molina. For IHCPs that are not FQHCs, when the amount the IHCP receives from Molina is less than the amount the IHCP would have received under FFS or the applicable encounter rate published annually in the Federal Register by the Indian Health Service, the state must make a supplemental payment to the IHCP to make up the difference between the amount Molina pays and the amount the IHCP would have received under FFS or the applicable encounter rate, whether or not the IHCP has a contract with Molina.

INTERPRETER SERVICES

All eligible Members who are Limited English Proficient (LEP) are entitled to receive interpreter services for all types of appointments and for assisting in filing a complaint or appeal through the Health Care Authority (HCA) at no cost to the Member. An LEP individual may have a limited ability or inability to read, speak or write English well enough to understand and communicate effectively. Providers are responsible for assuring interpreter services are made available.

If you would like to arrange for interpreter services you must use a broker that is contacted with HCA. If you would like to obtain a current list of contracted brokers by county, please go to:

<http://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services>

E-mail: interpretersvcs@hca.wa.gov

WOMEN'S HEALTH CARE SERVICES

Under Washington State Law, women must be allowed to have direct access to women's health care Providers who contract with Molina without a referral or prior authorization from PCPs.

Generally, women's health care Providers are not considered PCPs. Referrals from PCPs for women's health care services are **not** required, but the services must be obtained from a Molina network Provider. A Molina Member may seek direct care from any participating women's health care Provider for any of the following services:

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- Maternity
- Gynecological
- Preventive care
- Other health problems discovered and treated during the course of the visit which are within the Provider's scope of practice

Hospitals are required to notify Molina within 24 hours, or the first business day, of any inpatient admissions (including deliveries) in order for hospital services to be covered. Prior authorization is still required for inpatient or outpatient surgeries. Please see Section 6, Medical Management for specific details.

Molina contracted Providers are also requested to notify the Healthcare Services Department at (800) 869-7185 when providing initial prenatal care to Members. This notification identifies Molina Members who may need to be monitored for high-risk pregnancies.

FAMILY PLANNING SERVICES

Molina members can self-refer to any family planning provider within the Molina provider network or to local health departments and family planning clinics paid by the State of Washington.

ENROLLEE SELF DETERMINATION

Advance Directives are a written choice for health care. Under Washington State Law, there are two kinds of directives – Durable Power of Attorney for Health Care and Directive to Physicians. Written Advance Directives tell the PCP and other medical Providers how Members choose to receive medical care in the event they are unable to make end-of-life decisions. Each Molina Provider must honor Advance Directives to the fullest extent permitted under Washington State Law. Providers must document the presence of an Advance Directive in a prominent location of the medical record. PCPs must discuss Advance Directives with a Member and provide appropriate medical advice if the Member desires guidance or assistance. Under no circumstances may any Provider refuse to treat a Member or otherwise discriminate against a Member because the Member has completed an Advance Directive.

- **Durable Power of Attorney for Health Care** – This Advance Directive names another person to make medical decisions on behalf of Members when they cannot make the choices for themselves. It can include plans about the care a Member wants or does not want and include information concerning artificial life-support machines and organ donations. This form must be signed, dated and witnessed by a notary public to be valid.
- **Directive to Physicians (Living Will)** – This Advance Directive usually states the Member wants to die naturally without life-prolonging care and can also include information about any medical care. The form would be used if the Member could not talk and death would occur soon. This directive must be signed, dated and witnessed by two people who know the Member well but are not relatives, possible heirs, or health care Providers.

- **Physician Orders for Life Sustaining Treatment (POLST)** - The POLST form represents a way of summarizing wishes of an individual regarding life-sustaining treatment. The form is intended for any individual with a serious illness. It accomplishes two major purposes:
 - It is portable from one care setting to another and it translates wishes of an individual into actual physician orders. An attending physician, ARNP or PA-C must sign the form and assume full responsibility for its accuracy.

When There Is No Advance Directive: The Member's family and Provider will work together to decide on the best care for the Member based on information they may know about the Member's end-of-life plans.

Providers must obtain informed consent prior to treatment from enrollees or persons authorized to consent on behalf of an enrollee as described in RCW 7.70.065; comply with the provisions of the Natural Death Act (RCW 70.122) and state and federal Medicaid rules concerning Advance Directives (WAC 182-501-0125 and 42 CFR 438.6(m)); and, when appropriate, inform enrollees of their right to make anatomical gifts (Chapter 68.64 RCW).