

**STATE COVERAGE INSURANCE (SCI)  
MEMBER EDUCATION  
Tribal Consultation Version 10.15.2013**

**TITLE 8 SOCIAL SERVICES  
CHAPTER 306 STATE COVERAGE INSURANCE (SCI)  
PART 2 MEMBER EDUCATION**

**8.306.2.1 ISSUING AGENCY:** Human Services Department  
[8.306.2.1 NMAC - N, 7-1-05]

**8.306.2.2 SCOPE:** This rule applies to the general public.  
[8.306.2.2 NMAC - N, 7-1-05]

**8.306.2.3 STATUTORY AUTHORITY:** New Mexico Statutes Annotated, 1978 (Chapter 27, Articles 1 and 2) authorize the state to administer the medicaid program. The State Coverage Insurance (SCI) program is authorized under a health insurance flexibility and accountability (HIFA) waiver under section 1115 of the Social Security Act for the parent population and a medicaid demonstration waiver under section 1115 for the childless adult population, both subject to special terms and conditions.  
[8.306.2.3 NMAC - N, 7-1-05; A, 6-1-10]

**8.306.2.4 DURATION:** The SCI program is operated subject to continuation of the state's HIFA waiver and the medicaid demonstration waiver, and subject to availability of funds.  
[8.306.2.4 NMAC - N, 7-1-05; A, 6-1-10]

**8.306.2.5 EFFECTIVE DATE:** July 1, 2005, unless a later date is cited at the end of a section.  
[8.306.2.5 NMAC - N, 7-1-05]

**8.306.2.6 OBJECTIVE:** The objective of these regulations is to provide policies for the service portion of the New Mexico state coverage insurance program.  
[8.306.2.6 NMAC - N, 7-1-05]

**8.306.2.7 DEFINITIONS:** See 8.306.1.7 NMAC.  
[8.306.2.7 NMAC - N, 7-1-05]

**8.306.2.8 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 community.  
[8.306.2.8 NMAC - N, 7-1-05; A, 7-1-09]

**8.306.2.9 MEMBER EDUCATION:** SCI members shall be advised of their rights, responsibilities, service availability and administrative roles under SCI. Member education is initiated when a member becomes eligible for SCI with information provided by HSD and the managed care organization (MCO).

A. **Initial information:** Various outreach and media strategies are designed to reach employers, employees, as well as non-employed individuals; to ensure that all eligible New Mexicans are aware of the availability of SCI. Marketing is especially targeted to employers not currently offering insurance as well as to employers who offer insurance but whose employees cannot afford the required premium sharing. Initial member education is provided by the MCO and brokers and through outreach materials available from HSD.

B. **MCO enrollment information:** Once an individual enrollee or employee is determined to be eligible for the SCI program, his employer, broker, or MCO will provide the member information about services included in the MCO benefit package.

C. **Informational materials:** The MCO is responsible for providing members and potential members, upon request, a member handbook and a provider directory. The member handbook and the provider directory shall be available in languages other than English, if there is a greater than five percent incidence of another language spoken within the MCO membership as determined by the MCO or HSD.

(1) The member handbook shall include the following:

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

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- (b) information on how to obtain services such as after-hours and emergency services, including the 911 telephone system or its local equivalent;
  - (c) patient 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 by and with PCPs;
  - (e) how to obtain care in emergency and urgent conditions and that prior authorization is not required for emergency services;
  - (f) the amount, duration and scope of benefits;
  - (g) information on accessing behavioral health or other specialty services,
  - (h) limitations to the receipt of care from out-of-network providers for non-emergency care;
  - (i) a list of services for which prior authorization or a referral is required and the method of obtaining both;
  - (j) a policy on referrals for specialty care and other benefits not furnished by the member's PCP;
  - (k) notice to members about the grievance process and about HSD's fair hearing process;
  - (l) information on the member's right to terminate enrollment and the process for voluntarily disenrolling from the plan;
  - (m) information regarding advance directives;
  - (n) information regarding obtaining a second medical opinion;
  - (o) information on cost sharing, cost sharing maximums and maximum benefit amounts per benefit year;
  - (p) how to obtain information, 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;
  - (q) information regarding the birthing option program; and
  - (r) language that clearly explains that a Native American SCI member may self-refer to an Indian health service or tribal health care facility for services.
- (2) The provider directory shall include the following:
- (a) MCO addresses and telephone numbers;
  - (b) a listing of primary care and self-refer specialty providers with the name, location, phone number, and qualifications including areas of special expertise and non-English languages spoken that would be helpful to members; MCO-contracted specialty providers for self-referral shall include, but not be limited to, point-of-entry behavioral health providers, urgent and emergency care providers, Indian health service and tribal health care providers including hospitals, outpatient clinics, and pharmacies; and
  - (c) the material shall be available in a manner and format that can be easily understood by all populations who exceed a greater than five percent incidence in the total MCO membership as identified by the MCO and HSD.
- D. Other requirements:**
- (1) The MCO shall provide the member handbook and provider directory to enrolled members within 30 calendar days of enrollment.
  - (2) The handbook and directory shall be provided in a comprehensive, understandable format that takes into consideration the special needs population, is in accordance with federal mandates and meets communication requirements delineated in 8.305.8.15 NMAC, *member bill of rights*. This information may also be accessible via the internet and be provided as requested by HSD. The MCO shall have a process in place for notifying members of the availability of this information in alternative formats.
  - (3) Oral and sign language interpretation shall be made available free of charge to members and to potential members, upon request, and be available in non-English languages for populations that exceed a greater than five percent incidence within the MCO's membership as defined by the MCO and HSD.
  - (4) The member handbook shall be approved by HSD prior to distribution to SCI members.
  - (5) Notification of material changes in the administration of the MCO changes in the MCO's provider network, significant changes in applicable state law, and any other information deemed relevant by HSD shall be distributed to the members 30 days prior to the intended effective date of the change. In addition, the MCO shall

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make a good faith effort to give written notice of termination of a contracted provider within 15 days after receipt or issuance of a termination notice.

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

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

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

F. **Health education:** The MCO 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. The MCO shall provide programs of wellness education, including programs provided to address the social, physical, behavioral and emotional consequences of high-risk behaviors. HSD approval of health education materials is not required.

G. **Maintenance of toll-free line:** The MCO 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. MCO members may also leave voice mail messages to obtain other MCO policy information and to register grievances with the MCO. The MCO shall return the telephone call by the next business day.

[8.306.2.9 NMAC - N, 7-1-05; A, 7-1-09]

**HISTORY OF 8.306.2 NMAC:** [RESERVED]