

**Overview**

The Plan will ensure that members are aware of the role of the PCPs, how to obtain care, what to do in an emergency or urgent medical situation and 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 business days of receiving the notice of enrollment from the Plan.

**Member Rights****Harmony members have the following rights:**

- To get information about the plan, its services, its doctors and health care providers.
- To get information about their rights and responsibilities.
- To know the names and titles of doctors and other health care providers caring for them.
- To be treated with respect.
- To be treated with and dignity.
- To have the right to privacy.
- To decide with their doctor on the care they get.
- To receive information on available treatment options.
- To talk openly about care needed for their health, regardless of cost or benefit coverage, as well as choices and risks involved. The information must be given in a way they understand.
- To know about their health care needs after they get out of the hospital or leave the doctor's office.
- To refuse care, as long as they agree to be responsible for their decision.
- To refuse to take part in any medical research.
- To complain about the plan or the care it provides and to know that if they do it will not affect how they are treated.
- To not be responsible for the plan's debts.
- To be free from any form of restraint or seclusion as a means of force, discipline,

convenience, or revenge.

- To have access to their medical records.
- To obtain a copy of their medical records. And to request that their records be amended or corrected.
- To have their records kept private.
- To make their health care wishes known through Advance Directives.
- To have input in the plans' member rights.
- To appeal medical or administrative decisions by using the plan or the State's grievance process.
- To exercise these rights no matter what their sex, age, race, ethnic, income, education or religion.
- To have all Harmony staff observes these rights.
- To have all the above rights apply to the person legally able to make decisions about their health care.

**Members have a responsibility:**

- To give information that the plan and its doctors and health care providers need to provide care.
- To contact their primary care provider as their first point of contact when needing medical care.
- To follow plans and instructions for care agreed on with their doctor.
- To understand their health problems.
- To help set treatment goals agreed to with their doctor.
- To read the Member Handbook to understand how Harmony works.
- To always carry their Member card.
- To always carry their red or white MO HealthNet card.
- To show their ID cards to each health care provider.
- To schedule appointments for all non-emergency care through their PCP.

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- To get a referral from their PCP for specialty care.
  - To cooperate with the people providing their health care.
  - To be on time for appointments.
  - To notify the doctor's office if they need to cancel or change an appointment.
  - To respect the rights of all health care providers.
  - To respect the property of all health care providers.
  - To respect the rights of other patients.
  - To not be disruptive in their doctor's office.
  - To know the medicines they take; what they are for and how to take them the right way.
  - To make sure their doctor has copies of all previous medical records.
  - To let their plan know within 48 hours, or as soon as possible, if they are admitted to the hospital or receive emergency room care.

**Harmony members have the right to request the following information from Harmony's participating health care providers:**

- Copy of the total bill for services received from member's health care provider;
- Educational background, experience, training, specialty and board certification;
- The names of the licensed facilities in Harmony's network where the health care provider presently has privileges for the treatment, illness, or procedure for which the member is inquiring;
- Information about the health care provider's participation in continuing education programs;
- Compliance with licensure, certification or registration requirements.

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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, primary care physician's name and telephone number, co-payment information, Plan contact information and claims filing 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 anytime. 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.

PCPs may also refer to their current membership listing to verify eligibility. If the member does not appear on the list, you may do one of the following to verify eligibility:

- Access the Plan's Interactive Voice Response (IVR) system. You will need your Provider ID number to access member eligibility.
- Contact the Customer Service department.

To ensure newly enrolled Plan members have immediate access to services, the provider shall accept the member's Medicaid ID Card as proof of enrollment until the member receives the Plan's ID card by following the eligibility verification steps outlined above.

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 never a guarantee of coverage or payment.

See your provider agreement for additional details.

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**Enrollment**

Membership enrollments in the Plan's Medicaid program may be voluntary or by state-mandated assignment.

The Plan accepts members without consideration of the applicant's health condition, sex, race, religious belief, national origin or handicap. 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;
- Rights and responsibilities.

**Assignment of  
Primary Care  
Physician**

All Medicaid Plan members must choose their 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 referral to specialists and providers of ancillary or hospital services.

The following is a summary of responsibilities specific to Primary Care Physicians (PCPs) who render services to Harmony members. These are intended to supplement the terms of the Provider Agreement.

1. Coordinate, monitor and supervise the delivery of primary care services to each member.
2. Provide or arrange for coverage of services, consultation or approval for referrals twenty-four (24) hours per day, seven (7) days per week. To ensure accessibility and availability, PCPs must provide one of the following:

- A 24-hour answering service that connects the member to someone who can render a clinical decision or reach the PCP;
- Answering system with option to page the physician; or
- An advice nurse with access to the PCP or on-call physician.

The PCP must adhere to the standards of timeliness for appointments and in-office waiting times for various types of services that take into consideration the immediacy of the member's needs.

Harmony shall monitor providers against these standards to ensure members can obtain needed health services within the acceptable appointments and in-office waiting times and after-hours. Providers not in compliance with these standards will be required to implement corrective actions set forth by Harmony

PCP - Urgent	<24 Hours
PCP – Non-Urgent	< 1 week / 5 Business days
PCP - Routine	< 30 calendar days
WAIT TIMES	< 60 minutes or less

**Changing Primary Care Physicians**

A member may change his or her PCP at any time by calling the Customer Service department. The requested change will be effective the first day of the month following the request.

**Interpreter and Sign Language Services**

Interpreter and sign language services are available to Plan members through the Customer Service department. PCPs should coordinate these services for Plan members and contact the Plan's Customer Service department if assistance is needed. Please refer to the **Quick Reference Guide** for the Customer Service telephone numbers.