Oakland Community Health Network (OCHN) offers many resources. This communication is about how things work at OCHN and how to access services. Upon enrollment, one receives the following from OCHN annually and upon request.

- Member Handbook
- Provider Directory
- Members Rights and Responsibilities Statement
- Covered and non-covered benefits and services
- How to obtain care and coverage when you are outside of OCHN service area
- Benefit restrictions that apply to services obtained outside of OCHN service area
- Co-payments and deductibles
- How to submit a claim, if needed
- How to obtain language assistance
- Availability of TTY services
- How to obtain outpatient care, partial and inpatient hospitalizations and other services
- How to obtain emergency care, when to directly access emergency care or use 911 services
- How to obtain subspecialty care
- How to obtain a list of network providers
- How to appeal a decision that adversely affects coverage, benefits or your relationship with OCHN
- How to file a complaint, grievance and recipient rights violation
- Information about OCHN’s Complex Case Management Program
- Information about OCHN’s Quality Improvement program, including goals and annual results are available on our website: www.oaklandchn.org

Oakland Community Health Network (OCHN), Managed Care Provider Networks (MCPN’s), Crisis Service Vendors, and Access Center practitioners and employees who make Utilization Management (UM) decisions commit to the importance of ensuring that all consumers receive clinically appropriate, humane and compassionate services of the same quality that one would expect for their child, parent, or spouse by affirming the following:

- UM decision-making is based only on appropriateness of care, service, and existence of coverage.
- OCHN, the Access Center, Crisis Service Vendors, and MCPNs do not reward practitioners or other individuals for issuing denials of coverage or service care.
- No physicians or any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing the provision of care which is deemed medically necessary.
- Practitioners may freely communicate with members about their treatment, regardless of benefit coverage limitations.

For more information, or to request a handbook or provider directory:

- Call or visit: your Behavioral Healthcare Provider
- Online: go to OCHN’s website, www.oaklandchn.org
- Call: OCHN Customer Service at 800.341.2003
OCHN Members’ Rights and Responsibilities Statement

We are committed to maintaining a mutually respectful relationship with our members and providers. The OCHN Members’ Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while accessing behavioral health care services in Oakland County. This statement helps to minimize potential misunderstandings and promote compliance with all applicable statutory and regulatory requirements. Understanding your rights and responsibilities will help you to make informed decisions about your healthcare.

You have the right to:

- Receive information about OCHN, its services, its practitioners, and providers, and Your Rights and Responsibilities.
- Be treated with respect and recognition of your dignity and the right to privacy.
- Participate with Practitioners in making decisions about your health care.
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost, or benefit coverage, and to freely communicate with your providers without restriction on any information regarding care.
- Voice complaints or appeals about OCHN or the care provided.
- Make Recommendations regarding OCHN’s members’ Rights and Responsibilities policy.

You have a responsibility to:

- Provide, to the best of your knowledge, accurate and complete information regarding your medical history, including present and past illnesses, medications, hospitalizations, etc. to OCHN and it practitioners and providers in order to care for you.
- Follow your treatment plan of care and instructions. The plan of care is to be agreed upon by you and your provider.
- Ask questions about your care. This will help you to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

For additional information and a complete list of our members’ Rights and Responsibilities statement, you may contact Customer Services at 800.341.2003.

Wellness Tools for You

- Health management tools help you keep track of your health
- A secure tool to track your personal health record
- A free health and wellness app

www.myStrength.com / Access code OCCMHA