

INDEX

8.307.2 MEMBER EDUCATION

8.307.2.1 ISSUING AGENCY1

8.307.2.2 SCOPE1

8.307.2.3 STATUTORY AUTHORITY.....1

8.307.2.4 DURATION.....1

8.307.2.5 EFFECTIVE DATE1

8.307.2.6 OBJECTIVE1

8.307.2.7 DEFINITIONS.....1

8.307.2.8 MISSION STATEMENT1

8.307.2.9 MEMBER EDUCATION1

This page intentionally left blank

TITLE 8 SOCIAL SERVICES
CHAPTER 307 COORDINATED LONG-TERM SERVICES
PART 2 MEMBER EDUCATION

8.307.2.1 ISSUING AGENCY: Human Services Department
 [8.307.2.1 NMAC - N, 8-1-08]

8.307.2.2 SCOPE: This rule applies to the general public.
 [8.307.2.2 NMAC - N, 8-1-08]

8.307.2.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended, and by the state human services department pursuant to state statute. See NMSA 1978 Section 27-2-12 et. seq.
 [8.307.2.3 NMAC - N, 8-1-08]

8.307.2.4 DURATION: Permanent
 [8.307.2.4 NMAC - N, 8-1-08]

8.307.2.5 EFFECTIVE DATE: August 1, 2008, unless a later date is cited at the end of a section.
 [8.307.2.5 NMAC - N, 8-1-08]

8.307.2.6 OBJECTIVE: The objective of these rules is to provide policies for the service portion of the New Mexico medicaid coordination of long-term services program.
 [8.307.2.6 NMAC - N, 8-1-08; A, 9-1-09]

8.307.2.7 DEFINITIONS: See 8.307.1.7 NMAC.
 [8.307.2.7 NMAC - N, 8-1-08]

8.307.2.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
 [8.307.2.8 NMAC - N, 8-1-08; A, 9-1-09]

8.307.2.9 MEMBER EDUCATION: Medicaid members or their legal guardian(s) shall be educated about their rights and responsibilities; service availability and administrative rules under the coordination of long-term services program; and the meaning of member direction and how to exercise their right to make choices about their services. Member education is initiated when a member becomes eligible for medicaid and is augmented by information provided by the human services department (HSD) or its designee and the coordination of long-term services managed care organization (CoLTS MCO) or the single statewide entity (SE). The CoLTS MCO shall employ sufficient staff to coordinate communication with members and perform other member services functions, including problem resolution and inquiries, as designated.

A. **Policies and procedures:** The CoLTS MCO shall have and comply with written policies and procedures regarding the treatment of minors; adults who are in the custody of the state; children and adolescents who are under the jurisdiction of the children, youth and families department; and any individual who is unable to exercise rational judgment or give informed consent under applicable federal and state laws and regulations. The CoLTS MCO shall maintain and comply with written policies and procedures:

- (1) that describe a process to detect, measure and eliminate operational bias or discrimination against enrolled members by the CoLTS MCO and its subcontractors;
- (2) regarding the right of members or their legal guardian(s) to select a primary care provider (PCP) and to make decisions regarding needed social services and supports;
- (3) governing the development and distribution of marketing materials for members;
- (4) that are available to members or their representative(s), upon request, for review during normal business hours;
- (5) with respect to advance directives, the CoLTS MCO shall provide adult members with written

information on advance directive policies that includes a description of applicable state laws and regulations; the information must reflect changes in state laws and regulations no later than 90 days after the effective date of such changes; and

(6) to ensure through its network providers that:

(a) written information is provided to adult members concerning their rights to accept or refuse medical or surgical treatment or home and community-based services, and to formulate advance directives; including the CoLTS MCO's policies and procedures with respect to the implementation of such rights;

(b) documentation exists in the member's record concerning whether or not the member has executed an advance directive;

(c) discrimination is prohibited against a member in the provision of services or based on whether the member has executed an advance directive;

(d) compliance with federal and state laws and regulations is met;

(e) education is provided for staff and the community on issues concerning advance directives;

and

(f) members are informed that complaints concerning noncompliance with advance directive requirements may be filed with the state survey and certification agency, currently the department of health;

(7) to ensure provider notification to the member regarding abnormal results of diagnostic laboratory, diagnostic imaging and other testing, and, if clinically indicated, informing the member of a scheduled follow-up visit; confirmation of this shall be documented in the member's record at the service provider's office; and

(8) to ensure that its network providers and facilities are in compliance with the Americans with Disabilities Act (ADA), 42 USC Section 12101, et seq. and its regulations.

B. Initial information: The education of the member is initiated by the eligibility determination agencies. HSD or its designee distributes information about medicaid coordination of long-term services and the enrollment process to these agencies.

C. Enrollment information: Once a member is determined to be a CoLTS MCO/SE mandatory participant, HSD or its designee will provide the member with information about services included in the CoLTS MCO/SE benefit package and the CoLTS MCOs from which the member can choose to enroll as a member, including information about the member's disenrollment rights at the time of enrollment and annually thereafter.

D. Informational materials: The CoLTS MCO/SE is responsible for providing members and potential members a member handbook and a provider directory within 30 calendar days of being notified of the member's enrollment, or upon request by a potential member, a member or the state. The CoLTS MCO/SE may direct a member requesting a member handbook or provider directory to an internet site, unless the member makes a specific request for a printed document. The member handbook and provider directory shall be available in formats other than English. If there is a prevalent population of five percent or more within the CoLTS MCO/SE membership, as determined by the CoLTS MCO/SE or HSD or its designee, these materials shall be made available in the language of the identified prevalent population. The state must grant prior approval of all informational materials used by the CoLTS MCO or the SE.

(1) The CoLTS MCO member handbook must include the following:

(a) CoLTS MCO/SE demographic information, including the organization's hotline telephone number;

(b) information on how to obtain services such as after-hour and emergency services, including the 911 telephone system or its local equivalent;

(c) member bill of rights and member responsibilities, including any restrictions on the member's freedom of choice among network providers;

(d) information regarding language accessibility;

(e) information pertaining to coordination of services by and with primary care providers (PCPs);

(f) information regarding the member's right of access to and coverage of emergency services, including the fact that the member has a right to use any hospital or other setting for emergency services; and what constitutes an emergency medical condition, emergency services, and post-stabilization services;

(g) amount, duration and scope of mandatory benefits;

(h) information on accessing behavioral health or other specialty services;

(i) limitations on the receipt of services from out-of-network providers;

(j) list of services for which prior authorization or a referral is required and the method of obtaining both as well as clarification that prior authorization is not required for emergency services;

(k) policy on referrals for specialty services and other benefits not furnished by the member's

PCP;

(l) notice to members about the grievance process, appeals process, and HSD's fair hearing process;

(m) information on the member's right to terminate enrollment and the process for voluntarily disenrolling from the plan;

(n) information regarding advance health directives;

(o) information regarding obtaining a second opinion;

(p) information on cost sharing, if any;

(q) how to obtain information, upon request, determined by HSD or its designee as essential during the member's initial contact with the CoLTS MCO, which may include a request for information regarding the CoLTS MCO's structure, operation, and physician's or senior staff's incentive plans;

(r) populations excluded from enrollment and subject to mandatory enrollment;

(s) physical health benefits under the medicaid state plan that are not covered by the contract, and how the member will be able to access those benefits;

(t) the CoLTS MCO's policy on referrals for specialty services, long-term services and supports and other benefits;

(u) language to clearly explain that a Native American member may self-refer to an Indian health service (IHS) or tribal health care facility for services; and a separate section with a listing of all IHS and tribal facilities, including hospitals, outpatient clinics, pharmacies and dental clinics; and

(v) information regarding the birthing option plan.

(2) The SE member handbook shall include the following:

(a) MCO/SE demographic information, including the organization's hotline telephone number;

(b) information on how to obtain services such as after-hours and emergency services, including the 911 telephone system or its local equivalent;

(c) member bill of rights and member responsibilities, including any restrictions on the member's freedom of choice among network providers;

(d) information pertaining to coordination of care with PCPs;

(e) how to obtain care in emergency and urgent conditions;

(f) description of mandatory benefits;

(g) information on accessing behavioral health services, including a discussion of the member's rights to self-refer;

(h) limitations to the receipt of care from out-of-network provider;

(i) a list of services for which prior authorization or a referral is required and the method of obtaining both;

(j) notice to members about the grievance process and about HSD's fair hearing process;

(k) information regarding advance directives;

(l) information regarding obtaining a second opinion;

(m) information on cost sharing, if any;

(n) how to obtain information, upon request, determined by HSD as essential during the member's initial contact with the SE, which may include a request for information regarding the SE's structure, operation, and physician's or senior staff's incentive plans; and

(o) language that clearly explains that a Native American CoLTS MCO member may self-refer to an Indian health service or a 638 tribal health care facility for services.

(3) The provider directory must include the following:

(a) CoLTS MCO/SE addresses and telephone numbers;

(b) CoLTS MCO: a listing of primary care and specialty providers with the identity, location, phone number, qualifications, area of special expertise, and non-English languages spoken; CoLTS MCO contracted specialty providers for self-referral shall include, but not be limited to, urgent and emergency care providers, IHS, other Native American providers, including hospitals, outpatient clinics, pharmacies and dental clinics;

(c) SE: a listing of behavioral health providers with the name, location, phone number, and qualifications to include area of special expertise and non-English languages spoken that would be helpful to individuals; and

(d) the material shall be available electronically or in a written copy, in a manner and format that can be easily understood by all identified prevalent populations.

E. Other requirements:

(1) The CoLTS MCO/SE shall provide the member handbook and provider directory to enrolled

members within 30 calendar days of enrollment.

(2) A listing of all benefits, services and goods, including preventive and long-term services included in and excluded from coverage shall be made available to members in a one-page, two-sided summary format, distinguishing between services available pursuant to the state's approved section 1915(b) and section 1915(c) waivers.

(3) The CoLTS MCO shall send out a questionnaire to all new members that must include a question regarding the new member's primary spoken or written language within 30 calendar days of enrollment.

(4) The handbook and directory shall: be provided in a comprehensive, understandable format that takes into consideration special needs populations; be written in accordance with federal mandates; and meet communication requirements delineated in 8.307.8.15 NMAC, *member bill of rights*. This information may also be accessible via the internet, and must be provided to HSD or its designee as requested.

(5) Oral and sign language interpretation must be made available free of charge to members and potential members upon request, and be available in all non-English languages.

(6) The handbook and directory must be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency. The CoLTS MCO must have a process in place for notifying potential members and members of the availability of these alternative formats.

(7) The member handbook shall be approved by HSD or its designee prior to distribution to medicaid members. The SE's behavioral health member (or consumer) handbook shall be approved by HSD or its designee prior to distribution.

(8) Notification of material changes in the administration of the CoLTS MCO/SE, changes to the CoLTS MCO's/SE's provider network, significant changes in applicable state law, and any other information deemed relevant by HSD or its designee shall be distributed to the CoLTS MCO's members 30 days prior to the intended effective date of the change. In addition, the CoLTS MCO/SE shall make a good faith effort to give written notice of termination of a contracted provider to affected members within 15 days after receipt or issuance of termination notice.

(9) Notification about any of these changes may be made without reprinting the entire handbook.

(10) The CoLTS MCO/SE shall notify all members at least once per year of their right to request and obtain member handbooks and provider directories.

F. CoLTS MCO/SE policies and procedures on member education: The CoLTS MCO/SE shall maintain policies and procedures governing the development and distribution of educational material for members. Policies shall address how members and potential members receive information, the means of dissemination, and the content, comprehension level, and languages of this information. The CoLTS MCO/SE shall have written policies and procedures regarding the utilization of information on race, ethnicity, and primary language spoken by its membership.

G. Health education: The CoLTS MCO/SE shall provide a continuous program of health education without cost to members. Such a program may include publications (brochures, newsletters), electronic media (films, videotapes), presentations (seminars, lunch-and-learn sessions) and classroom instruction. HSD or its designee shall not approve health education materials. The CoLTS MCO/SE shall provide programs of wellness education, including programs provided to address the social, physical, behavioral and emotional consequences of high-risk behaviors.

H. Maintenance of toll-free line: The CoLTS MCO/SE shall maintain one or more toll-free telephone lines that are accessible 24 hours a day, seven days a week, to facilitate member access to a qualified clinical staff to answer health-related questions. CoLTS MCO/SE members may also leave voice mail messages to obtain other CoLTS MCO/SE policy information and to register grievances with the CoLTS MCO/SE. The CoLTS MCO/SE shall return the telephone call by the next business day.

I. Member services meetings: The CoLTS MCO/SE shall meet as requested with HSD or its designee's staff for member services meetings. Member services meetings are held to plan outreach and medicaid enrollment activities and events that will be jointly conducted by the CoLTS MCO/SE and HSD or its designee's outreach staff.

[8.307.2.9 NMAC - N, 8-1-08; A, 9-1-09]

HISTORY OF 8.307.2 NMAC: [RESERVED]