

1915(i) Member Rights and Responsibilities

Blue Cross Blue Shield of North Dakota Medicaid Expansion
1915(i) Form



ND

Instructions: This form is reviewed with the 1915(i) member and their Care Coordinator at the initial meeting and annually thereafter. The member and Care Coordinator will sign the form as acknowledgment of the review and understanding of the information. A copy is provided to the member, and the Care Coordinator maintains the original in the member's file.

As a member and/or legal decision maker, it is your responsibility to:

- Contact the Care Coordinator if you move to a new location or change your phone number
- Contact the Care Coordinator if your service needs to be increased or decreased
- Contact the Care Coordinator if you want to change providers
- Be available for scheduled visits with providers
- Participate in all care plan meetings with your Care Coordinator
- Contact your Coordinator to discuss any problems or concerns you have with 1915(i) services

1915(i) members have the right to:

- Confidentiality
- Receive the services you need if you are eligible
- Timely notice of eligibility decisions
- Notification if services are denied, reduced, or terminated
- Direct your plan of care, within guidelines
- Choose who is involved in your person-centered team
- Choose the times and location of meetings
- Choose your service providers
- Privacy, dignity, and respect
- Be free from discrimination
- Be free from abuse, neglect, and exploitation
- Have your property treated with care
- Be free from coercion
- Be free from restraints
- Voice complaints and concerns
- Right to request a fair hearing

Appeals

An appeal can be filed verbally over the phone or written format by mail. A request to appeal must be filed no later than 30 days from the date the notice of action is mailed. For more information on how to file an appeal, please review your Medicaid Expansion Member handbook at <https://medicaid.bcbsnd.com/content/dam/medicaid/documents/Medicaid-Expansion-Handbook.pdf>

- Phone: 1-833-777-5779, Monday through Friday, 8 a.m. to 5 p.m. CST
- Prefer to print the form and submit? Find the appeal form at https://www.bcbsnd.com/content/dam/bcbsnd/documents/forms/Appeal_Form.pdf
 - Mail: Blue Cross Blue Shield of North Dakota
PO Box 1570
Fargo, ND 58107-1570
 - Fax: 701-277-2209

It is your Care Coordinator's responsibility to:

- Respond to requests for information in a timely manner
- Allow you to direct your care plan, within program guidelines
- Allow you to choose your service providers
- Report any suspected fraud, concealment, or misrepresentation of information provided by you or your legal representative as it relates to eligibility for 1915(i)
- Treat you with dignity and respect
- Respect the privacy of confidential information
- Assist you with addressing your complaints or concerns with services

If a member is uncomfortable reporting any problems/concerns to their care coordinator, they may contact our Member Contact Center at 1-833-777-5779.

If you suspect fraud or abuse, report it to Medicaid Expansion by calling the Blue Cross Blue Shield of North Dakota (BCBSND) Fraud Hotline at 1-877-537-2830 with:

- Concerns about charges on an Explanation of Benefits (EOB).
- Suspicious of any illegal insurance activity.

All calls are confidential. BCBSND's goal is to make sure that members get the care they need while being responsible with resources. If there is a pattern of unnecessary services, benefit abuse/misuse or fraud is validated, BCBSND may lock you in to one provider and/or pharmacy. This program is called the Coordinated Services Program (CSP). BCBSND will send you a letter if this happens. The letter will tell you what provider and/or pharmacy you must use and how long you'll be in the CSP program before reevaluation.

My signature acknowledges that the information contained in this form was reviewed with me, and I understand my rights and responsibilities or have been informed of who I can go to with my questions.

Signatures

Member Signature	Date
Parent/Legal Guardian Signature	Date
Care Coordinator Signature	Date



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरु निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711) ।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)