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**Overview**

This section of the Hospital Services Handbook addresses the respective responsibilities of participating facilities.

**Member Rights and Responsibilities**

WellCare members have specific rights and responsibilities. These should be respected and followed at all times. The Member Rights and Responsibilities Statement is included in the Member Services section of this Handbook and is also in the Member Handbook.

All participating WellCare physicians and providers must accept all individuals without restrictions and may not discriminate against individuals on the basis of religion, gender, race, color or national origin. Providers will not use any policy or practice that has the effect of discriminating on the basis of color or national origin or on the basis of health, health status, pre-existing condition or need for health care services.

**Domestic Violence and Substance Abuse Screening**

Physicians should identify indicators of substance abuse or domestic violence. The screening tools for domestic violence and substance abuse are located in the **Forms** section of the Provider Handbook. If a member needs assistance regarding domestic violence, the provider should direct the member to contact Customer Service and ask to speak with the Case Management department. If a member needs assistance regarding substance abuse, the provider should direct the member to call the toll-free Provider Hotline number for the Plan. These telephone numbers are located on the **Quick Reference Guide**.

**Living Will and Advance Directives**

A member has the right to control decisions relating to his/her medical care, including the decision to withhold or take away the medical or surgical means or procedures to prolong his/her life.

The law provides that Plan members of sound mind, age 18 years or older or emancipated minors, and/or their legal representatives should receive information concerning advance directives and have the opportunity to execute an advance directive. This allows the member to designate another person to make a decision if he/she becomes

mentally or physically unable to do so. Forms must be made available in provider's offices and/or facilities. Discussion with the member, as well as the completed forms, should be documented and filed in the member's medical record. A provider shall not, as a condition of treatment, require a member to execute or waive an advance directive. However, the provider should include documentation in the member's medical record regarding the discussion and/or include any executed advance directive forms.

**Confidentiality  
of Member  
Information and  
Release of  
Records**

All consultations or discussions involving the member or his/her case should be conducted discreetly and professionally in accordance with all applicable state and federal laws, regarding the privacy and/or confidentiality of medical records, personally identifiable information and/or protected health information and accreditation requirements, including without limitation the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy, Security and Administrative Simplification Rules and Regulations promulgated there under, each as may be amended.

No health care provider may be penalized for considering, studying or discussing medically necessary or appropriate care with, or on behalf of, his/her patient.

All facility personnel should receive training and/or education regarding the confidentiality of the facility's patient records and health information consistent with state law and HIPAA. The facility should ensure that there is: (i) a privacy officer on staff; (ii) a policy and procedure in place for confidentiality of members' protected health information (PHI); and (iii) that the facility and its employees, agents and contractors are following those procedures and/or obtaining appropriate authorization from members to release PHI where required by applicable state and federal law. Policies and procedures should include protection against unauthorized/inadvertent disclosure of all confidential medical information to include PHI.

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All members have a right to confidentiality, and any health care professional or individual person who deals directly or indirectly with the member or his/her medical record must honor this right. Every provider is required to provide to members their Notice of Privacy Practice (NPP). Employees who have access to member records and other confidential information are required to sign a confidentiality statement.

Some examples of confidential information include:

- Communication between member and physician;
- Member's medical records, personally identifiable information and/or other information as provided for under applicable state laws and/or accreditation requirements;
- All PHI as defined under the federal HIPAA privacy regulations;
- Any communication with other clinical persons involved in the member's health, medical and mental care (i.e., diagnosis, treatment and any identifying information such as name, address, Social Security number (SSN), etc.);
- Member transfer to a facility for treatment of drug abuse, alcoholism, mental or psychiatric problem; and
- Any communicable disease (such as acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) testing that is protected under federal or state law.

HIPAA provides for the release of member medical records to the Plan for payment purposes and/or health plan operations. The Notice of Privacy Practice (NPP) informs the patient or member of his/her rights under HIPAA and how the provider and/or health plan may use or disclose the member's PHI. HIPAA regulations require each provider and health plan to provide a NPP to each new patient or member.

#### **Provider Billing and Address Changes**

Prior notice to the Plan is required for any of the following changes:

- 1099 mailing address
- Tax Identification Number or entity affiliation (W-9 required)
- Group name or affiliation
- Physical or billing address
- Telephone and/or fax number

Failure to provide adequate notice to WellCare of these changes will result in claims payment delays.

#### **Delegated Entities**

All participating providers or entities delegated for Network Management and Network Development should meet all plan requirements, pre/post delegation assessments and applicable standards. Reviews are performed and compliance is monitored on a regular basis. The plan reserves the right to revoke or rescind any delegated activities, in whole or in part, based on delegated entity performance and continued ability to meet plan standards and requirements.

#### **Marketing and Sales**

Providers are required to submit any marketing materials (including, but not limited to, posters, brochures, Web sites and any materials that contain statements regarding the member benefit package) to the Plan. Neither the Plan nor the providers may distribute any marketing materials without prior written approval from Georgia's Department of Community Health (DCH).

Providers are required to follow all applicable federal guidelines related to Plan marketing and the provision of leads. Please contact WellCare if you have any specific questions around Georgia Families marketing rules or guidelines.

#### **Disclosure of Information**

Periodically members may inquire as to the operational and financial nature of their health plan. In accordance with federal and state disclosure requirements, the Plan

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must provide that information to the member upon request. Members may contact the Plan's Customer Service department to request this information. The toll-free telephone number for Customer Service is listed on the member's ID card.