SUBJECT Enrollee Information Rights	**CHAPTER** 07	**SECTION** 01	**SUBJECT** 02
CHAPTER Rights of Persons Served	**SECTION** Individual Rights		
WRITTEN BY Kelly VanWormer	**REVIEWED BY**	**AUTHORIZED BY** PIHP Board	

I. APPLICATION:

☐ PIHP Board ☒ CMH Providers ☒ SUD Providers
☒ PIHP Staff ☒ CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 that its provider network complies with all applicable Federal and State laws pertaining to enrollee information rights; and to develop policies and mechanisms that ensure its staff, and affiliated providers take those rights into account when furnishing services to all Medicaid beneficiaries.

III. DEFINITIONS:

Beneficiary: An individual who is eligible for Medicaid and who is receiving or may qualify to receive services through the PIHP and its provider network.

Enrollee: Enrollee means a Medicaid recipient who is currently enrolled in the Region 10 PIHP.

IV. STANDARDS:

A. The PIHP, and all subcontract affiliate providers shall ensure each Medicaid enrollee is entitled to and receives the informational rights guaranteed by 42 CFR 438.10. The PIHP has developed policy guidelines, such as Limited English Proficiency Policy to implement these information rights.
B. The PIHP and its affiliated providers, utilizing existing policy development and review protocols will develop new and revise existing policies related to enrollee information rights as called for by federal and state law and regulation.
C. The PIHP shall make its provider panel aware of the non-English prevalent languages in its service area, as identified and informed by the State.

V. PROCEDURES: N/A

VI. EXHIBITS:

A. Medicaid Enrollee Information Rights from Code of Federal Regulations
B. PIHP policies that ensure compliance with CFR 438.10 et seq. Enrollee Information Rights

MEDICAID ENROLLEE INFORMATION RIGHTS
FROM CODE OF FEDERAL REGULATIONS

Enrollee Information Rights: The PIHP, or as delegated to any subcontract affiliate provider, shall:

1. Make its written information available free of charge in the prevalent non-English languages in its particular service area, as identified by the State.
2. Make oral interpretation services available and to notify its enrollees:
   a. That oral interpretation is available for any language and written information is available in prevalent languages, as identified by the State; and
   b. How to access those services.
3. The PIHP, and all subcontract providers, must:
   a. Use easily understood language and format in all its consumer publications;
   b. Ensure consumer publications are available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are, for example, visually limited or have a limited reading proficiency.
4. The PIHP, or as sub-delegated to any subcontract affiliate provider, shall inform all enrollees and potential enrollees that information is available in alternative formats and how to access those formats.
5. The PIHP, or as sub-delegated to any subcontract affiliate provider, shall provide the following information to each enrollee as follows:
   a. At the time the potential enrollee is first required t enroll in a mandatory enrollment program (i.e. Pursuant to MDCH direction, this is at the time the enrollee requests services from the specialty benefit plan, at time of system access screening);
   b. Within a timeframe that allows potential enrollees (consumers) to use the information in choosing among available providers, pursuant to CFR 438.52 (b) (2) (i-ii).
   c. The information for enrollees must include the following:
      (1) General information about (a) the basis features of managed care; (b) which populations are subject to mandatory enrollment into the PIHP benefit plan; and (c) PIHP responsibilities for coordination of enrollee care.
      (2) Information specific to each PIHP program operating in the enrollees' service area. A summary of the following information is sufficient:
         (a) Benefits covered;
         (b) Cost sharing, if any;
         (c) Service area;
         (d) Names, locations, telephone numbers of, and non-English language spoken by current contracted providers; including identification of providers that are not accepting new consumers. For PIHPs this includes at minimum information on primary care physicians, specialists, and hospitals.
         (e) Benefits that are available under the State plan but are not covered under the contract, including how and where the enrollee may obtain those benefits, any cost sharing, and how transportation is provided. (Note: For counseling or referral service that the PIHP does not cover because of moral or religious objections, the PIHP must provide information on where and how to obtain the service).
   d. Notification to the enrollee of their right to request and obtain the information listed in 4.c. above, and, if applicable, paragraph ( ) of this section, at least once per year.
   e. Furnish to each of its enrollees the information specified in 4.c above of this section, and, if applicable, paragraph ( ) within this section.
   f. Notification to the enrollee of any change the State defines as "significant" in the information specified in the paragraphs of this section.
   g. Notification to the enrollee at least 30 days before the intended effective date of the change.

6. As delegated a subcontract affiliate provider, each CMH must make a good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt of issuance of the termination notice, to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

7. As delegated to a subcontract affiliate provider, each CMH must provide the following information to enrollees:

   a. Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the enrollee's service area, including identification of providers that are not accepting new consumers. This includes information on physicians (psychiatrists), panel specialists, and hospitals, as applicable.
   b. Any restrictions on enrollee's freedom of choice among network providers;
   c. Enrollee rights and protections
   d. Information on grievances and fair hearing procedures, and the information specified in the section () below.
   e. The amount, scope, duration of benefits available under the sub-contract with the PIHP, in sufficient detail to ensure that enrollees understand the benefits to which they are entitled;
   f. Procedures for obtaining benefits, including authorization and prior-authorization requirements;
   g. The extent to which, and how enrollees may obtain out-of-network providers;
   h. The extent to which, and how, after hours and emergency coverage are provided, including:
      (1) What constitutes emergency medical condition, emergency services, and post-stabilization services;
      (2) The fact that prior-authorization is not required for emergency services;
      (3) The process and procedures for obtaining emergency services;
      (4) The locations of any emergency settings (e.g. psychiatric hospitals) and other locations (hospitals) at which providers furnish emergency services, and post-stabilization services covered under the contract;
      (5) The fact that, subject to the provisions of this section, the enrollee has a right to use any psychiatric hospital or other setting for emergency care.
   i. The post-stabilization care services rules set forth CFR 438.113 (c);
   j. CMH policy on referrals for specialty care and for other benefits not furnished by the CMH;
   k. Cost sharing, if any;
   l. How and where to access any benefits that are available under the State plan, but are not covered under the sub-contract with the PIHP, including any cost sharing, and how transportation will be provided or arranged by the CMH.

8. The PIHP, or as delegated to any subcontract affiliate provider, must provide the following information to its enrollees:
   a. Grievance, appeal and fair hearing procedures and timeframes, which must include the following:
      - For State Hearing:
        (1) The right to hearing;
        (2) The method for obtaining a hearing; and
        (3) The rules that govern representation at the hearing.
      - Grievance and Appeals:
        (1) The right to file grievances and appeals;
        (2) The requirements and timeframes for filing a grievance or appeal;
        (3) The availability of assistance in the filing process;
        (4) The toll-free number(s) that the enrollee can use to file a grievance or appeal with the PIHP by phone;
        (5) The fact that when, requested by the enrollee:
           (a) Benefits will continue if the enrollee files an appeal or a request for a State Hearing within the required timeframes specified for filing;

(b) The enrollee may be required to pay the cost of services furnished while the appeal is pending. If the final decision is adverse to the enrollee:

(1) Benefits will continue if the enrollee files an appeal or a request for a State Fair Hearing within the timeframe specified for filing; and

(2) The enrollee may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the enrollee.

(6) Any appeal rights the State (or PIHP) chooses to make available to providers to challenge the failure of the organization to cover a service.

b. Advance Directives, as set forth in CFR 438.6 (i) (2).

c. Additional information that is available upon request, including the following:

(1) Information on the structure and operation of the PIHP;

(2) Physician incentive plans, if applicable, as set forth in CFR 438.6. (h).

d. Because Michigan is a mandatory enrollment program for the specialty benefit plan, the PIHP, or as delegated to its subcontract affiliate providers, shall inform all Medicaid consumers of their right to:

(1) To choose from at least two (2) care managers (e.g. Case Manager; Supports Coordinator; or Primary Case Holder); and

(2) To obtain services from any other provider under the following circumstances:

(a) The service or type of provider (in terms of training, experience, and specialization) is not available within the PIHPs providers' network, including the local CMH network;

(3) The provider is not part of the PIHP network, but is the main source of a service to a recipient.

EXHIBIT B

PIHP POLICIES THAT ENSURE COMPLIANCE WITH CFR 438.10 ET SEQ.
ENROLLEE INFORMATION RIGHTS

05-03-04 Cultural Competency
05-03-05 Limited English Proficiency

07-02-01 Grievance and Appeal Process

05-03-06 Interpretation and Translation Services
05-03-07 Language and Technical Requirements for Informational Materials