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**8.305.2 MEMBER EDUCATION**

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**TITLE 8 SOCIAL SERVICES**  
**CHAPTER 305 MEDICAID MANAGED CARE**  
**PART 2 MEMBER EDUCATION**

**8.305.2.1 ISSUING AGENCY:** Human Services Department  
[8.305.2.1 NMAC - Rp 8.305.2.1 NMAC, 7-1-04]

**8.305.2.2 SCOPE:** This rule applies to the general public.  
[8.305.2.2 NMAC - Rp 8.305.2.2 NMAC, 7-1-04]

**8.305.2.3 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.  
[8.305.2.3 NMAC - Rp 8.305.2.3 NMAC, 7-1-04]

**8.305.2.4 DURATION:** Permanent  
[8.305.2.4 NMAC - Rp 8.305.2.4 NMAC, 7-1-04]

**8.305.2.5 EFFECTIVE DATE:** July 1, 2004, unless a later date is cited at the end of a section.  
[8.305.2.5 NMAC - Rp 8.305.2.5 NMAC, 7-1-04]

**8.305.2.6 OBJECTIVE:** The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid managed care program.  
[8.305.2.6 NMAC - Rp 8.305.2.6 NMAC, 7-1-04]

**8.305.2.7 DEFINITIONS:** See 8.305.1.7 NMAC.  
[8.305.2.7 NMAC - Rp 8.305.2.7 NMAC, 7-1-04]

**8.305.2.8 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.  
[8.305.2.8 NMAC - Rp 8.305.2.8 NMAC, 7-1-04; A, 7-1-09]

**8.305.2.9 MEMBER EDUCATION:** Medicaid members shall be educated about their rights, responsibilities, service availability and administrative roles under the managed care program. Member education is initiated when a member becomes eligible for medicaid and is augmented by information provided by HSD and the managed care organization (MCO) or the single statewide entity (SE).

A. **Initial information:** The education of the member is initiated by the eligibility determination agencies. HSD distributes information about medicaid managed care and the enrollment process to these agencies.

B. **MCO/SE enrollment information:** Once a member is determined to be an MCO/SE mandatory enrollee, HSD will provide to the member information about services included in the MCO/SE benefit package, and the MCOs from which the member can choose to enroll as a member.

C. **Informational materials:** The MCO/SE 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 formats other than English. If there is a prevalent population of five percent within the MCO/SE membership, as determined by the MCO/SE or HSD, these materials shall be made available in the language of the identified prevalent population.

(1) The MCO member handbook must 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 by and with PCPs (within the MCO/SE) as well as information pertaining to transition of care (between the MCOs);

- (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 mandatory benefits;
  - (g) 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 and a female member's right to self-refer to a women's health specialist within the network for covered care;
  - (h) limitations to the receipt of care from out-of-network providers;
  - (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 opinion;
  - (o) information on cost sharing, if any;
  - (p) 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;
  - (q) populations excluded from enrollment, subject to mandatory enrollment, or free to enroll voluntarily in the program;
  - (r) physical health benefits under the state medicaid plan which are not covered by the contract and how the member will be able to access those benefits;
  - (s) information regarding the birthing option program; and
  - (t) language that clearly explains that a Native American Salud! member may self-refer to an Indian health service or a tribal health care facility for services.
- (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 providers;
  - (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 Salud! member may self-refer to an Indian health service or a tribal health care facility for services.
- (3) The provider directory must include the following:
- (a) MCO/SE addresses and telephone numbers;
  - (b) MCO: a listing of primary care and self-refer specialty providers with the identity, location, phone number, and qualifications to include area of special expertise and non-English languages spoken that would be helpful to individuals; MCO contracted specialty providers for self-referral shall include, but not be limited to, urgent and emergency care providers, and Indian health service and tribal health care 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 including Indian health service and tribal behavioral health providers; and

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

**D. Other requirements:**

(1) The MCO/SE shall provide to enrolled members the member handbook and provider directory 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, and 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/SE shall have a process in place for notifying potential members and members of the availability of this information in alternate formats.

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

(4) The member handbook shall be approved by HSD 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.

(5) Notification of material changes in the administration of the MCO/SE, changes to the MCO's/SE'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/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.

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

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

**E. MCO/SE policies and procedures on member education:** The 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 MCO/SE 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/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 shall not approve health education materials. The MCO/SE shall provide programs of wellness education, including programs provided to address the social, physical, behavioral and emotional consequences of high-risk behaviors.

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

**H. Member services meetings:** The MCO/SE shall meet as requested with HSD staff for member services meetings. Member services meetings are held to plan outreach and medicaid enrollment activities and events which will be jointly conducted by the MCO/SE and HSD outreach staff.

[8.305.2.9 NMAC - Rp 8.305.2.9 NMAC, 7-1-04; A, 7-1-05; A, 7-1-07; A, 7-1-09]

**HISTORY OF 8.305.2 NMAC:** The material in this part was derived from that previously filed with the Commission of Public Records - State Records Center and Archives:  
8 NMAC 4.MAD.606.1.2, Managed Care Policies, Member Education, 6-19-97.

**History of Repealed Material:**

8 NMAC 4.MAD.606.1.2, Managed Care Policies, Member Education - Repealed, 7-1-01.

8.305.2 NMAC, Medicaid Managed Care, Member Education - Repealed 7-1-04.