

## **North Alabama Community Care RECIPIENT RIGHTS AND DUTIES**

You have the following rights and duties when you agree to be a part of the Alabama Medicaid Agency Maternity Program.

### **You have the right:**

- ❖ To get good medical care for your pregnancy close to where you live.
- ❖ To choose where you want to get medical care for your baby.
- ❖ To get care during your pregnancy regardless of your overall health, past medical history or any health problems.
- ❖ To be treated with respect, dignity and privacy.
- ❖ To be told about any treatments that are proper for your condition in a way that you can understand
- ❖ To have care or treatments explained to you ahead of time and to refuse any care or treatment you do not want or that goes against your religious or personal beliefs
- ❖ To decide about the care you get during your pregnancy and to give your permission before the start of treatment or surgery.
- ❖ To know about all of the people who will be taking care of you during your pregnancy.
- ❖ To get care that is free of any restraint or action that is meant to force you to do something, punish you, or to get even with you.
- ❖ To choose what kind of birth control you want and where you want to get it.
- ❖ To have your medical records kept private.
- ❖ To get a copy of your medical record and to ask that the record be changed if it is not correct.
- ❖ To sign an Advance Directive saying what kind of care you want if you are too sick or hurt to decide about your care
- ❖ To donate your organs if you die.
- ❖ To file a grievance or complaint if you are not satisfied with your care, how you were treated, or if your rights were not respected and you want action taken to solve the problem.

### **Filing a grievance:**

- ❖ You have the right to have someone from North Alabama Community Care talk with you about how you feel.
- ❖ If you want to file a grievance, call your care coordinator or the toll free number **1-855-640-8827**.
- ❖ You have the right to an interpreter if you do not understand English or if you have any type of speaking or hearing disability
- ❖ If your grievance is against the doctor that you picked, you have the right to choose another doctor.
- ❖ Medicaid will still pay for your pregnancy care if you are on Medicaid at the time you filed the grievance.
- ❖ If you want your grievance to go to the Medicaid Agency, North Alabama Community Care can help you file the grievance and submit it to the Agency.

**You have the duty:**

- ❖ To go to doctors and hospital that you have agreed to see for pregnancy care. A care coordinator will show you a list of all the doctors and hospitals that accepts Medicaid.
- ❖ To go to all of your appointments. If you have a problem getting to your appointment, your care coordinator will help you with getting transportation.
- ❖ To contact your doctor office for non-emergency problems you may have during your pregnancy
- ❖ To follow the directions you get from your doctor or nurse for your pregnancy.
- ❖ To take only the medicine that your doctor has told you to take. This includes medicines you can buy in stores (over the counter medicine) like Aspirin, Motrin, Tums, etc.
- ❖ To follow the plan of care that you, your care coordinator and doctor has set up to help you have a healthy baby.
- ❖ To meet with your care coordinator and let them know of any changes with you or your pregnancy.
- ❖ To report to the care coordinator if you move, if your Medicaid status changes, or if you miscarry the baby (become no longer pregnant).
- ❖ To have a healthy lifestyle and to eat right.
- ❖ Not to smoke cigarettes or use illegal drugs.
- ❖ To notify the Medicaid office worker of the birth of your baby.

**Federal rules require that Medicaid recipients take steps to prevent fraud and abuse of the program. These steps include:**

- ❖ Keeping their Medicaid identification card in a safe place.
- ❖ Not selling, loaning, or altering their Medicaid card in order to obtain services for others.
- ❖ Follow the rules of Medicaid and the doctor's/clinic office.
- ❖ Telling Medicaid about health insurance coverage other than Medicaid (third party insurance).
- ❖ Notifying Medicaid of any changes in income, living arrangements, or resources.

**Reporting Fraud and Abuse**

- ❖ A person reporting suspected fraud and abuse is not required to give his/her name. Any information provided is kept confidential.
- ❖ Recipients may report suspected fraud, abuse, or misuse of the Alabama Medicaid program by calling or writing the Agency's Program Integrity Division.

**To call:** 1-866-452-4930 (Toll-free call)

To write: **Program Integrity Division, PO Box 5624, Montgomery, AL 36103-5624**

**All cases of suspected fraud, abuse, or misuse by recipients are investigated by the Alabama Medicaid Agency. Recipients who are proven to have abused or misused the Medicaid programs will be required to repay the agency for any misspent funds and/or may be suspended from the program for at least one year and until full restitution is made.**