

EBCI Tribal Option
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Together We Heal



The Mission of the Cherokee Indian Hospital is to be the provider of choice for the community by providing accessible, patient and family centered quality healthcare with responsible management of the Tribes resources.

TITLE: EBCI Tribal Option, AMH, and AMH+ Member Rights and Responsibilities Policy

REVIEWED AND APPROVED BY: CIHA Executive Committee

EFFECTIVE DATE: 2/11/2021

LAST REVIEWED: 9/7/2023

POLICY OWNER: EBCI Tribal Option Member Services Manager

PURPOSE:

The purpose of this Policy is both to acknowledge that Eastern Band of Cherokee Indians (EBCI) Tribal Option Members have certain rights and responsibilities and that providers must also adhere to these rights and responsibilities when providing services and supports to the Member and to establish policy and procedures for the EBCI Tribal Option as required in 42 CFR § 438.100(a) and the North Carolina Department of Health and Human Services (NCDHHS)/EBCI Tribal Option Contract.

STAFF GOVERNED BY THIS POLICY:

- Cherokee Indian Hospital Authority (CIHA) Executive staff;
- EBCI Tribal Option staff;
- EBCI Tribal Option Member Services staff;
- EBCI Tribal Option Provider Network;
- Care Managers;
- Behavioral Health Care Managers [Behavioral Health Consultants (BHCs)];

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- Other Primary Care (Nutritionists, Pharmacists, and Providers in the Integrated Care Team);
- Care Manager Extenders [Licensed Practical Nurses (LPNs)/Certified Medical Assistants (CMAs)/Other];
- Primary Care – Case Management Support (CMS).

This Policy also serves as the Advanced Medical Home (AMH) and Advanced Medical Home Plus (AMH+) policy document for communication to Members, family members, and caregivers. References to the Advanced Medical Home Plus (AMH+) policies and procedures contained in this document are only applicable when the CIHA AMH+ becomes effective.

POLICY:

All Members of the EBCI Tribal Option shall be treated with dignity and respect and shall have protections that guarantee a Member’s rights. Members will be notified of their rights and responsibilities and shall ensure that Members are not subject to any unlawful discrimination (refer to the *EBCI Tribal Option Non-Discrimination Policy for Employees, Members, and Providers*) in the course of obtaining or receiving services from the EBCI Tribal Option or their Provider Network as outlined in 45 CFR § 80.3(d).

The EBCI Tribal Option shall not attempt to influence, limit, or otherwise interfere with the Member’s decision to exercise his or her rights. Members shall be free to exercise their rights and that the exercise of those rights does not adversely affect the way the EBCI Tribal Option or the Provider Network treats Members [42 CFR § 438.100(c)]. EBCI Tribal Option shall ensure compliance with the non-discrimination requirements specified in the NCDHHS/EBCI Tribal Option Contract, as well as any other applicable federal and state laws and regulations prohibiting discrimination against Members in the course of obtaining or receiving services from EBCI Tribal Option or any Network Provider 42 C.F.R. § 438.100(d).

Those rights include:

- Receiving a copy of the Member’s *Right to Considerate and Respectful Care* as included in the *EBCI Tribal Option Member Handbook*. Members will hold the EBCI Tribal Option and its employees and providers accountable to the adherence to the Rights and Responsibilities. These Rights afford the Member the right to at a minimum:
 - Receive information in accordance with 42 CFR § 438.10;
 - Be treated with respect and with due consideration for his or her dignity and privacy;
 - Receive information on available treatment options and alternatives; presented in a manner appropriate to the Member’s condition and ability to understand;
 - Participate in decisions regarding his or her health care, including the right to refuse treatment;
 - Be free from a form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation; and
 - If the privacy rule, as set forth in 45 CFR, parts 160 and 164, subparts A and E applies, request and receive a copy of his or her medical records and request that

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they be amended or corrected, as specified in 45 CFR § 164.524 and 164.526. Have misinformation removed from or disagreeing opinions about treatment or recommendations added to his or her medical record. Any changes to his or her medical record will be made free of charge;

- Receiving all information in a manner and format that is easily understood and readily accessible to Members and potential Members. All information provided to Members shall include content of this Policy. Electronic format may be used if the following requirements are met in accordance with 42 C.F.R. § 438.10(c)(6):
 - In a format that is readily accessible;
 - Information is placed in a location on the EBCI Tribal Option website that is prominent and readily accessible;
 - Information is provided in an electronic form which can be electronically retained and printed;
 - Information is consistent with the content and language requirements; and
 - Enrollee is informed that the information is available in paper form without charge upon request within five (5) CIHA business days of the request;
- Having access to the Medicaid Beneficiary Support systems such as Choice Counseling, assistance in understanding managed care, assistance in understanding and the desire to access Long Term Services and Supports (LTSS). The support must perform outreach to beneficiaries and/or authorized representatives and be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested;
- Receiving a *Member Handbook* and standard notices utilizing common managed care terminology and phrases;
- Having available oral interpretation for any language and written translation available in each prevalent non-English language (Cherokee, Spanish, and Mandarin). As required by the NCDHHS/EBCI Tribal Option Contract, all written materials for potential enrollees must include taglines in the aforementioned prevalent non-English languages. This is also available in large print, which explains the availability of written translations or oral interpretation to understand the information provided and includes the toll-free and TTY/TDD telephone numbers of the EBCI Tribal Option's service lines - 42 C.F.R. § 438.10(d)(3). All required translations for Auxiliary Aids and Interpreter Services taglines are English, Spanish, Mandarin, and Cherokee (to the degree possible);
- Notifying and providing interpretation services to each Member free of charge. This includes oral interpretation and the use of auxiliary aids such as TTY/TDY and American Sign Language. Oral interpretation requirements apply to other non-English languages, not just those that NCDHHS identifies as prevalent (refer to the *EBCI Tribal Option Non-Discrimination Policy for Employees, Members and Providers*);
- Receiving a *Member Handbook* that:
 - Informs Members on how to effectively use the EBCI Tribal Option managed care program;
 - Outlines what benefits are covered by the EBCI Tribal Option;

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- Outlines how and where to access the benefits, including any waiver services available only in BH I/DD TPs cost sharing or exceptions and how transportation is provided. This, also, includes information about non-covered benefits;
- When offering any services not mandated by the NC Medicaid Clinical Coverage Policies in Medicaid Direct, the EBCI Tribal Option shall assure that the amount, duration, and scope of the benefit under the EBCI Tribal Option is sufficient in detail to understand how and what benefits to which they are entitled;
- Outlines procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for specialty care and for other benefits not furnished by the enrollee's PCP;
- The extent to which and how after-hours and emergency coverage are provided, includes:
 - What constitutes an emergency medical condition and emergency services;
 - Prior authorization is not required for emergency services;
 - Subject to the provisions the enrollee has a right to use any hospital or other setting for emergency care;
- Member's Rights and Responsibilities, including the elements specified in [42 C.F.R. § 438.100](#) and under the NCDHHS/EBCI Tribal Option Contract;
- Process of selecting and changing the Member's PCP;
- Instructs how to file a grievance, appeal, or complaint;
- Instructs how to exercise an advance directive, as set forth in [42 C.F.R. § 438.3](#);
- Instructs how to access auxiliary aids and services, including additional information in alternative formats or languages;
- Includes toll-free telephone number for EBCI Tribal Option Member Services, medical management, and any other unit providing services directly to enrollees;
- Provides information on how to report suspected fraud, waste or abuse;
- Provides any other content required by NCDHHS as outlined in the EBCI Tribal Option Contract.

DEFINITIONS:

Advanced Medical Home (AMH)

Care management that happens by a primary care office. The primary care practice and the Care Management model must meet certain criteria to qualify as an AMH and agree to regular reporting and quality measures. The AMH is offered as a benefit under the Medicaid Standard Plans (SPs).

The AMH program requires prepaid health plans (PHPs) to delegate certain care management functions to AMHs at the local level. In order to provide these care management functions, AMHs may work with their affiliated health care system or make an arrangement, with an entity called a Clinically Integrated Network, a Care Management vendor, or other population health entity.

AMH practices can also include physician assistants, advanced practice nursing providers, and certain ambulatory health care facilities.

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Advanced Medical Home Plus (AMH+)

AMH+ practices will be PCP practices actively serving as AMH Tier 3 practices, whose providers have experience delivering primary care services to the Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plan eligible population or can otherwise demonstrate strong competency in providing integrated, whole-person care management to serve that population through additional care management responsibilities and quality measure. The AMH+ designation will be unique to practices serving the BH I/DD Tailored Plan population and will be responsible for providing care management, in compliance with the AMH+ NCDHHS certification requirements to their assigned populations.

Code of Federal Regulations (CFR)

A compilation of administrative laws governing federal regulatory agency practice and procedures. This includes such agencies as Medicaid, Medicare, and Indian Health Service.

EBCI Tribal Option

The unit within CIHA that is responsible for managing the Indian Managed Care Entity and serves as the point of contact with the Division of Health Benefits, within the NC Department of Health and Human Services.

EBCI Tribal Option Contract

The Indian Managed Care Entity Contract #30-2020-014-DHB between the North Carolina Department of Health and Human Services, Division of Health Benefits and Cherokee Indian Hospital Authority. Subsequent revisions and amendments are also included in this definition. This Contract is also referred to as the NCDHHS/EBCI Tribal Option Contract.

Large Print

Printed in a font size no smaller than 18-point.

Limited English Proficient (LEP)

Potential enrollees and enrollees who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

North Carolina Department of Health and Human Services (NCDHHS)

A Department within the North Carolina Executive Branch that is the designated single state agency with the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) for the administration of the Medicaid Program through the Division of Health Benefits.

Patient and Family Advisory Council (PFAC)

A group of patients, family, and Medicaid beneficiaries to assist with CIHA and the EBCI Tribal Option operations by providing their perspective. They review Member materials, quality initiatives, and survey results and receive monthly or quarterly updates on activities. They make

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recommendations for improvements in the healthcare and support experience. The PFAC consists of twelve (12) members representing the diversity of the CIHA/EBCI Tribal Option community. Representation of the EBCI Tribal Option and Medicaid Member experience will be included in the membership. The structure of the Council may change over time.

Prevalent

A non-English language determined to be spoken by a significant number or percentage of potential enrollees and enrollees that are limited English proficient. Request for interpretation and interpreters will be honored for all other languages. Tag lines will be provided in Cherokee, Spanish, and Mandarin per direction by NC Medicaid.

Readily Accessible

Electronic information and services which comply with modern accessibility standards, such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA and successor versions.

PROCEDURE:

Provide all written materials that are critical to obtaining services, including, at a minimum, Member Welcome Packet, *Member Handbook*, Provider Directory, *Rights to Considerate and Respectful Care*, appeal and grievance notices, and denial and termination notices as applicable, available in the prevalent non-English languages in its particular service area. Written materials must also be made available in alternative formats upon request of the potential enrollee or enrollee at no cost. Auxiliary aids and services must also be made available upon request of the potential enrollee or enrollee at no cost. Written materials must include taglines in the prevalent non-English languages in the state, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided and the toll-free and TTY/TDY telephone number of the EBCI Tribal Option. All written materials will use a sans serif font type and a font size no smaller than 12-point - 42 C.F.R. § 438.10(d)(6)(ii). The font type and size shall be appropriate to the audience; Large print means printed in a font size no smaller than 18-point, including tagline and information on how to request auxiliary aids and services, which includes materials in alternative formats - 42 C.F.R. § 438.10(d)(6)(iv).

The EBCI Tribal Option shall:

- Mail a Welcome Packet that includes a welcome letter and a printed copy of the *Member Handbook* to the enrollee's mailing address within seven (7) calendar days of being notified, via the 834 file, of enrollment with the EBCI Tribal Option;
- Send *Member Handbook* or other Member information via email after obtaining the Member's agreement to receive information by email;
- Post the information on the EBCI Tribal Option website at www.ebcitribaloption.com, notify the Member in paper or electronic form that the information is available on the Internet, provide the Internet address, include the applicable Internet address, and assure that Members with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost, or

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- Provide the information by any other method that can reasonably be expected to result in the enrollee receiving that information;
- Notify each Member of any change that the NC Medicaid defines as significant in the information for the EBCI Tribal Option at least thirty (30) days before the intended effective date of the change;
- Post a Provider Directory online at www.ebcitribaloption.com for Members and others to access. The Provider Directory will be available in paper form without charge upon Member request and if requested, is provided within five (5) CIHA business days. The Provider Directory shall include each PCP's:
- The Provider Directory shall include each PCP's:
 - Name and gender;
 - Doing business as (DBA) name;
 - Address;
 - Group affiliations;
 - County served;
 - Hours;
 - Phone number;
 - After-hours phone number;
 - Website uniform resource locator (URL);
 - Service limitations;
 - Whether new Members are currently being accepted;
 - Language capabilities;
 - Cultural sensitivity training;
 - Office accessibility;
 - Whether the PCP or PCP Practice is an Indian Health Care Provider (IHCP);
- Update the paper Provider Directory on a monthly basis and update the electronic version of the consumer-facing Directory on the EBCI Tribal Option website no later than thirty (30) CIHA business days after the EBCI Tribal Option receives updated provider information;
- Provide the Provider Directory in a machine-readable file and format specified;
- Post the North Carolina Medicaid Preferred Drug List (PDL) at <https://ebcitribaloption.com> and make available in the electronic and paper form;
- Provide training to employees and providers on this Policy;
- Review this Policy annually with the Patient and Family Advisory Council (PFAC) and take into account their recommendations in updating the Policy. In the event of any updates, EBCI Tribal Option will update the *Member Handbook*, *Provider Handbook*, and the EBCI Tribal Option website and notify Members of any changes.

Attachment:

Right to Considerate and Respectful Care

EBCI Tribal Option, AMH, and AMH+ Member Rights and Responsibilities Policy

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Right to Considerate and Respectful Care

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You have the right to:

- Expect that we will respect your dignity and privacy as you utilize our care, services, and providers.
- Expect that we will respect your values and beliefs. We will support your beliefs as long as they do not hinder the well-being of others or your planned course of care.
- Be cared for and supported with respect without regard to race, color, National Guard or Veteran's status, national origin, age, disability, sex, ethnicity, pregnancy, religion, sexual orientation, culture, language, health status, need for health care services, physical or mental disability, socioeconomic status, marital status, or gender identity or expression.
- Report abuse, neglect, discrimination, or harassment to any health care worker, manager, or executive director.

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**EBCI Tribal Option, AMH, and AMH+ Member Rights and
Responsibilities Policy Attachment:
Right to Considerate and Respectful Care**

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**EASTERN BAND OF CHEROKEE INDIANS (EBCI) TRIBAL OPTION, AMH, AND AMH+
MEMBER RIGHTS AND RESPONSIBILITIES POLICY:
POLICY IMPLEMENTATION/REVISION INFORMATION**

Original Effective Date: 2/11/2021

Revision Information:

| Date | Section Updated | Change |
|-------------|---|--|
| 6/17/2022 | Policy Header | Added Cherokee language translation and syllabary for “EBCI Tribal Option, amended title to “EBCI Tribal Option, AMH, and AMH+ Member Rights and Responsibilities,” and added “Last Reviewed” date |
| 6/17/2022 | Purpose | Added disclaimer that references to AMH+ policies and procedures contained in the document are only applicable when the CIHA AMH+ becomes effective |
| 6/17/2022 | Purpose and all other relevant sections | Amended the Contract title to “NC DHHS/EBCI Tribal Option Contract” |
| 6/17/2022 | Staff Governed By | Updated this section with the appropriate staff |
| 6/17/2022 | All sections | Checked and amended grammar, numbering, and readability as needed |
| 6/17/2022 | Policy | Amended the title of the <i>EBCI Tribal Option Non-Discrimination Policy for Employees, Members, and Providers</i> |
| 6/17/2022 | Policy | Inserted the CMS required change that Members have the right to have misinformation removed from or disagreeing opinions about treatment or recommendations added to his or her medical record. Any changes to his or her medical record will be made free of charge |
| 6/17/2022 | Policy | Included the information, as required by the Contract, that taglines in all written material must include prevalent non-English languages, which are Cherokee, Spanish, and Mandarin |

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Policy Implementation/Revision Information**

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| 6/17/2022 | Policy | Replaced “the State” with “NC-DHHS” |
| 6/17/2022 | Policy | Amended the toll-free number information to reflect that of “EBCI Tribal Option’s service lines” and included the corresponding C.F.R. |
| 6/17/2022 | Policy | Added “NC Medicaid” to the beginning of the “Clinical Coverage Policies” title |
| 6/17/2022 | Definitions | Added the definitions “CFR,” EBCI Tribal Option,” and “NC-DHHS” and amended the definitions “PFAC” and “Prevalent” |
| 6/17/2022 | Procedure | Included that all written materials will use “a san serif font type” and that “font type and size shall be appropriate to the audience.” Included that large print includes “tagline and information on how to request auxiliary aids and services, which includes materials in alternative formats” |
| 6/17/2022 | Procedure | Amended the items that the Provider Directory includes and deleted the items “which medications are covered” and “what tier each medication is on,” which will not be posted on the website or made available in electronic and paper form |
| 6/17/2022 | Procedure | Amended the title of the “Formulary” to “NC Medicaid Health Choice Preferred Drug List (PDL)” and amended the title for PFAC to “Patient and Family Advisory Council” |
| 6/17/2022 | Attachment | Included the “Right to Considerate and Respectful Care” document |
| 6/17/2022 | Policy Implementation/ Revision Information | Added policy revision information table |
| 9/7/2023 | Policy Header | Amended “Last Reviewed” date and added “Policy Owner” and identified the role |
| 9/7/2023 | Purpose | Added language to this section to acknowledge that EBCI Tribal Option Members have certain rights and responsibilities and that providers must adhere to these when providing services and supports to the Member |

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| 9/7/2023 | Staff Governed By This Section | Amended the “Staff Governed By” section and other applicable sections throughout the Policy with the appropriate parties |
| 9/7/2023 | Staff Governed By This Policy | Added to the AMH and AMH+ asterisk the following sentence: “This Policy also serves as the Advanced Medical Home (AMH) and Advanced Medical Home Plus (AMH+) policy document for communication to Members, family members, and caregivers” |
| 9/7/2023 | All sections | Checked and amended grammar, numbering, and readability as needed |
| 9/7/2023 | Policy | Changed “PCP Network” to “Provider Network” |
| 9/7/2023 | Policy | Changed 42 C.F.R. § 438.100(d) to “(c)” and added that EBCI Tribal Option shall ensure compliance with the non-discrimination requirements specified in the NCDHHS/EBCI Tribal Option Contract, as well as any other applicable federal and state laws and regulations prohibiting discrimination against Members in the course of obtaining or receiving services from EBCI Tribal Option or any Network Provider 42 C.F.R. § 438.100(d). |
| 9/7/2023 | Policy | Changed 45 CFR § 164.534 to “.524” |
| 9/7/2023 | Policy | Added the reference 42 C.F.R. § 438.10(c)(6) |
| 9/7/2023 | Policy | Identified the 5 business days as “CIHA” and within 5 days “of the request” that the enrollee is informed that the information is available in paper form without charge upon request |
| 9/7/2023 | Policy | Identified the prevalent non-English languages as “Cherokee, Spanish |
| 9/7/2023 | Policy | Added “TTY/TDD” as telephone numbers of the EBCI Tribal Option service lines that are available to the member, which appears on written materials |
| 9/7/2023 | Policy | Included the information that “all required translations for Auxiliary Aids and Interpreter Services taglines are English, Spanish, |

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| | | Mandarin, and Cherokee (to the degree possible) |
| 9/7/2023 | Policy | Added that the Member Handbook outlines how and where to access the benefits, including any “waiver services available only in BH I/DD TPs” cost sharing or exceptions and how transportation is provided |
| 9/7/2023 | Policy | Added the reference for Member Rights and Responsibilities: “42 C.F.R § 438.100 and under the NCDHHS/EBCI Tribal Option Contract” |
| 9/7/2023 | Definitions | Amended the “EBCI Tribal Option” definition and added “AMH,” and “AMH+” to the definitions list |
| 9/7/2023 | Procedure | Added that “a Welcome Packet that includes a welcome letter” will be mailed by the EBCI Tribal Option to the Member |
| 9/7/2023 | Procedure | Added that the Provider Directory will be available in paper form “without charge” upon “Member” request “and if requested, is provided within 5 CIHA business days” |
| 9/7/2023 | Procedure | Identified the Provider Directory as being the “paper” version that is updated on a monthly basis and added that updates on “the electronic version of the consumer-facing Directory” on the EBCI Tribal Option website must be made no later than 30 “CIHA business” days after the EBCI Tribal Option receives updated provider information |
| 9/7/2023 | Procedure | Changed “Medicaid Health Choice Preferred Drug List” to “North Carolina Medicaid Preferred Drug List” |

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