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**Overview**

The Plan will make information available to members of the role of the PCP, how to obtain care, what to do in an emergency or urgent medical situation as well as their rights and responsibilities. The Plan will convey this information through various methods including a Member Handbook.

**Member Handbook**

All newly enrolled members will receive a Member Handbook within 10 calendar days of receiving the notice of enrollment from the Plan. The Plan will mail all enrolled members a Member Handbook at least annually thereafter.

**Enrollment**

Membership enrollment in WellCare's Medicaid health plans is voluntary as members may select other CMOs or may be randomly assigned to a CMO by the state.

The Plan accepts all individuals without restrictions and does not discriminate against individuals on the basis of religion, gender, race, color or national origin and will not use any policy or practice that has the effect of discriminating on the basis of religion, gender, race, color or national origin or on the basis of health, health status, pre-existing condition or need for health care services.

Upon enrollment in the plan, members are provided with the following:

- Terms and conditions of enrollment;
- Description of covered services;
- Information about PCPs, such as location, telephone number and office hours;
- Information regarding "Out-of-Plan" emergency services;
- Grievance and disenrollment procedures; and
- "Over-the-Counter" brochure, if applicable.

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**Member  
Identification  
Cards**

Member identification cards are intended to identify plan members and facilitate their interactions with physicians and other health care providers. Information found on the member identification card may include the member's name, identification number, PCPs name and telephone number, co-payment information, health plan contact information and claims submission address.

Possession of the member identification card does not guarantee eligibility or coverage. The physician or provider is responsible for ascertaining the current eligibility of the cardholder.

**Eligibility  
Verification**

A member's eligibility status can change at any time. Therefore, all providers should consider requesting and copying a member's identification card, along with additional proof of identification, such as a photo ID, and file them in the patient's medical record.

Your source to verify eligibility is the Georgia Health Partnership Web site located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

Verification is always based on the data available at the time of the request, and since subsequent changes in eligibility may not yet be available, verification of eligibility is not a guarantee of coverage or payment. See your Provider Agreement for additional details.

**Member  
Rights and  
Responsibilities**

Plan members, adults and children, have specific Rights and Responsibilities. These are included in the Member Handbook.

WellCare members have the right:

- To obtain information about WellCare, its services, its contracted doctors and providers, and members' rights and responsibilities.
- To supply information (to the extent possible)

that the organization and its practitioners and providers need in order to provide care.

- To know the names and titles of doctors and other health care personnel involved in their care.
- To be treated with respect and dignity and to have the right to privacy.
- To take part with providers in making decisions about their health care.
- To talk openly about care the need for their health, regardless of cost or benefit coverage, as well as choices and risks involved. The information must be given to them in a manner that is easy to understand.
- To be responsible for cost-sharing only as specified in the DCH contract.
- To have the risks, benefits and side effects of medications and other treatments explained to them clearly.
- To know about their health care needs after being released from a hospital or office.
- To refuse medical or surgical care, as long as the member agrees to be responsible for this decision.
- To refuse to take part in any medical research projects.
- To complain about WellCare or the care it provides and to know that doing so will not affect how they are treated.
- To not be responsible for WellCare's debts in the event of insolvency or failure to pay.
- To be free from any form of restraint or

seclusion as a means of coercion, discipline, convenience or retaliation.

- To have access to their medical records and to have those records kept private and confidential.
- To make their health care wishes known through advance directives.
- To have input into WellCare's member rights and responsibilities policies.
- To appeal adverse medical or administrative decisions using the grievance process provided by WellCare and the state.
- To exercise their rights no matter what their sex, age, race, ethnic, economic, educational or religious background.
- To have all WellCare staff observe their rights.
- To have all the above rights apply to the person legally able to make decisions about their health care.
- To have services furnished in accordance with federal requirements.

Members also have certain responsibilities. These include the responsibility:

- To give information that WellCare and its contracted doctors and providers need to provide care.
- To follow plans and instructions for care agreed upon with their doctor.
- To understand their health problems and share in developing treatment goals that they and their doctor agree to.
- To understand how WellCare works by reading

the Member Handbook.

- To carry their member card and Medicaid card with them at all times. Show their ID cards to each provider (i.e., doctor, lab, hospital, pharmacy, etc.) when services are being given.
- To schedule appointments for all non-emergency care through their assigned doctor, to get a referral from their doctor for specialty care, and to cooperate with all persons providing care and treatment.
- To be on time for appointments.
- To notify the doctor's office if they need to cancel or reschedule an appointment.
- To pay co-payments to providers as specified by the Georgia Families program.
- To respect the rights, property and environment of all providers, employees and other patients and not be disruptive.
- To understand the medicines they take; know what they are, what they are for and how to take them properly.
- To make sure their current doctor has been given copies of all previous medical records.

PeachCare for Kids members have the right:

- To obtain information about PeachCare for Kids, its services, its contracted doctors and providers, and members' rights and responsibilities.
- To know the names and titles of doctors and other health care personnel involved in their care.
- To be treated with respect and dignity and to

have the right to privacy.

- To take part with providers in making decisions about their health care.
- To have the risks, benefits and side effects of medications and other treatments explained to them.
- To talk openly about care they need for their health, regardless of cost or benefit coverage, as well as choices and risks involved. The information must be given in a manner that is easy to understand.
- To know about their health care needs after being released from a hospital or office.
- To refuse medical or surgical care, as long as the member agrees to be responsible for this decision.
- To refuse to take part in any medical research projects.
- To complain about PeachCare for Kids or the care it provides and to know that doing so will not affect how they are treated.
- To not be responsible for PeachCare for Kids debts in the event of insolvency or failure to pay.
- To be free from any form of restraint or seclusion as a means of coercion, discipline, convenience, or retaliation.
- To have access to their medical records and to have their records kept private and confidential.
- To make their health care wishes known through advance directives.
- To have input into PeachCare for Kids member rights and responsibilities policies.

- To appeal adverse medical or administrative decisions using the grievance process provided by PeachCare for Kids and the state.
- To exercise their rights no matter what their sex, age, race, ethnic, economic, educational or religious background.
- To have all PeachCare for Kids staff observe their rights.
- To have all the above rights apply to the person legally able to make decisions about their health care.

PeachCare for Kids members have certain responsibilities. These include the responsibility:

- To give information that PeachCare for Kids and its contracted doctors and providers need to provide care.
- To follow plans and instructions for care agreed upon with their doctor.
- To understand their health problems and share in developing treatment goals that they and their doctor agree to.
- To understand how PeachCare for Kids works by reading the Member Handbook.
- To carry their member card and Medicaid card with them at all times. Show your ID cards to each provider (i.e., doctor, lab, hospital, pharmacy, etc.) when services are being given.
- To schedule appointments for all non-emergency care through their assigned doctor, to get a referral from their doctor for specialty care, and to cooperate with all persons providing care and treatment.

- To be on time for appointments.
- To notify the doctor's office if they need to cancel or reschedule an appointment.
- To respect the rights, property and environment of all providers, employees and other patients and not be disruptive.
- To understand the medicines they take; know what they are, what they are for and how to take them properly.
- To make sure their current doctor has been given copies of all previous medical records.

**Medical  
Necessity**

Members will be informed that Medically Necessary services are those that are:

- Appropriate and consistent with the diagnosis of the treating provider and the omission of which could adversely affect the eligible member's medical condition.
- Compatible with the standards of acceptable medical practice in the community.
- Provided in a safe, appropriate and cost-effective setting given the nature of the diagnosis and the severity of the symptoms.
- Not provided solely for the convenience of the member or the convenience of the health care provider or hospital.
- Not primarily custodial care unless custodial care is a covered service or benefit under the members evidence of coverage.

**Emergency Services**

An emergency medical condition shall not be defined or limited based on a list of diagnoses or symptoms. An

emergency medical condition is a medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the physical or mental health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious harm to self or others due to an alcohol or drug abuse emergency; or
- Injury to self or bodily harm to others.

WellCare will consider the following criteria when processing claims for emergency health care services:

- The age of the patient;
- The time and day of the week the patient presented for services;
- The severity and nature of the presenting symptoms;
- The patient's initial and final diagnosis; and
- Any other criteria prescribed by the Department of Community Health, including criteria specific to patients less than 18 years of age.

Once the member's condition is stabilized, the Plan may require prior authorization for hospital admission or follow-up care.

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**Assignment of  
Primary Care  
Physician**

All Plan members are offered freedom of choice in selecting a PCP. PCPs are routinely those physicians who practice in the areas of family practice, general practice, pediatrics or internal medicine or nurse practitioners certified (NP-C) who specialize in family practice or pediatrics. All Plan members must choose a PCP or they will be assigned to a PCP within the Plan's network. To ensure quality and continuity of care, the PCP is responsible for arranging all of the member's health care needs, from providing primary care services, to coordinating referrals to specialists and providers of ancillary or hospital services.

**Changing Primary  
Care Physicians**

Members may change their PCP selection at any time by calling the Customer Service department. The telephone number is found on the **Quick Reference Guide**.

**Women's Health  
Specialists**

PCPs may also provide routine and preventive health care services that are specific to female members. If a female member selects a PCP who does not provide these services, she has the right to direct in-network access to a women's health specialist for covered services related to this type of routine and preventive care.