

### 3 MEMBER EDUCATION

Revision Dates: August 15, 2014

Effective Date: January 1, 2014

#### **POLICIES AND PROCEDURES**

The MCO 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 MCO shall have written policies and procedures regarding the utilization of information on race, ethnicity, and primary language spoken by its membership.

All written member materials distributed shall include a language block that informs the member that the document contains important information and directs the member to call the MCO to request the document in an alternative language or to have it orally translated at no expense to the member. The language block shall be printed, at a minimum, in the non-English languages meeting the requirement of Subsection A of 8.308.8.10 NMAC.

Once a member has requested member material in an alternate format or language, the MCO shall provide all subsequent member materials to the member in such a format unless the member requests otherwise.

The MCO shall provide written notice to members of any material changes to written member materials previously sent at least thirty (30) calendar days before effective date of the change.

#### **MEMBER EDUCATION PRIOR APPROVAL PROCESS**

The MCO shall submit ~~to HSD, through its Contract Manager,~~ all written materials that will be distributed to Members (referred to as Member Materials) to HSD's Communication and Education Bureau's Marketing Coordinator and copy its Contract Manager. This includes but is not limited to Member Handbooks, Provider Directories, Member Newsletters, Member ID cards and, upon request, any other additional, but not required, materials and information provided to Members designed to promote health and/or educate Members.

All Member Materials must be submitted to HSD in electronic file media, in the format prescribed by HSD and in accordance with Paragraph E of Section 11 of the Manual. The MCO shall submit the reading level and the methodology used to measure it concurrent with all submissions of Member Materials and include a plan that describes the MCO's intent for the use of the Member Materials.

HSD shall review the submitted Member Materials and either approve or deny them

within fifteen (15) Calendar Days from the date of submission. [The “15 day” timeframe for approval shall only apply to the specific date of the initial submission. Modifications of any type would need to be resubmitted, which may delay approval.](#)

Prior to modifying any approved Member Material(s), the MCO shall submit to HSD for prior written approval a detailed description of the proposed modifications in accordance with this section of the Manual.

### **MEMBER HANDBOOK**

The MCO member handbook must include the following:

1. MCO demographic information, including the organization’s hotline telephone number and hours of operation.
2. Information on how to obtain services such as after-hours and emergency services, including the 911 telephone system or its local equivalent, and Nurse Advice line.
3. Member bill of rights and member responsibilities, including any restrictions on the member’s freedom of choice among network providers.
4. Information pertaining to coordination of care by and with PCPs (within the MCO) as well as information pertaining to transition of care (between the MCOs).
5. How to obtain care in emergency and urgent conditions and that prior authorization is not required for emergency services.
6. The amount, duration and scope of mandatory benefits.
7. Information on accessing behavioral health or other specialty services, including a discussion of the member’s rights to self-refer to in-plan and out-of-plan family planning providers, a female member’s right to self-refer to a women’s health specialist within the network for covered care, and that members may self-refer for behavioral health services and are not required to visit their primary care physician first.
8. Limitations to the receipt of care from out-of-network providers.
9. A list of services for which prior authorization or a referral is required and the method of obtaining both.
10. Information on Utilization Management (UM) Services.
11. A policy on referrals for specialty care and other benefits not furnished by the member’s PCP.
12. Information on how to obtain pharmacy services.
13. Notice to members about the grievance process and about HSD’s fair hearing process.
14. Information on the member’s right to terminate enrollment and the process for voluntarily dis-enrolling from the plan.
15. Information on the MCO switch process.
16. Information on how members change their demographic information.

17. Information regarding advance directives including advance directives for behavioral health.
18. Information regarding how to obtain a second opinion.
19. Information on cost sharing, if any.
20. How to obtain information, upon request, determined by HSD as essential during the member's initial contact with the MCO, which may include a request for information regarding the MCO's structure, operation, and physician's or senior staff's incentive plans.
21. Value added benefits which are not covered by the contract and how the member may access those benefits.
22. Information regarding the birthing option program.
23. Language that clearly explains that a Native American member may self-refer to an Indian health service or a tribal health care facility for services.
24. Information on how to report fraud, waste and abuse.
25. Information on member's privacy rights.

## **PROVIDER DIRECTORIES**

The MCO may choose to maintain regionalized provider directories by Northern, Southern and Central regions of the State; however, each regionalized provider directory must include telephone numbers for crisis lines, Member Services line, all out of state providers and Bernalillo County providers. Information on how to access these regionalized provider directories online or request a copy should be indicated on the MCO's website and in the Member Handbook.

## **THE MEMBER IDENTIFICATION (ID) CARD**

The ID card shall be durable (e.g., plastic or other durable paper stock but not regular paper stock), shall comply with all State and federal requirements and, at a minimum, shall include:

1. The MCO's name and issuer identifier, with the company logo.
2. Phone numbers for information and/or authorizations, including for physical health, Behavioral Health, and Long-Term Care services.
3. Descriptions of procedures to be followed for emergency or special services.
4. The Member's identification number.
5. The Member's name (first and last name and middle initial).
6. The Member's date of birth.
7. The Member's enrollment effective date.
8. The Member's PCP.

9. Expiration date (the Member's eligibility review date for the next calendar year).
10. The Health Insurance Portability and Accountability Act (HIPAA) adopted identifier, if applicable.
11. Whether the Member is enrolled in the Alternative Benefit Plan.

### **MEMBER ADVISORY BOARD**

The MCO shall convene and facilitate a Member Advisory Board and adhere to all requirements below. Member Advisory Board members shall serve to advise the MCO on issues concerning service delivery and quality of all Covered Services (e.g., Behavioral Health, physical health and Long-Term Care), Member rights and responsibilities, resolution of Member Grievances and Appeals and the needs of groups represented by Member Advisory Board members as they pertain to Medicaid.

The Member Advisory Board shall consist of Members (with representation of all Medicaid populations enrolled in the MCO), family members, and providers. The MCO shall have an equitable representation of its Members in terms of race, gender, special populations, and New Mexico's geographic areas. The MCO shall submit its list of selected members serving on the advisory board annually by February 1st.

The MCO's Member Advisory Board shall keep a written record of all attempts to invite and include its Members in its meetings. The Member Advisory Board roster and minutes shall be made available to HSD ten (10) Calendar Days following the meeting date.

The MCO shall hold quarterly, centrally located Member Advisory Board meetings throughout the term of the Agreement. The MCO shall advise HSD ten (10) Calendar Days in advance of meetings to be held.

In addition to the quarterly meetings, the MCO shall hold at least two (2) additional statewide Member Advisory Board meetings each Contract year that focus on.

Member issues to help ensure that Member issues and concerns are heard and addressed. Attendance rosters and minutes for these two (2) statewide meetings shall be made available to HSD within ten (10) Calendar Days following the meeting date.

The MCO shall ensure that all Member Advisory Board members actively participate in deliberations and that no one Board member dominates proceedings in order to foster an inclusive meeting environment.

### **MEMBER SATISFACTION SURVEY**

The MCOs shall attend and participate in the survey planning process with the New Mexico Consumer/Family/Caregiver and Youth Satisfaction Project (C/F/YSP) State Steering Committee, made up of HSD staff (MAD and BHSD on behalf of the Collaborative), and take direction from that committee in activities related to the C/F/YSP as follows:

1. Generate and provide to the HSD a random sample of individuals receiving at least one service in the first six months of the each State Fiscal Year as defined in the

agreed upon parameters by the C/F/YSP State Steering Committee. The sample will be uploaded to a secure portal.

2. Develop a Scope of Work (SOW) for a consumer-run business to conduct the annual Consumer Satisfaction Survey. The survey shall consist of the Adult, Family/Caregiver and Youth Survey and shall be completed telephonically and face-to-face.

Contract directly with a consumer-run business. The MCOs will retain financial responsibility for this function.

1. Monitor the contract with the consumer-run business to ensure all deliverables are met within timelines established by the C/F/YSP State Steering Committee.
2. Develop a Survey Procedure Manual to document survey procedures and protocols that will be utilized in training Consumer-run agency surveyors conducting telephonic and face-to-face surveys of consumers and family members. A full documentation manual of the training will be developed that can be used for reference or for new hires. An electronic and hard copies will be retained by the consumer run business and HSD. The years, if the training material changes, the MCOs would be responsible for modifying the existing manual and providing the new version to the consumer run business and HSD.
3. Provide training to the surveyors of the consumer-run business on phone and face-to-face survey protocol.

The MCOs shall provide the training to the surveyor on ONLY survey methodology, including phone and face-to-face etiquette on:

1. How the surveyor should conduct themselves during the phone interview.
2. What the rules are (such as surveyor cannot email completed survey to consumer due to the HIPPA laws).

This training shall not include the use of the database tool for data collection. This training includes the methodology for conducting the survey to ensure that: consumer survey participants understand the survey questions, surveyors are professional and considerate in their delivery, confidentiality and privacy statutes and rules are understood and adhered to by surveyors and

that inter-rater reliability is established. The MCOs will retain financial responsibility for this function. Inter-rater reliability as used in this document is intended to mean that all surveyors use the same survey methodology and approach (standardized) in order to elicit the same response from a survey participant.

1. Conduct an evaluation of the consumer/family surveyor training and the implementation of the instrument within 10 business days of the training being conducted.
2. Send Letters of Introduction to the facilities where the face-to-face survey is to be conducted.
3. Provide written survey status updates to the C/F/YSP State Steering Committee as requested. The C/F/YSP committee, which shall include a representative of each MCO, creates the timeline every year based on the required tasks for completing the project. Each member provides input regarding due dates of their particular tasks and

all parties of the committee agree upon the final timeline. The C/F/YSP committee creates the timeline in the first quarter of each fiscal year.

4. Review survey data results and identify interventions and metrics for system improvement(s) with the C/F/YSP State Steering Committee.
5. Report on performance improvement project(s) related to survey findings to HSD as requested.
6. Based on the results of the survey, the MCOs will perform any additional statistical analysis they feel necessary for quality improvement activities related to the survey results and will retain financial responsibility for this function.

The state C/F/YSP State Steering Committee will develop and maintain the database tool used for collection, storage and reporting of survey data.

1. Provide training to the Consumer-run agency on survey data collection specific to the use of the database tool. Included in this training is a Survey Data Collection Instruction Manual, specific to the use of the database tool. Analyze and compile the results of the survey into an appendix.
2. Write and publish the annual Consumer Satisfaction Project Report.
3. Populate five Uniform Reporting System (URS) tables with the results of the C/FYSP as per SAMHSA.