8.308.8.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.308.8.1 NMAC - N, 1/1/2014]

8.308.8.2 SCOPE: This rule applies to the general public.
[8.308.8.2 NMAC - N, 1/1/2014]

8.308.8.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care
programs are administered pursuant to regulations promulgated by the federal department of health and human
services under Title XIX of the Social Security Act as amended or by state statute. See NMSA 1978, Section 27-1-
d 12 et seq.
[8.308.8.3 NMAC - N, 1/1/2014]

8.308.8.4 DURATION: Permanent.
[8.308.8.4 NMAC - N, 1/1/2014]

8.308.8.5 EFFECTIVE DATE: January 1, 2014, unless a later date is cited at the end of a section.
[8.308.8.5 NMAC - N, 1/1/2014]

8.308.8.6 OBJECTIVE: The objective of this rule is to provide instructions for the service portion of the
New Mexico medical assistance programs (MAP).
[8.308.8.6 NMAC - N, 1/1/2014]

8.308.8.7 DEFINITIONS: [RESERVED]

8.308.8.8 [MISSION STATEMENT:-To reduce the impact of poverty on people living in New Mexico by
providing support services that help families break the cycle of dependency on public assistance.] [RESERVED]
[8.308.8.8 NMAC - N, 1/1/2014; A, xx/xx/xxxx]

8.308.8.9 MEMBER EDUCATION: The managed care organization (MCO) shall educate its members
about their rights and responsibilities, covered services and service availability. Member education is initiated when
an eligible recipient becomes a MCO member and includes information provided by HSD and the MCO.]
[RESERVED]
[8.308.8.9 NMAC - N, 1/1/2014; A, xx/xx/xxxx]

8.308.8.10 WRITTEN MEMBER MATERIALS:

A. All written materials will be available in English and all languages spoken by approximately five
percent or more of the MCO’s membership, as determined by the MCO or HSD. Upon consent from the appropriate
native American tribal leadership, the MCO shall make every effort when a written form is not in the member’s
native language to translate the form in the member’s native language.

B. The MCO is responsible for providing a member or potential member with its member handbook
and provider directory, as requested by a member.

1. The MCO shall send such information to the member within 30 calendar days of receipt
of notification of enrollment in the MCO.

2. Thereafter, upon the request from a member, the MCO shall send such information
within 10 calendar days. The MCO shall provide the requestor the option to receive the material in a written or
electronic form or by citation to be found on the member’s MCO’s website.

3. On an annual basis, the MCO shall notify the member of the availability of updated
materials and how to obtain such materials.

C. All written member materials must comply with provisions set forth in 42 CFR 438.10.
[8.308.8.10 NMAC - N, 1/1/2014; A, xx/xx/xxxx]
8.308.8.11 MEMBER RIGHTS AND RESPONSIBILITIES: The managed care organization (MCO) shall provide each member or the member's authorized representative with written information concerning his or her rights and responsibilities.

[A.] Included in its membership information, the MCO shall provide each member written information on his or her rights and responsibilities.

[B.] A. These include the right:
   (1) to be treated with respect and with due consideration for his or her dignity and privacy;
   (2) to receive information on available treatment options and alternatives, presented in a manner appropriate to his or her condition and ability to understand such information;
   (3) to make and have honored his or her advance directive that is consistent with state and federal laws;
   (4) to receive [MCO] covered services in a nondiscriminatory manner;
   (5) to participate in decisions regarding his or her health care, including the right to refuse treatment;
   (6) to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in federal regulations on the use of restraints and seclusion;
   (7) to request and receive a free copy of his or her medical records and to request that those records be amended or corrected; see [45 CFR 164]) to request and receive a copy of his or her medical records and to request that they be amended or corrected as specified in 45 CFR 164.524 and 526;
   (8) to choose an authorized representative to be involved, as appropriate, in making his or her health care decisions;
   (9) to provide informed consent;
   (10) [to voice a grievance concerning the care provided by his or her MCO, and to make use of his or her grievance and appeal process, and his or her HSD administrative hearing process without fear of retaliation] to voice grievances concerning the care provided by the MCO, and to make use of the grievance, appeal, and HSD administrative hearing processes without fear of retaliation;
   (11) to choose from among contracted providers in accordance with his or her MCO’s prior authorization requirements;
   (12) to receive information about covered services and how to access these covered services, and [contracted] providers;
   (13) to be free from harassment by the MCO or its contracted providers in regard to contractual disputes between the MCO and the provider; [and]
   (14) to participate in understanding physical [and] behavioral health problems and developing mutually agreed-upon treatment goals; and
   (15) to be assured that the MCO complies with any other applicable federal and state laws including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

[C.] B. The MCO shall ensure that each member or his or her authorized representative is free to exercise his or her rights, and the exercise of those rights does not adversely affect the way that the MCO or its contracted provider treat the member or his or her authorized representative. The MCO shall ensure that each member or the member’s authorized representative is free to exercise his or her rights, and the exercise of those rights does not adversely affect the way that the MCO or provider treats the member or member’s authorized representative.

[D.] C. The member or his or her authorized representative, to the extent possible, has a responsibility:
   (1) to provide information that the MCO and [its contracted] providers need in order to care for the member, such information includes, but is not limited to the member’s:
      (a) most current mailing address;
      (b) most current email address, if one is available;
      (c) most current phone number, including any land line and cell phone, if available;
      (d) most current emergency contact information;
   (2) to follow the care plans and instructions from his or her provider that have been agreed upon;
   (3) to keep a scheduled appointment; and
   (4) to reschedule or cancel a scheduled appointment rather than simply fail to keep it.
8.308.8.12 MEMBER HEALTH RECORDS: The MCO shall provide [a member with access to electronic versions] [its members with access to an electronic version] of his or her personal health records.

8.308.8.13 MEMBER HEALTH EDUCATION: The MCOs shall provide health education to its members. Health education is intended to advise or inform the MCO members about issues related to healthy lifestyles, situations that affect or influence health status, behaviors that affect or influence health status or methods of medical treatment.

A. The MCO shall develop a member health education plan that [includes] [uses] classes, individual or group sessions, videotapes, written materials, media campaigns and modern technologies (e.g. mobile applications and tools).

1. All [instructional] [educational] materials shall be provided in a manner and format that is easily understood by a member.

2. The MCO shall notify [a member] [its members] of the schedule of educational events and shall post such information on its website.

B. The MCO shall distribute a quarterly newsletter that is intended to educate members about the managed care system, the proper utilization of services, and to encourage utilization of preventative care services.

8.308.8.14 MEMBER WEBSITE: The MCO [should] [shall] have a member portal on its website that is available to all members and potential members, and contains accurate, up-to-date information about the MCO to include, services provided, the preferred drug list, the provider directory, member handbook, frequently asked questions (FAQs), [and] contact phone numbers and [its] email addresses as set forth in 42 CFR 438.10. A member or potential member shall have access to the member handbook and provider directory via the website without having to log-in.

8.308.8.15 MEMBER TOLL-FREE LINE: The MCO shall operate a call center with a toll-free phone line to respond to member questions, concerns, inquiries and complaints from a member and his or her provider. The line shall be equipped to handle calls from an individual with limited English proficiency, as well as calls from a member who is hearing impaired. It should be staffed 24 hours a day, seven days a week, with qualified nurses to triage urgent care and emergency calls from a member, and when necessary, to facilitate the transfer of such calls to a care coordinator.

8.308.8.16 MEMBER ADVISORY BOARD: [The MCO shall convene an advisory board of that meets quarterly and reflects appropriate representation of its membership] The MCO shall convene advisory boards that meet quarterly and are representative of its membership. The advisory board shall advise the MCO on issues concerning service delivery, quality of its covered services, and other member issues as needed or as directed by HSD.

HISTORY OF 8.308.8 NMAC: [RESERVED]