

HOSPITAL RESPONSIBILITIES

Section 3

Overview	This section of the Hospital Services Manual 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. Contact a Provider Relations representative for a copy of the Member Rights and Responsibilities.
Domestic Violence and Substance Abuse Screening	<p>Physicians should identify indicators of substance abuse or domestic violence. The screening tools for domestic violence and substance abuse are located in the Provider Education Materials section of this manual.</p> <p>Should a member need assistance regarding domestic violence, the provider should direct the member to contact Customer Service and ask to speak with the Case Management department.</p> <p>If a member needs assistance regarding substance abuse, the provider should direct the member to call the toll-free Behavioral Health telephone number for the Plan.</p>
Living Will and Advance Directives	<p>Members have the right to control decisions related to their medical care, including the decisions to have withheld or taken away the medical or surgical means or procedures to prolong their lives.</p> <p>The law provides that each Plan member, age 18 years or older of sound mind, should receive information concerning this provision and have the opportunity to sign an Advance Directive Acknowledgement Form to make their decisions known in advance. This allows them to designate another person to make a decision should they become mentally or physically unable to do so.</p>

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Confidentiality of Member Information and Release of Records

Forms should be made available in provider's offices and/or facilities and 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.

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, including regulatory and accrediting bodies and the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification regulations.

Health care providers may not be penalized for considering, studying, or discussing medically-necessary or appropriate care with or on behalf of his/her patient.

All facility practice personnel should be trained on HIPAA Administrative Simplification regulations. 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 practice is 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.

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. Employees who have access to member records and other confidential information are required to sign a Confidentiality Statement.

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Some examples of confidential information includes:

Any communication between a member and a physician;

- All PHI as defined under the federal HIPAA Privacy regulations;
- Any communication with other clinical persons involved in the member's health, medical and behavioral 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, behavioral or psychiatric problem;
- Any communicable disease (such as Acquired Immunodeficiency Syndrome (AIDS) or human immunodeficiency virus (HIV) testing that is protected under federal or state law.

When an individual enrolls in the Plan, federal law permits the health care provider permission to release his/her medical records to the Plan, members of the provider network, agencies conducting regulatory or accreditation reviews and business associates.

The Notice of Privacy Practice (NPP) informs the patient or member of their rights under HIPAA and how the provider and/or health plan may use or disclose the members' PHI. HIPAA regulations require each provider and health plan to provide a NPP to each new patient or member, accordingly.

Provider Billing and Address Changes

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

- 1099 mailing address
- Tax Identification Number (TIN) or Entity Affiliation (W-9 required)

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- Group name or affiliation
- Physical or billing address
- Telephone and/or fax number

Delegated Entities All participating providers or entities delegated for Network Management and Network Development should meet all applicable standards and are held to the same standards as defined in this section. Reviews are performed and compliance is monitored on a regular basis.

Marketing and Sales Providers are required to follow all applicable Ohio Department of Job & Family Services (ODJFS) guidelines related to marketing to members.

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 will provide such information to the member upon request. Members may submit their requests verbally or in writing to the Customer Service department.