

ADVANTAGE DENTAL SERVICES, LLC
MEMBER RIGHTS & RESPONSIBILITIES

YOU, AS AN OREGON HEALTH PLAN MEMBER, HAVE THE FOLLOWING RIGHTS:

1. Be treated with dignity and respect;
2. Be treated by DCO providers the same as non-members and other people seeking health care benefits to which they are entitled, and be encouraged to work with the your care team, including providers and community resources appropriate to your needs;
3. Choose a Primary Care Dentist (PCD) or service site, and to change those choices as permitted in the DCO's policies;
4. Refer oneself directly to mental health, chemical dependency or family planning services without getting a referral from a primary care physician or other provider;
5. Have a friend, family member, or advocate present during appointments and other times as needed within clinical guidelines;
6. Be actively involved in the development of your treatment plan and have family involved;
7. Be given information about your condition and covered and non-covered services to allow an informed decision about proposed treatments;
8. Consent to treatment or refuse services, and be told the consequences of that decision, except for court ordered services;
9. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
10. Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in any emergency;
11. Have written materials explained in a manner that is understandable to you and be educated about the coordinated care approach being used in the community and how to navigate the coordinated health care system;
12. Receive culturally and linguistically appropriate services and supports, in locations a geographically close to where members reside or seek services as possible, and choice of providers within the DCO network that are, if available, offered in non-traditional settings that are accessible to families, diverse communities, and underserved populations;
13. Receive oversight, care coordination and transition and planning management from your CCO with the cooperation of your DCO;
14. Receive necessary and reasonable services to diagnose the presenting condition;
15. Receive integrated person care and services designed to provide choice, independence and dignity and that meet generally accepted standards of practice and are medically appropriate;

16. Have a consistent and stable relationship with a care team that is responsible for comprehensive care management;
17. Receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources including but not limited to the use of certified or qualified health care interpreters, and advocates, community health workers, peer wellness specialist and personal health navigators who are part of the your care team to provide cultural and linguistic assistance appropriate to your need to access appropriate services and participate in processes affecting your care and services;
18. Obtain covered preventive services;
19. Have access to urgent and emergency services 24 hours a day, 7 days a week without prior authorization;
20. Receive a referral to specialty providers for medically appropriate covered coordinated care services, in the manner provided in the DCO's referral policy;
21. Have a clinical record maintained which documents conditions, services received, and referrals made;
22. Have access to your own clinical record, unless restricted by statute;
23. Transfer a copy of the clinical record to another provider;
24. Execute a statement of wishes for treatment, including the right to accept or refuse treatment and the right to execute directives and powers of attorney for health care established under ORS 127;
25. Receive written notices before a denial of, or change in, a benefit or service level is made, unless a notices is not required by federal or state regulations;
26. Be able to make a complaint or appeal with the DCO and receive a response;
27. Request a contested case hearing;
28. Receive certified or qualified health care interpreter services;
29. Receive a notice of an appointment cancellation in a timely manner; and
30. Be free to exercise your rights without any discrimination or adverse effects with regard to treatment received from the DCO or its providers.

YOU, AS AN OREGON HEALTH PLAN MEMBER HAVE THE FOLLOWING RESPONSIBILITIES:

1. Choose, or help with assignment to a PCD or service site;
2. Treat the DCO, provider, and clinic staff members with respect;
3. Be on time for your appointments made with providers and to call in advance to cancel if unable to keep the appointment or if you expect to be late;
4. Seek periodic dental exams and preventives services from your PCD or clinic;
5. Use your PCD or clinic for diagnostic and other care except in an emergency;
6. Obtain a referral to a specialist from the PCD or clinic before seeking care from a specialist;
7. Use urgent and emergency services appropriately, and notify your PCD or clinic within 72 hours of receiving emergency dental services;
8. Give accurate information for inclusion in the clinical record;

9. Help the provider or clinic obtain clinical records from other providers which may include signing an authorization for release of information;
10. Ask questions about conditions, treatments, and other issues related to your care that is not understood;
11. Use information provided by DCO providers or care teams to make informed decisions about your treatment before it is given;
12. Help in the creation of your treatment plan with the provider;
13. Follow prescribed agreed upon treatment plans and actively engage in your health care;
14. Tell the provider that your health care is covered under OHP before services are received and, if requested, show the provider the Division Medicare Care Identification form;
15. Tell the Department or Oregon Health Authority (OHA) worker of a change of address or phone number;
16. Tell the Department or OHA worker if you become pregnant and notify the worker of the birth of your child;
17. Tell the Department or OHA worker if any family members move in or out of the household;
18. Tell the Department or OHA worker if there is any other insurance available;
19. Pay for non-covered services under the provisions described in OAR 410-120-1200 and 410-120-1280;
20. Pay the monthly OHP premium on time if so required;
21. Assist the DCO in pursuing any third party resources available and reimbursement the DCO the amount of benefits it paid for an injury from any recovery received from that injury; and
22. Bring issues, or complaints or grievances to the attention of the DCO.

As a recipient of Federal financial assistance, we do not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, religion, sex, sexual orientation, gender identity/expression, protected veteran's status, genetic information, or on the basis of disability or age, participation in, or receipt of the services and benefits under any of the programs and activities, whether carried out directly or through a contractor or any other entity which arranges to carry out its programs and activities.

Patient's Name (please print)

Patient/Responsible Party's Signature

Relationship to Patient

Date

PATIENT CONCERNS?

You may contact Advantage to express any concerns, complaints or questions by calling:

1-866-268-9631