

2021 Member Handbook



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Welcome

Dear Members,

At Western Sky Community Care, we take the words community and care seriously, especially in times like these. We are committed to providing our New Mexico communities with thoughtful and timely information, along with quality health care at an affordable cost.

We are actively reaching out to the rural population as well as those living in our larger metropolitan areas, by utilizing today's latest technologies. We are able to connect virtually and maintain contact with our members, even when circumstances prevent traditional interaction.

Our messaging is also available to all residents as we translate our materials into English, Spanish, Diné and other languages. We are dedicated to the wellbeing of every individual, family, and resident in the great state that we call home.

If you have any questions or concerns, please visit www.westernskycommunitycare.com/contact-us or call member services 1-844-543-8996.

Best Wishes.

Tony Hernandez

President and CEO
Western Sky Community Care

Monday - Friday, 8:00 a.m. - 5:00 p.m. MT

Thank you for choosing Western Sky Community Care as your health plan!

Western Sky Community Care works with the New Mexico Human Services Department (HSD). We provide health services for the New Mexico Medicaid Managed Care program, Centennial Care. With your doctor, we help manage your care and health. Our job is to make sure you get the services you need to stay healthy.

What is the New Mexico Medicaid program, Centennial Care?

Centennial Care is the name of the New Mexico Medicaid Managed Care program. Centennial Care provides physical health services, behavioral health services, long-term services and supports (LTSS) and community benefits.

Who is Western Sky Community Care?

Western Sky Community Care is a Medicaid Managed Care Organization (MCO). A "member" is anyone who gets services from the MCO. The purpose of an MCO is to give members access to all of the health services they need through one company.

As an MCO, Western Sky Community Care will help coordinate your unique health care needs. By doing this, our goal is to improve health outcomes for every New Mexico resident we have the privilege to serve. Contact us to request information such as:

- How we work with your other health plans (if you have one)
- How we pay our providers
- Results of member surveys
- Benefits, eligibility, claims or participating providers

If you want to tell us ways to improve or recommend changes in our policies, procedures or services, call Member Services. The phone number is 1-844-543-8996 (TTY: 711). There is also a *Concern and Recommendations Form* in the Forms section of this handbook.

Western Sky Community Care in the Community

Western Sky Community Care is committed to our community. We participate in many events around New Mexico throughout the year. Visit our *Medicaid News and Events* webpage on our website at www.WesternSkyCommunityCare.com to find out more about these events.

About Your Member Handbook

THIS HANDBOOK IS NOT A CERTIFICATE OF INSURANCE. IT SHALL NOT BE TAKEN AS PROOF OF INSURANCE COVERAGE BETWEEN WESTERN SKY COMMUNITY CARE AND THE MEMBER.

The Member Handbook is a detailed guide to Western Sky Community Care and your health care benefits. The Member Handbook explains your rights, your benefits, and your responsibilities as a member of Western Sky Community Care. Please read this booklet carefully. It gives you information on your benefits and services such as:

- What is covered/not covered by Western Sky Community Care
- How to get the care you need
- Your rights and responsibilities
- How to get your prescriptions filled
- How to choose your Primary Care Provider (PCP)
- What to do if you are unhappy about your health plan or coverage
- Eligibility requirements
- When to use Urgent Care instead of the Emergency Room
- Materials you will receive from Western Sky Community Care

Services mentioned are funded in part with the State of New Mexico.

Western Sky Community Care does not deny services based on moral or religious objections.

Call Member Services to receive an additional copy of the Member Handbook at no cost to you. The phone number is 1-844-543-8996 (TTY: 711). You may also visit our website at www.WesternSkyCommunityCare.com to view the Member Handbook.

Please take time to look over your handbook. Keep it handy in case you need it.

Statement of Non-Discrimination

Western Sky Community Care complies with applicable Federal civil rights laws and does not discriminate on the basis of health status or need for services or (ii) race, color, national origin, sex, disability, ancestry, spousal affiliation, sexual orientation and/or gender identify.

Western Sky Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Western Sky Community Care at 1-844-543-8996, TDD/TTY: 711.

If you believe that Western Sky Community Care has failed to provide these services or discriminated in another way on the basis of health status or need for services or (ii) race, color, national origin, sex, disability, ancestry, spousal affiliation, sexual orientation and/or gender identity; please contact us at:

Western Sky Community Care Grievance Coordinator

5300 Homestead Road NE Albuquerque, NM 87110 1-844-543-8996 (TDD/TTY: 711)

Fax: 1-844-235-6050

Email: nmqi@westernskycommunitycare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Western Sky Community Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201

Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Other Formats and Languages

This Member Handbook is about your health plan benefits. If you need the information in a different language, call Member Services. If you need this handbook in large print, Braille, audio CD, or another format, please call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Translation and Interpreter Services

Services are available for members who do not speak English. There is no cost for these services. Members who are blind or visually impaired can call Member Services for an oral interpretation.

To request an interpreter, call Member Services. The phone number is 1-844-543-8996 (TTY: 711). You can tell us the language you speak, and we will get an interpreter. The interpreter can be on the phone to help you call your health care provider. Or, we can have an interpreter available at your appointment.

You can also get an interpreter when we are not open. Call Member Services at 1-844-543-8996 and select the Nurse Advice Line option. We will make sure that you are connected. We can interpret or translate any of our member documents into your preferred language.

Servicios de Intérprete

La información incluida en este folleto es acerca de sus beneficios del Plan de Salud Western Sky Community Care. Si necesita obtener la información en un idioma diferente, llame al Departamento de Servicios para Miembros al 1-844-543-8996 (TTY: 711).

Los servicios de interpretación se proporcionan sin costo para usted. Esto incluye lenguaje de señas. Además incluye interpretación oral en tiempo real. Western Sky Community Care tiene una línea telefónica para idiomas disponible las 24 horas del día, los siete días de la semana. Le podemos ayudar a conversar con sus médicos y otros proveedores de atención médica cuando no se encuentra disponible otro traductor.

Vamos a traducir nuestros materiales para miembros en su idioma preferido a petición. Para solicitar un intérprete: Llame a Servicios para los miembros al 1-844-543-8996 (TTY: 711) y díganos qué idioma habla. Nos aseguraremos de que haya un intérprete en el teléfono con usted cuando llame a su proveedor de atención médica, o que esté disponible en su cita.

Medicaid: 1-844-543-8996 (TTY: 711)

Medicare Plan: 1-844-810-7965 (TTY: 711)

English: Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, traducción oral y escrita en letra más grande y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

Diné Bizaad (Navajo): Diné k'ehjí saad bee shíká a'doowoł nínízingo bee ná haz'á, t'áá haada yit' éego kodóó naaltsoos da nich'í ál'íigo nitsaago ak'e'eshchíigo da dóó há ata' hane'go da é doodago t'áá ha'át'íhída Diné k'ehjí bee shíká a'doowoł nínízingo bee ná ahóót'i'. Ákót' éego shíká a'doowoł nínízingo hódahgo béésh bee hane'í biká'íji' hodíílnih.

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp về ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, phông chữ khổ lớn, thông dịch bằng lời nói, và các dạng thức thay thế khác hiện có cho quý vị miễn phí. Để có được những dịch vụ này, xin gọi số điện thoại nêu trên.

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose, eine größere Schriftart, eine mündliche Übersetzung sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

中文 (Chinese): 可以免费为您提供语言协助服务、辅助用具和服务、较大的字体、口译以及其他格式。如有需要请拨打上述电话号码。

العربية (Arabic):

نتوفر لك خدمات المساعدة اللغوية والاعانات والمساعدات الإضافية بأحرف كبيرة وشفهي وغيرها من الأشكال البديلة مجانا. للحصول على الخدمات، اتصل بالر أعلاه.

한국어 (Korean): 언어 지원 서비스, 보조 지원 및 서비스, 대형 활자본, 통역, 기타 대체 형식을 무료로 이용하실 수 있습니다. 이를 위해 위의 전화번호로 연락해 주십시오.

Tagalog (Tagalog): Mayroon kang libreng makukuhang tulong sa wika, auxiliary aids at mga serbisyo, mas malaking font, oral translation, at iba pang mga alternatibong format. Upang makuha ito, tawagan ang numerong nakasulat sa itaas.

日本語 (Japanese): 言語援助サービス、補助手段およびサービス、大きなフォントサイズ、通訳、その他のオルタナティブフォーマットを無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

Monday - Friday, 8:00 a.m. - 5:00 p.m. MT

Medicaid: 1-844-543-8996 (TTY: 711)

Medicare Plan: 1-844-810-7965 (TTY: 711)

Tagalog (Tagalog): Mayroon kang libreng makukuhang tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, tawagan ang numerong nakasulat sa itaas.

日本語 (Japanese):

言語援助サービス、補助手段およびサービス、その他のオルタナティブフォーマットが、無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

Français (French): Des services gratuits d'assistance linguistique, ainsi que des services d'assistance complémentaires, des polices de caractères plus grosses, de la traduction orale et d'autres formats sont à votre disposition. Pour y accéder, appelez le numéro ci-dessus.

Italiano (Italian): Sono disponibili gratuitamente servizi di assistenza linguistica, ausili e servizi accessori, testo in caratteri grandi, traduzione orale e altri formati alternativi. Per ottenerli, chiamare il numero di telefono riportato sopra.

Русский язык (Russian): Услуги по переводу, вспомогательные средства и услуги, материалы, напечатанные более крупным шрифтом, услуги устного перевода, а также материалы в других, альтернативных, форматах предоставляются Вам совершенно бесплатно. Чтобы получить их, позвоните по указанному выше номеру телефона.

हिन्दी (Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, बड़ी फ़ॉन्ट्स, मौखिक अनुवाद और अन्य वैकल्पिक प्रारूप आपके लिए नि:शुल्क उपलब्ध हैं। इन्हें प्राप्त करने के लिए, कृपया उपरोक्त नंबर पर कॉल करें।

فارسي (Persian): خدمات ترجمه، حمایت های و خدمات کمکی؛ خط درشت تر و ترجمي شفاهي و سایر انواع دیگر خدمات به رایگان در اختیار شما قرار می گیرند. برای دست یابی به این خدمات، لطفا با شماره تلفن بالا تماس بگیرید.

ไทย (Thai): บริการความช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม แบบอักษรขนาดใหญ่ขึ้น การแปลด้วยปากเปล่า รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้คุณใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการใช้บริการนี้ กรุณาโทรศัพท์ติดต่อที่หมายเลขข้างต้น

Important Contact Information

Personal Contacts

Primary Care Provider (PCP):	
The nearest Urgent Care Clinic:	

Contacting Western Sky Community Care

Western Sky Community Care 5300 Homestead Road NE Albuquerque, NM 87110

Member Services	
Member Services hours: 8:00	•
24/7 Free Nurse Advice Line	1-844-543-8996
24/7 Nurse Advice Line hours	24 hours a day, 7 days a week
Member Services Fax	1-844-320-2479
Behavioral Health Crisis Line	1-844-543-8996, then press *
Vision Services	1-844-543-8996
Dental Services	1-844-543-8996
Ombudsman Services (Member Advocate)	1-844-225-6672
Other Important Phone Numbers	
In an Emergency	Call 911
New Mexico Medicaid Call Center	1-800-283-4465
New Mexico Crisis and Access Line (NMCAL)	1-855-NMCRISIS (662-7474)
New Mexico Peer-to-Peer Warm Line	1-855-4NM-7100 (466-7100)
New Mexico Aging and Disability Resource Center	er (ADRC)1-800-432-2080

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Member Services

Western Sky Community Care Member Services helps you with questions about your health plan. Our Member Services team is located in New Mexico. They are available by phone, mail, fax and email.

If you have questions or if you need help understanding something, please call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

We are open Monday through Friday from 8:00 a.m. to 5:00 p.m. Mountain Time (MST). We are closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

We have a team of people ready to help you:

- Find a doctor or other provider
- · Get a new Western Sky Community Care member identification (ID) card
- Understand covered and non-covered benefits
- File a grievance or appeal
- Request a Provider Directory, Member Handbook, or Preferred Drug List
- Report possible fraud, waste, and abuse by a member or provider
- Change your address and phone number
- Receive new member materials

How do I send information to Western Sky Community Care?

We have several ways you can send information to us.

- Email: You can send us an email using our Secure Member Portal on our website: www.WesternSkyCommunityCare.com
- Fax: Our fax number is 1-844-320-2479
- Mail: You can also mail information to us. The address is:

Western Sky Community Care 5300 Homestead Road NE Albuquerque, NM 87110

Will you tell me about changes to benefits or the health plan?

Western Sky Community Care will tell you about important changes. When there is a change, we will send you a letter as soon as possible. It will be at least 30 days before any changes happen.

How Your Health Plan Works

Your Member ID Card

When you enroll, Western Sky Community Care will mail you a Western Sky Community Care member ID card. Bring your ID card to all appointments. Your ID card will look like this:

Front Back





We will mail you your permanent ID card after you have a Primary Care Provider (PCP). Your member ID card is proof you are a Western Sky Community Care member. Show this ID card every time you need care. This includes:

- Medical appointments
- Urgent care
- Vision appointments
- Behavioral health appointments
- Emergency visits
- Picking up prescriptions from the pharmacy

Anytime you receive a new member ID card from us, please destroy your old one. If you lose your Western Sky Community Care member ID card, or did not receive one, we can replace the card. Please visit the Secure Member Portal to ask for a new one. You can also call Member Services at 1-844-543-8996 (TTY: 711). We will send you a new ID card within 10 days.

You can print a paper copy of your Western Sky Community Care member ID card from the Secure Member Portal on our website: www.WesternSkyCommunityCare.com.

Member Services: 1-844-543-8996

You may also request a new card via fax by completing the Western Sky Community Care ID Card Request Form which you can print by visiting our website at: www.WesternSkyCommunityCare.com

Keep your cards with you and safe at all times. Make sure they are not stolen or used by someone else. Western Sky Community Care coverage is for you only. It is up to you to protect your member ID card. No one else can use your member ID card. It is against the law to give or sell your member ID card to anyone. If another person uses your card, you may be disenrolled from Western Sky Community Care and the state could charge you with a crime.

Western Sky Community Care Website

Visit our website at: www.WesternSkyCommunityCare.com

The Western Sky Community Care website will help you find answers about your health care, benefits and services. You can get information about:

- How to find a doctor
- Member Handbook
- Provider Directory
- Preferred Drug List
- Secure Member Portal with self-service features
- 24/7 free nurse advice line
- 24/7 crisis line for mental health and substance use
- Your member rights and responsibilities
- How to report suspected fraud, waste, and abuse
- How to file grievances and appeals

Online Account/Secure Member Portal

As a member of Western Sky Community Care, you can sign up and create your own online account. Through your account, you can access your Secure Member Portal and see information about your benefits and services.

The Secure Member Portal lets you:

- Change your Primary Care Provider (PCP)
- Let us know when you are pregnant so you can access pregnancy services for care and education
- See past services you have received

- Email safely and securely with Member Services
- Print a paper Western Sky Community Care member ID card when needed

To sign up and create your online account, follow these steps:

- Go to www.WesternSkyCommunitycare.com
- 2. On the homepage, under the heading "For Members" click "Login"
- 3. Click "Sign Up Now"

If you need help with the website or Secure Member Portal, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

24/7 Nurse Advice Line

You can call the Western Sky Community Care Nurse Advice Line any time. This service is at no cost and the representatives can answer health questions. They answer calls 24 hours a day, every day. Call 1-844-543-8996 (TTY: 711) with your health question. Have your member ID card with you when you call.

Our nurses speak English and Spanish. If you speak a different language, you can ask for a translator.

What can we help you with?

- Questions about your health
- Where you can get care
- Understanding how to take your medicine
- Information about your pregnancy
- Information about health conditions

Do you have a medical or mental health emergency?

If you are not sure if you should go to the emergency room, you can call us. Our nurses will help you figure out if you need emergency care, urgent care or if you should see your doctor.

Member Connections Team

Our Member Connections team can help you get preventive health care and services. These are services to help you stay healthy. The team is trained to help you:

- Find doctors, specialists or other providers
- Find community support services
- Arrange for needed services

For more information, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Ombudsman Services (Member Advocate)

Western Sky Community Care provides an Ombudsman to all of its members. The Ombudsman is a neutral party who helps you understand how your insurance works. The Ombudsman acts as your advocate to help you solve problems and get the care you need.

Your Ombudsman can:

- Clarify your rights and responsibilities
- Help you get the most out of your health care benefits
- Explain covered services that are available to you
- Provide referrals and resources
- Address your concerns regarding services
- Share the Western Sky Community Care policies and procedures
- Work as a resource for finding a solution

To contact the Western Sky Community Care Ombudsman:

Phone: 1- 844-225-6672Fax: 1-844-491-0862

Email: Ombudsman@WesternSkyCommunityCare.com

Address: Western Sky Community Care

Attention: Ombudsman Services

5300 Homestead Road NE Albuquerque, NM 87110

New Technology

Sometimes, our medical director and /or medical management staff will identify technological advances that could benefit our members. The Clinical Policy Committee (CPC) reviews requests for coverage and decides whether we should change our benefits to include the new technology. If the CPC does not review a request for coverage of new technology, our medical director will review the request and make a one-time determination. The CPC may then review the new technology request at a future meeting.

Your Covered Benefits

Western Sky Community Care covers a broad range of medical services for your healthcare needs. Some services must be prescribed by your doctor. Some services must be approved by WSCC in advance. This is called a prior authorization.

NOTE: There are some services that your doctor has to get prior authorization before giving you the care. If you want to know if a service needs prior authorization, you can call Member Services. The phone number is 1-844-543-8996 (TTY: 711). There is more information about this later in the handbook. See the section Utilization Management Decisions (Prior Authorization for Services)

Centennial Care Covered Services

Service	Exceptions and Limits	Prior Authorization Required
Accredited Residential Treatment Center Services	Services for members under the age of 21.	Yes, must be obtained within 5 days of submission
Adult Accredited Residential Treatment Centers for Substance Use Disorders (AARTC)	Services for members 18 and older.	Yes, must be obtained within 5 days of Admission. For out-of-state AARTCs, prior authorization is required prior to placement.
Applied Behavior Analysis (ABA)		Certain ABA services require prior authorization
Adult Psychological Rehabilitation Services		No
Ambulance – Emergency	Includes ground and emergency helicopter ambulance (when medically necessary.)	No
Ambulance – Non-Emergency	Limits and restrictions may apply	Yes
Ambulatory surgical center services		Certain procedures require prior authorizations
Anesthesia Services		Certain procedures require prior authorizations

		Prior Authorization
Service	Exceptions and Limits	Required
Annual Physical Exam and Consultation	Includes health appraisal exam, laboratory and radiological tests, and early detection procedures	No
Assertive Community Treatment Services		No
Bariatric Surgery	Restrictions may apply; must meet medical guidelines	Yes
Behavior Management Skills Development Services		No
Behavioral Health Professional Services: Outpatient Behavioral Health and Substance Abuse Services		No
Case Management		No
Chronic Care Management Services		No
Community Interveners for the Deaf and Blind		No
Comprehensive Community Support Services		No
Crisis Services including telephone, clinic, mobile, and stabilization centers		No
Crisis Triage Centers including residential		No
Day Treatment Services		No
Dental Services	Restrictions and limitations may apply. See Dental Services section for more information	Not for Annual Preventative. Other services may require a prior authorization

Service	Exceptions and Limits	Prior Authorization Required
Diagnostic Imaging and Therapeutic Radiology Services	X-rays are covered if they are ordered by a provider. Includes oncology or radiation therapy.	Prior authorization required for high-tech radiology including CT, MRI, and MRA
Dialysis Services		No
Durable Medical Equipment (DME) and Supplies	Items that are not medically necessary or are not ordered by a provider are not covered.	Yes, under certain circumstances
Emergency Services	Includes emergency room visits and psychiatric ER	No
Experimental or Investigative Procedures, Technology, or Non-Drug Therapies	Restriction and limitations apply	Yes
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Services are for members under 21 years of age.	No
EPSDT Personal Care Service	Must Meet Requirements	Yes
EPSDT Private Duty Nursing		No
EPSDT Rehabilitation Services		No
Family Planning	May use own PCP or any family planning provider without referral and regardless of whether they are providers for Centennial Care	No
Family Support (Behavioral Health)		No
Federally Qualified Health Center (FQHC) Services		No
Hearing Aids and Related Evaluations		Yes, for cochlear implants
Home Health Services	Limitations apply	Yes

Samilas	Everytians and Limite	Prior Authorization
Service	Exceptions and Limits	Required
Hospice Services		Yes
Hospital Inpatient	Includes Detoxification services	Yes
Hospital Outpatient		No
Inpatient Hospitalization in Freestanding Psychiatric Hospitals		Yes
Institutions for Mental Disease (IMD) for Substance Use Disorder (SUD) only		Yes, if Hospital Inpatient.
Intensive Outpatient Program Services		No
IV Outpatient Services		Yes
Laboratory Services	Includes surgical pathology	Yes, under certain circumstances
Medication Assisted Treatment for Opioid Dependence		No
Midwife Services		No
Multi-Systemic Therapy Services		No
Non-Accredited Residential Treatment Centers and Group Homes	Services for members under the age of 21.	Yes
Nursing Facility Services	Must meet requirements	Yes
Nutritional Services	Feeding Pumps require authorization	Yes, under certain circumstances.
Occupational Services	Limitations or restrictions may apply	Yes
Office/Physician Visits	Covered with all in network providers	Yes, for office visits with a non-participating provider
Outpatient and Partial Hospitalization Psychiatric Hospital (including Freestanding facilities)		Yes, if Partial Hospitalization Program stay exceeds 45 days

Comitos	Everytions and Limite	Prior Authorization
Service	Exceptions and Limits	Required
Outpatient Health Care Professional Services		No
Peer Support Services		No
Pharmacy	Restrictions and limitations may apply All Over-the-counter (OTC) drugs require a doctor's prescription See Pharmacy Services section for more information	No
Physical Health Services		Yes, under certain circumstances
Physical Therapy	Limitations and restrictions may apply	Yes
Physician Visits		Yes, under certain circumstances
Podiatry Services		No
Pregnancy Termination Procedures		No
Preventive Services		No
Prosthetics and Orthotics		Yes
Psychosocial Rehabilitation Services		No
Radiology Facilities		Yes under certain circumstances
Recovery Services (Behavioral Health)		No
Rehabilitation Option Services		Yes, under certain circumstances
Rehabilitation Services Providers		Yes, if non-participating provider
Reproductive Health Services	Infertility Services are not covered	No
Respite (Behavioral Health)	Annual limits may apply but may be exceeded based on the member's health and safety needs	Yes, after 30 days or 720 hours

		Prior Authorization
Service	Exceptions and Limits	Required
Rural Health Clinics (RHC) Services		No
School-Based Health Center Services		No
Screening, Brief Intervention, Referral to Treatment (SBIRT) Services		No
Speech and Language Therapy	Limitations and restrictions may apply	Yes
Supportive Housing	Limitations apply	No
Swing Bed Hospital Services		Yes
Telemedicine Services		No
Tobacco Cessation treatment and services		No
Tot-to-Teen Health Checks		No
Transplant Services		Yes
Transportation Services (medical)		Yes, under certain circumstances
Transitional Care Management services		No
Treatment Foster Care I and Treatment Foster Care II		Yes
Vision Care Services	Limitations and restrictions may apply See the Vision Services section for more information	No

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Agency-Based Community Benefit Services Included under Centennial Care

Agency-Based Community Benefit Service	Description and Limits	Prior Authorization Required
Adult Day Health		Yes
Assisted Living		Yes
Behavior Support Consultation		Yes
Community Transition Services	Limits apply	Yes
Emergency Response		Yes
Employment Supports		Yes
Environmental Modifications	\$5000 limit every five years	Yes
Home Health Aide		Yes
Nutritional Counseling		Yes
Personal Care Services	Consumer Directed and Consumer Delegated	Yes
Private Duty Nursing for Adults	Restrictions may apply	Yes
Respite	Annual limits may apply	Yes
Skilled Maintenance Therapy Services		Yes

Self-Directed Community Benefit Services Included under Centennial Care

Self-Directed Community Benefit Service	Description and Limits	Prior Authorization Required
Behavior Support Consultation	Restrictions may apply	Yes
Customized Community Support		Yes
Emergency Response		Yes
Employment Supports	Restrictions may apply	Yes
Environmental Modifications	\$5000 limit every five years	Yes

Self-Directed Community Benefit Service	Description and Limits	Prior Authorization Required
Home Health Aide		Yes
Self-Directed Personal Care (formerly Homemaker)		Yes
Start-Up Goods	For member electing SDCB on or after January 1, 2019, one-time limit of \$2000	Yes
Nutritional Counseling		Yes
Private Duty Nursing for Adults	Restrictions may apply	Yes
Related Goods	Annual limits may apply	Yes
Respite	Annual Limits may apply	Yes
Skilled Maintenance Therapy Services		Yes
Specialized Therapies	Annual limits may apply	Yes
Transportation (non-medical)	Annual limits and restrictions may apply	Yes

Alternative Benefit Plan (ABP)

Western Sky Community Care covers services for the Alternative Benefit Plan (ABP). There are two Alternative Benefit Plan (ABP) categories:

- Alternative Benefit Plan
- Alternative Benefit Plan Exempt

Alternative Benefit Plan Exempt means you can choose between the Alternative Benefit Plan covered services or the Centennial Care covered services. You may be eligible for the Alternative Benefit Plan Exemption if you:

- Qualify for medical assistance for being blind or disabled
- Are terminally ill and receiving hospice care
- Are pregnant
- Are medically frail

You may meet the Alternative Benefit Plan Exemption requirements by completing the HRA (Health Risk Assessment) and CNA (Comprehensive Needs Assessment) processes through our Care Coordination. You can also contact Western Sky

Community Care to self-declare for the Alternative Benefit Plan Exemption. Call your Care Coordinator or Member Services to learn more about this process. The phone number is 1-844-543-8996 (TTY: 711)

Authorization. There are some services for which your doctor must obtain prior authorization before giving you the care. If you want to know if a service needs prior authorization, you can call Member Services. The phone number is 1-844-543-8996 (TTY: 711). There is more information about this later in the handbook. See the section: Utilization Management Decisions (Prior Authorization for Services).

Alternative Benefit Plan (ABP) Covered Services

ABP Service	Description and Limits	Prior Authorization Required
Allergy testing and injections		Yes
Annual Physical Exam and Consultation	Includes health appraisal exam, laboratory and radiological tests, and early detection procedures	Yes, if non- participating provider
Applied Behavioral Analysis (ABA)		Certain ABA services require prior authorization
Bariatric Surgery	Limited to one per lifetime. Additional restrictions and criteria may apply.	Yes
Behavioral Health Professional and Substance Abuse Services	Includes evaluations, testing, assessments, therapies and medication management	Yes, under certain circumstances
Cancer Clinical Trials	Restrictions may apply	Yes
Cardiovascular Rehabilitation	Limited to short-term therapy (two consecutive months) per cardiac event; additional limitations may apply	Yes,
Chemotherapy		Yes
Chronic Care Management services		
Dental Services	Limitations and restrictions may apply. See Dental	See Dental Services section

ABP Service	Description and Limits	Prior Authorization Required
	Service section for more information.	
Diabetes Treatment	Includes diabetic shoes, medical supplies, equipment and education	Yes, some services require prior authorization
Dialysis		No
Diagnostic Imaging and Radiology Services.		Prior authorization required for high-tech radiology including CT, MRI, and MRA
Disease Management		No
Drug/Alcohol Dependency Treatment Services	Includes outpatient detoxification, therapy, partial hospitalization and intensive outpatient program (IOP) services	No
Durable Medical Equipment (DME)	Provider prescription required. Includes medical supplies, orthotic appliances and prosthetic devices (including repair or replacement). Additional limitations and restrictions may apply.	Yes, certain items require prior authorization
Electroconvulsive Therapy		Yes
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Includes routine oral and vision care, for members up to age 20	No
Emergency Services	Including emergency room visits, emergency transportation, psychiatric emergencies and emergency dental care.	No
Family Planning and Reproductive Health Services and Devices	Includes sterilization, pregnancy termination and contraceptives. Sterilization reversal is not covered. Infertility treatment is not covered.	No

ABP Service	Description and Limits	Prior Authorization Required
Federally Qualified Health Center (FQHC)		No
Genetic Evaluation and Testing	Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness. Does not include random genetic testing.	Yes
Habilitative and Rehabilitative Services	Including physical, speech, and occupational therapy. Limited to short-term therapy (two consecutive months) per condition.	Yes
Hearing Screening (as part of a routine health exam)	Hearing aids and hearing aid testing by an audiologist or hearing aid dealer are not covered, except for members age 19-20.	No
Holter Monitors and Cardiac Event Monitors		Yes
Home Health Care, Skilled Nursing, and Intravenous Services	Home health care is limited to 100 visits per year. A visit cannot exceed four hours.	Yes
Hospice care services		Yes
Immunizations		No

ABP Service	Description and Limits	Prior Authorization Required
Inpatient physical and behavioral health	Hospital, medical services, and surgical care. Includes services in a psychiatric unit of a general hospital and inpatient substance abuse detoxification. The Alternative Benefit Plan (ABP) does not include inpatient drug rehabilitation services. Free-standing psychiatric hospitals (or Institutions for Mental Disease) are not covered under the ABP or ABP Exempt package, except for members age 19-20. Surgeries for cosmetic purposes are not covered.	Yes
Inpatient Rehabilitative Services/Facilities	Includes services in a nursing or long-term acute rehabilitation facility/hospital. Coverage is limited to temporary stays as a stepdown level of care from an acute care hospital when medically necessary and the discharge plan for recipient is the eventual return to home.	Yes
Internal prosthetics		Yes
IV Infusions		Yes, certain medications and locations require prior authorization
Lab tests, x-ray services and pathology	Lab for genetic testing and High Tech radiology services require authorization	Yes, certain lab tests and x-ray procedures require authorization

ABP Service	Description and Limits	Prior Authorization Required
Maternity Care	Includes delivery and inpatient maternity services, and pre- and post-natal care	No
Medication Assisted Therapy for Opioid Addiction		Yes, under certain circumstances
Non-emergency Transportation	Limited coverage when necessary to secure covered medical services	Yes
Nutritional Evaluations and Counseling	Includes dietary evaluation and counseling as medical management of a documented disease, including obesity	Yes, if non- participating provider
Organ and Tissue Transplants	Limited to two per lifetime. Additional limitations and restrictions apply.	Yes
Osteoporosis Diagnosis, Treatment and Management		Yes, for certain treatment modalities
Outpatient surgery		Yes, certain procedures require prior authorization
Over-the-Counter Medicines	*. All Over-the-Counter drugs require a prescription from your doctor if they feel it is medically necessary and the drug is on the Preferred Drug List. See Pharmacy Services section for more information.	No
Periodic Age-appropriate Testing and Examinations	Glaucoma, colorectal, mammography, pap tests, stool, blood, cholesterol, and other preventive/diagnostic care and screenings.	No
Physician Visits		Yes, if non- participating provider

ABP Service	Description and Limits	Prior Authorization Required
Podiatry and Routine Foot Care	Covered when medically necessary due to malformations, injury, acute trauma or diabetes.	No
Prescription Medications	See Pharmacy Services section for more information.	Yes, refer to the Preferred Drug List (PDL)
Primary Care to Treat Illness/Injury and chronic disease management		No, if a participating provider
Pulmonary Therapy	Limited to short-term therapy (two consecutive months) per condition. Additional limitations or restrictions may apply.	Yes, if a non- participating provider
Reconstructive Surgery	Covered for the correction of disorders that result from accidental injury, congenital defects or disease.	Yes
Skilled Nursing	Subject to the 100-visit home health limit when provided through a home health agency	Yes
Sleep Studies	Limited to diagnostic sleep studies performed by certified providers/facilities	Yes, if performed in a facility. No authorization required in the home setting.
Specialist Visits		Yes, if getting services from a non-participating provider
Specialized Behavioral Health Services for Adults	Intensive Outpatient Programs (IOP), Assertive Community Treatment (ACT), and Psychosocial Rehabilitation (PSR). The Alternative Benefit Plan (ABP) does not cover behavioral health supportive services: Family Support,	No

ABP Service	Description and Limits	Prior Authorization Required
	Recovery Services, or Respite Services.	
Telemedicine Services		No
Tobacco Cessation treatment and services	May include counseling, prescription medications, and products	
Transitional Care Management Services		
Urgent Care Services/Facilities		No
Vision Care for Eye Injury or Disease	Not covered: Refraction for visual acuity and routine vision care, except for members 19-20.	No
Vision Hardware (Eyeglasses or Contact Lenses)	Covered only following the removal of the lens from one or both eyes (Aphakia). Coverage of materials is limited to one set of contact lenses or eyeglasses per surgery, within 90 days following surgery. Vision hardware is covered for members age 19-20. Limitations and restrictions may apply.	No

Value-Added Services

We offer these Value-Added Services to Western Sky Community Care members. If you have any questions about these services, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Value Added Services	Description
Boys & Girls Club Membership	A \$30 credit for the membership fee to the local Boys & Girls Club. For children between 6 and 18 years old.
Caregiver "Thanks to You" Package	One "Thanks to You" package to caregivers including a magnet with phone numbers, waterproof keepsake bag, caregiver educational materials, caregiver journal and other information regarding support groups. Members are those who get LTSS and HCBS, and living or moving into a caregiver's home.
Electroconvulsive Therapy (ECT)	Treatment for psychiatric symptoms for members who meet ECT medical necessity criteria.
Eyeglass Repair and Replacement	Minor repairs to eyeglasses for members of all ages. Replacement lenses are covered for members of any age if broken or deteriorated or there is a change in prescription. 1 pair of eyeglasses (frames and lenses) every 12 months.
Find Your Fit	Daily Gym Pass. Western Sky Community Care partners with local City gyms to provide access to fitness facilities. Per member, per day.
Food Farmacy	Members will have access to fresh farm produce and/or grocery items. They will be provided with (3) \$5 Farm tokens at select NM Farmers Market locations and a booklet tailored to dietary guidelines specifically for a healthy eating lifestyle.

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Value Added Services	Description
Full Medicaid Maternity Services	COE 035 and 301 members will receive medical and behavioral health benefits, including prescription drug coverage, routine dental, and vision services and transportation.
GED Preparation Materials	Official GED testing practice materials upon request.
Heading Home Respite Beds	Eligible Members will have access to room and board at the Heading Home's Respite Care Program Facility with 24- hour care including medication management, individual and group sessions, transportation to appointments, case management focused on discharge planning, financial stability, housing and access to community resources.
Holistic Care Grants	Supports whole health that considers the whole person – body, mind, spirit and emotions. The requests can be made by Western Sky Community Care staff, providers or caregivers. \$250 per member, per calendar year.
Home Modifications	Appropriate, non-cosmetic changes to help members remain independent and safe in their home; Increases length of time spent in the community; improves independent living skills; reduces in-home care; prevents environment related falls.
Infant Care Seat	Pregnant members will receive a car seat at no charge. Members are limited to one car seat per delivery through the community baby showers
Native American Traditional Healing Benefit	Reimbursement to Members for ceremonial or spiritual healing that may assist in their improved behavioral health or physical health management. \$250 per member, per calendar year.

Value Added Services	Description
Post-Discharge Meals	Delivery of up to 10 meals to a member's home. Follows a hospital stay or move away from a nursing facility.
Practice Dental and Gynecological Visits	Offered to members with intellectual and developmental disabilities (IDDs). Helps members get more comfortable with dental and gynecological exams.
Tablet & Smartphone Plan	The tablets will be used to promote cognitive and emotional well-being in both Nursing Facilities (NF) and Assisted Living Facilities (ALF). The tablet will help NF and ALF residents access behavioral health telemedicine services as well as stay connected with their loved ones while protecting the health and safety of the Member. The tablet's video functionality will allow Members to virtually connect with their providers, family and friends. The tablets will also be used as a tool to stimulate mind and memory.
Transportation to Pharmacy	For members who discharge from a PH/BH inpatient setting, Skilled Nursing Facility, Institutional Nursing Facility, Inpatient Rehab and/or LTAC to get to and from the pharmacy to pick up medication. This transportation will be available up to 7 days post-discharge to ensure appropriate discharge medications are filled, and retrieved.
Wellness and Emotional Support	Access to the MyStrength.com online program. Helps members overcome depression and anxiety. Resources include daily tips and weekly exercises.

Native American Access to Care

If you are an American Indian or Alaskan Native, you have options for getting care.

- You may choose to self-refer to an Indian Health Service, Tribal Health Providers and Urban Indian Providers (ITU) as your PCP.
- You may get services from a Tribal provider or Indian Health Services without prior authorization.
- You can go to another Western Sky Community Care network provider.

If you have any questions about these services, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Non-Covered Services

Some services are not covered by New Mexico Medicaid or by Western Sky Community Care. These services include:

- Abortion, except in the case of rape, incest or when medically necessary to save the mother's life
- Activity therapy, group activities, and other services that are mostly recreational
- Acupuncture
- Anesthesia for a surgical procedure that Western Sky Community Care does not cover
- Barbiturate hypnotic drugs used to induce sleep
- Biofeedback
- Bioidentical hormone replacement therapy (BHRT), also known as bioidentical hormone therapy or natural hormone therapy including "all natural" pills, creams, lotions and gels
- Some compounded drugs (bulk powder drugs)
- Chiropractic services
- Cognitive rehabilitation therapy
- Comfort items in the hospital (such as TV or phone)
- Cosmetic procedures, including cosmetic dental services, cosmetic items (such as drugs for aging skin and for hair loss), cosmetic plastic surgery, and prosthetic devices or implants used mostly for cosmetic purposes
- Drug items used to treat sexual dysfunction
- Prescription drugs/medications that are identified by Drug Efficacy Study Implementation (DESI) as less-than-effective (LTE) drugs
- Drug replacement or other items that have been lost, stolen, destroyed, and or misplaced

- Drugs used for traveling out of the United States
- Educational or vocational services related to traditional academic subjects or vocational training
- Experimental or investigational procedures, prohibited treatments, technologies or non-drug therapies and related services including medicines, devices, or diagnostic genetic testing (except for cancer trials)
- Any of the following for eyeglasses: eyeglass cases; eyeglass or contact lens insurance; anti-scratch, anti-reflective, or mirror coatings; progressive lenses; trifocals; UV lenses; tinted or photochromic lenses, oversize frames, and oversize lenses; and polycarbonate lenses (other than for prescriptions for high acuity)
- Infertility services, including artificial insemination, in vitro fertilization, and medications used to help you get pregnant
- Reversal of voluntary sterilization (tubal ligation or vasectomy)
- Services for surrogate mothers
- Hearing aids for ABP members
- Hearing aid checks
- Herbal or alternative medicine and holistic supplements
- Hippotherapy
- Dental implants and implant-related services
- Immunizations for the purpose of foreign travel, flight or passports
- Laser vision correction (unless it is medically necessary [needed])
- Low-vision aids
- Massage therapy
- Mastique® or veneer procedures
- Medical marijuana
- Milieu therapy
- Naprapathy
- Native American healers (except for Value Added Services)
- Occlusal adjustments, disking, overhang removal or equilibration
- Oral preparations, including topical fluorides dispensed to an member for home use
- Orthoptic assessment and treatment
- Orthotic supports for the arch or other supportive devices for the foot, unless they are essential parts of a leg brace or therapeutic shoes for diabetics
- Over-the-counter (OTC) drugs, unless listed on our formulary or listed as covered for ABP members
- Permanent fixed bridges
- Personal care items (such as non-prescription shampoo and soap)
- Photographic procedures, such as fundus or retinal photography and external ocular photography (except for diabetic retinopathy screening)
- Play therapy

- Procedures for desensitization, re-mineralization, or tooth bleaching
- Removable unilateral cast metal partial dentures
- Routine foot care unless medically necessary
- Services beyond an initial evaluation that are given without prior authorization
- Services performed or prescribed under the direction of a person who is not a healthcare provider
- Services provided by non-licensed counselors, therapists, or social workers
- Services that are not in the member's approved treatment plan and that don't have prior authorization
- Services outside the United States
- Skilled nursing services that are not supervised by registered nurses
- Some durable medical equipment
- Transportation for a companion (a child under age 18 or other family member or friend who is not a qualified attendant)
- Treatment of temporomandibular joint (TMJ) disorders, bite openers, and orthotic appliances
- Vaccinations, drugs and immunizations for the primary intent of medical research or non-medically necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, or functional capacity examinations related to employment
- Weight-loss drugs/weight control drugs

If you are a member with a Self-Directed Community Benefit (SDCB), you may be able to pay for some of these services out of your SDBC budget, even though they are not covered by Western Sky Community Care.

This is not a complete list of non-covered services. If you or your provider have any questions about whether your care is covered, please call Western Sky Member Services at 844-543-8996.

Pharmacy Services

When you need a prescription or over-the-counter (OTC) drug, your doctor will give you a prescription. The doctor will contact your pharmacy or give you a written prescription to take to your pharmacy. The pharmacy can fill your prescription, but if the prescription is not on the Preferred Drug List it may not be covered.

All Western Sky Community Care members must use a pharmacy in our network. This can include our preferred mail-order pharmacy CVS Mail Order, for your maintenance drugs. Maintenance drugs are listed on the Preferred Drug List. These can be filled up to a 90-day supply. For more information on CVS Mail-Order or to find a pharmacy, call Member Services. The phone number is 1-844-543-8996 (TTY: 711). Or you can look for a pharmacy on our website at www.WesternSkyCommunityCare.com. Show your Western Sky Community Care ID card to the pharmacy when you pick up drug. Do not wait until you are out of a medication to request a refill. Call your doctor or pharmacy a few days before you run out.

Covered Prescriptions

Western Sky Community Care can cover these types of medication:

- Prescription medications and over-the-counter (OTC) items approved by the U.S.
 Food and Drug Administration (FDA)
- Self-injectable medications (including insulin)
- Medications to help you quit smoking
- Needles, syringes, test strips, lancets and glucose urine testing strips (If you are in need of a blood glucose monitor, please call Member Services at 844- 543-8996 (TTY:711) for more information on how to obtain one)

Preferred Drug List (PDL)

Your pharmacy benefit has a Preferred Drug List (PDL). These are the drugs we prefer your provider prescribe. You can find our PDL on our website at www.WesternSkyCommunityCare.com under the Pharmacy section. To request a printed copy of the PDL, call Member Services at 1-844-543-8996 (TTY: 711).

Some prescriptions will require prior authorization. Your provider may have to send us a request for approval for certain drugs on the PDL. Your provider may have to send information on why a certain drug is medically necessary.

Some reasons why we may require a prior authorization for a drug include:

- There is a generic drug available.
- The drug can be misused/abused.
- The drug that is being requested is over the preferred limit.
- Morphine Milligram Equivalent (MME) dosing: MME dosing is a tool used to make sure you are taking a safe dose of pain drugs. This tool helps WSCC calculate the total daily dose of pain drugs a member is taking no matter which pain drug is prescribed. The current daily limit is 90MME per day. If you are taking more than 90MME per day of pain drugs, you will need to get a prior authorization.
 - Examples of 90 MME/day are:
 - 90 mg of hydrocodone (9 tablets of hydrocodone/ acetaminophen 10/325 mg)
 - 60 mg of oxycodone (2 tablets of oxycodone sustained-release 30 mg)
 - 20 mg of methadone (4 tablets of methadone 5 mg)

If we do not approve a prior authorization request for a drug, we will send you information on how you can appeal our decision and your right to a State fair hearing.

You can call Member Services to request information for drugs on the PDL and drugs that require prior authorization. You can also look on our website at www.WesternSkyCommunityCare.com under the Pharmacy section.

Please note that our PDL and list of drugs that require prior authorization can change. So it is important for you and/or your provider to check this information when you need to fill or refill a medication.

A team of doctors and pharmacists update the PDL regularly. They want to make sure the drug on the list is safe and helpful for you and that it is cost-effective.

Pharmacy for Native American Members

Native American members who get prescriptions filled at an Indian Health Services facility, will not have any limitations as stated on the Preferred Drug List. Drugs may be dispensed up to a 100-day supply for each new prescription or refill.

Pharmacy Refills

A total of 80 percent (80%) of the days supplied must have elapsed before the prescription can be refilled. Controlled substances can't be filled until 90% of the day supplied has elapsed.

Generic Drugs

Your pharmacist will give you generic drugs when your doctor has given you a prescription for a drug. Generic and preferred drugs must be used if they can treat your medical condition. If you cannot use the generic drug, your doctor will have to give a medical reason for you to take a different drug. If generic drugs are not available, you can be given brand-name drugs.

Over-the-Counter (OTC) Drug Formulary

Only OTC drugs listed on the PDL are covered by Western Sky Community Care. You will need a prescription from your doctor. You can find the PDL on Western Sky Community Care's website at www.WesternSkyCommunityCare.com.

Provider/Pharmacy Lock-In Program

Some Western Sky Community Care members may be eligible to be assigned to a single prescriber and/or a pharmacy lock-in. These members must:

- 1. See their authorized prescriber to obtain necessary prescriptions
- 2. Only fill prescriptions at a single pharmacy or from a single prescriber location for at least six months.

This is based on prior drug use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information. Members of this program will receive a letter with the name of the pharmacy or prescriber they are required to use. If you have any questions about this program, please call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Other Coverage

If you have both Medicare and Centennial Care, you must bring both your Medicare ID card and your Western Sky Community Care ID card to the pharmacy. **Centennial Care will not cover copays for Medicare Part D drugs**.

NOTE: If you receive LTSS through a waiver or reside in a nursing facility, your Part D plan should not charge you co-pays. If you are charged pharmacy co-pays, contact your Part D plan directly.

Specialty Medications

Acaria Health is the preferred pharmacy for specialty medications, for Western Sky Community Care. Most specialty medications require a prior authorization to be

approved for payment. You will find a list of specialty medication on our website www.westernskycommunitycare.com under the Pharmacy section.

Non-Covered Prescriptions

Western Sky Community Care does not cover:

- Drugs that do not have Federal Drug Administration (FDA) approval
- Experimental or investigational drugs
- Drugs to help you get pregnant
- Drugs used for weight loss, cosmetic or hair growth
- Drugs used to treat erectile problems
- Drug Efficacy Study Implementation (DESI) drugs The FDA has very little proof that the drugs will help. Also, the reason for their medical need has not been proven.

Specialty Services

Behavioral Health (Mental Health and Substance Use)

Behavioral health refers to mental health and substance use (alcohol and drug) treatment. Sometimes talking to friends or family members can help you work out a problem. When that is not enough, call your doctor or Western Sky Community Care. We can give you support. We can talk to your providers/doctors. We can help you find mental health and substance use specialists to help you.

You do not need a referral from your doctor. You can go to any provider in our network for services. Providers will help you figure out what services might best meet your needs.

Service	Description and Limits	Prior Authorization Required
Behavioral Health Services	Age limitations may apply. Services include mental health and substance use treatment in hospital and office or community-based settings.	Yes, for some services
Behavioral Health EPSDT Services	Age limitations apply. Services include residential treatment, behavior management, and day treatment.	Yes, for some services
Psychiatric hospital services	Inpatient and outpatient behavioral health hospital services, multi-systemic therapy, psychosocial rehabilitation, foster care treatment services	Yes, for some services
Psychiatric services	Medication management	Yes, for some services
Psychology services		Yes, for some services

Western Sky Community Care covers these behavioral health services:

- Outpatient mental health and substance use services (counseling/therapy)
- Psychiatry services and medication management
- Psychiatric inpatient hospital and partial hospital services

- Psychological testing
- Intensive Outpatient Services (IOP)
- Non-hospital residential detoxification, rehabilitation and halfway house
- Crisis services
- Residential Treatment Center (RTC)
- Specialized Behavioral Health services, like Assertive Community Treatment (ACT), Psychosocial Rehabilitation (PSR), and Intensive Outpatient Programs (IOP)
- Case management services
- Behavior modification, including Applied Behavioral Analysis

Contact Western Sky Community Care to learn about additional covered benefits.

How do I know if I/my child needs help?

- Can't cope with daily life
- Feels very sad, stressed or worried
- Not sleeping or eating well
- Thinks about hurting themselves or others
- Bothered by strange thoughts, like hearing or seeing things other people don't
- Drinking alcohol or using other substances
- Having problems at school
- The school or daycare thinks that your child should see a doctor about mental health or substance use problems, including Attention Deficit Hyperactivity Disorder (ADHD)
- Unable to concentrate
- Feels hopeless

If you have a behavioral health concern we can help you find a provider. We want you to have a provider who will be a good match for you. It is important for you to have someone to talk to so you can work on solving problems.

What do I do in a behavioral health emergency?

In a life-threatening emergency, call 911. You can go to the closest emergency room.

You do not have to wait for an emergency to get help. Western Sky Community Care has a crisis support line. The phone number is 1-844-543-8996. They will help you at any time for free. They can help with depression, mental illness, substance use and other behavioral health needs.

The State of New Mexico also offers a crisis line called the New Mexico Crisis and Access Line (NMCAL). The phone number is 1-855-NMCRISIS (1-855-662-7474). NMCAL counselors have access to emergency workers if needed.

Recovery and Resilience

Helping you get and stay healthy is our most important goal. This includes your mind, body, spirit and community. For members who need behavioral health care, that means building recovery and resiliency.

- Recovery is a process of making changes that improve your health and quality of life.
- Resiliency is being able to bounce back when there are challenges in your life.

Recovery and resiliency will help you overcome difficulties. This will give you power in your own life. It will help you have feelings of belonging, self-esteem, meaning and hope.

Your behavioral health care should focus on recovery and resiliency. It should be:

- **Self-led:** As much as possible, we want you to control your own life, treatment goals, and plan of care.
- Individualized: Recovery is different for everyone. Your plan of care should fit you. It should be based on your unique strengths, needs, culture and background.
- **Empowered:** You get to be a part of all decisions that affect your life. You should be educated and supported to be actively involved in your care.
- Holistic: Your whole life is part of your recovery mind, body, spirit and community.
- Flexible: Recovery is a journey. There may be setbacks and learning experiences. That is okay.
- Peer Supported: Research shows that help from people who have had similar challenges is an important part of recovery. Peers can give support, understanding, skills and a sense of community.

- Respectful: Everyone involved in your care must respect you. They should help
 protect you from discrimination and stigma. This includes Western Sky
 Community Care, your providers, friends and family. And maybe most
 importantly, you should respect yourself.
- Responsible: Working toward recovery requires bravery and commitment. You
 must be responsible for following your plan of care. This includes taking
 medications and working through the recovery process.
- Hopeful: People do overcome the challenges they face. Believing your life will get better is the first step in the recovery process.

Peer Support Specialist

If you would like to visit a wellness center or speak to a peer support specialist who can provide assistance through wisdom from their own lived experience to help support you in your own unique recovery process, you may call Member Services at 1-844-543-8996 (TTY: 711). We will help you find a provider in your area.

The New Mexico Crisis and Access line provides a peer-to-peer warm line for mental health support. The warm line can help you find treatment resources. The phone number for the warm line is 1-855-466-7100. Hours are: 3:30pm – 11:30pm or text 6:00pm – 11:00pm every day.

The Important Role of Family Support

Healthy relationships are an important part of recovery. If you struggle with a behavioral health challenge, get help from the people who care about you. Tell them how they can support you.

If your child has a behavioral health condition, you have an important role in helping them. Take an active role in their care. Tell their providers or us about changes you notice. Talk about the care you think they need. Tell your provider or us what you need while you care for your child.

Monday - Friday, 8:00 a.m. - 5:00 p.m. MT

Vision Services

Western Sky Community Care covers vision care services for members in the Centennial Care State Plan. These services are not available for members in the Alternate Benefit Plan (ABP).

Vision Service	Description and Limits
Routine eye exams	Under age 21: One routine eye exam in a 12-month period Age 21 and older: One routine eye exam every 36-months
Eyewear (frames and lenses)	Under age 21: One pair of frames and corrective lenses every 12 months Age 21 and older: One pair of frames and corrective lenses every 36 months
Eye care services	Medically necessary eye care services, including treatment of eye conditions
Eyeglasses repair	Minor repairs to eyeglasses for members of all ages (restrictions may apply)
Replacement lenses	Replacement lenses, if lost, broken, deteriorated, or if there is a change in prescription – any time for members under age 21 and for members of any age with a developmental disability (restrictions may apply)

Dental Services

Western Sky Community Care covers dental care services to diagnose, prevent, and treat oral health issues for members. Coverage for dental services may include:

- Complete exams
- X-rays
- Cleanings
- Fillings
- Root canals
- Extractions
- Crowns, full and partial dentures
- Other dental procedure

For members under the age of 21, and for members with special health care needs, exams and cleanings are covered every six months. For members over the age of 21, exams and cleanings are covered every 12 months.

Transportation Services

If you do not have a car or anyone to give you a ride, you may be eligible for transportation to help you get to your non-emergency medical, long-term care, or behavioral health appointments such as doctor appointments, dialysis, and counseling appointments. If you have an emergency and you need help getting to an emergency room, call 911.

Western Sky Community Care covers Non-Emergency Medical Transportation (NEMT) and Secure Transportation coordinates all non-emergency transportation for members, including food and lodging expenses when you have to travel a long distance to get covered medical, long-term care, or behavioral services. You can use these benefits only for medical, long-term care, and/or behavioral needs. The services in the table below are covered under your Medicaid plan.

You can set up transportation by calling Member Services at **1-844-543-8996 Option 1** (TTY: 711).

What is Not Covered for Transportation Services?

Medicaid does not cover the following transportation services:

- Transportation for non-medical needs
- Transportation to a provider who is 50 miles or farther away from where you live, without special authorization from WSCC.
- Transportation to an out-of-network provider without special authorization from WSCC

Covered Service	Prior Authorization?	Prior Notice to Secure
Ride to Routine Medical/Behavioral Appointment <u>under</u> 50 miles	No	3 working days up to two weeks
Mileage Reimbursement	Yes	8 days prior to day of appointment
Meals	Yes	8 days prior to day of appointment

Lodging	Yes	8 days prior to day of appointment
Attendant	Yes	8 days prior to day of appointment
Ride to Routine Medical/Behavioral Appointment <u>over</u> 50 miles	Yes	3 working days up to two weeks
Bus Pass	No	4 working days prior to appointment
Commercial Air Transportation-Non Urgent	Yes	4 weeks prior to appointment

Scheduling Transportation for Routine Care

Scheduling Transportation for Routine Care: Call the Reservation Line phone number to schedule a ride to your appointment from 8 a.m. to 5 p.m., Monday through Friday at 1-844-543-8996 Option 1. When you call the Secure Reservation Line, tell them you are a WSCC member and give them your ID number. Give them the date and time of your appointment and tell them where you are going. Call Secure at least three working days before your routine appointment to schedule a ride. Saturdays, Sundays, and holidays are not working days. If you do not call at least three working days before your appointment, your request may be denied. This three-day notice does not apply to urgent care. When you call for a ride on the same day as your appointment, Secure must call your provider to verify you have an appointment, and your ride may take up to four hours to arrive. If you need to see a provider on a regular basis, you may schedule your ride two weeks (10 working days) ahead of time.

Call **1-844-543-8996 Option 1** to be picked up after seeing your provider, or after being discharged from a hospital, or if your ride is late. Drivers are required to wait only five minutes, so be sure you are ready to leave when the driver arrives. If you are not ready within five minutes, the driver will not wait longer because he or she has other people to transport. Secure can help transport you if you have a special health care need. Secure will keep notes on any special transportation needs. When you call Secure, be sure to mention if you have special needs.

If your medical appointment is canceled and you have already made arrangements with Secure, please call Secure at least two hours before you were supposed to be picked up to cancel your ride.

Monday - Friday, 8:00 a.m. - 5:00 p.m. MT

If you live in an area with public transportation, Secure may give you a mass transit pass to get to your medical, long-term care, or behavioral health appointments. You must request a mass transit pass four working days before your appointment. To find out about getting a mass transit pass, please call Secure at **1-844-543-8996 Option 1.**

Transportation Services Needing Prior Authorization for Long Distance Travel

If you must travel more than 50 miles one way or must travel outside New Mexico to receive health care, you must call Secure for approval to request transportation. If you have to travel to another city or state for an approved appointment, it is important to make plans for these trips as soon as possible and no later than eight working days before the appointment

Meals and Lodging

Through Secure transportation WSCC may pay for your meals when you travel to another city or state for an approved appointment. If you go to an appointment and are away from home for eight hours or more, you can be repaid for your meals if you get authorization from Secure no fewer than three working days before you travel.

When a trip takes more than four hours one way and an overnight stay is medically necessary to receive covered services, you may call Secure to arrange for lodging. All lodging expenses must be coordinated by Secure. Do not arrange your own lodging for any expenses not coordinated and authorized in advance by Secure.

When you call Secure to approve meals and/or lodging, you will be given an authorization/job number if the travel is approved. You must include original receipts for each meal and lodging expense (not photocopies) and write your authorization/job number on the Secure Expense Report you send in to Secure. You will not be paid for meals or lodging if the form and receipts are received more than 30 days after you travel. Mail the form to the address shown on the form.

Payment for Mileage

You must request and be approved for mileage reimbursement before your trip; if you have to drive your own vehicle to a covered appointment. This must be authorized by Secure. Do not expect to be paid for mileage if you do not call Secure Transportation Reservation Line First at 1-844-543-8996 Option 1. Secure will verify you have an appointment and will tell you the number of miles covered. You may call up to 14 days in advance, but no later than 8 days before the day of the appointment. If Secure authorizes your trip, you will be given a trip number. Please do not lose this trip number. You will need it to be paid for your mileage. If you cannot drive yourself, a friend or family member may drive you. He or she can get mileage reimbursement as well. The same procedures and authorization requirements apply.

After you receive approval, complete a Mileage Reimbursement Log and take it with you to your appointment. The provider's office must sign the form and you must write the trip number given to you by Secure Transportation in the area titled Trip Number. The Total miles will be the number of miles approved by Secure Transportation. If the trip is approved and the provider has signed the form, you will be repaid for mileage costs based on the WSCC mileage reimbursement rate. This rate is for a round trip from your home to the provider's office or to the hospital.

Your trip must be medically necessary and your appointment must be with the closest and most appropriate provider.

You will not be paid if the form is received more than 90 days after the appointment, or if the trip was not approved in advance by Secure Transportation. Send the completed and signed form to Secure within 90 days of the appointment.

Long-Term Care and Long-Term Services and Supports

Western Sky Community Care Centennial Care includes services for members who meet the same Level of Care needed in a nursing home. Long-Term Care (LTC) is care provided in a nursing home. When the same type of care is provided in your home, it is called Long-Term Services and Supports (LTSS).

Nursing Facility Level of Care

To receive nursing facility care, you must meet certain conditions. You must need help with the normal activities of daily living, like eating, bathing, dressing, or using the bathroom. If you need help with these daily tasks, call your Care Coordinator. If you do not have a Care Coordinator, contact Western Sky Community Care and ask for an inhome assessment. If the assessment shows you meet the conditions, you may be able to receive nursing home services or you may choose to receive the same kind of services in your home.

If you live in a nursing home now and would like to move out, Western Sky Community Care can help. Call your Care Coordinator and ask about Community Benefits. To speak to a Care Coordinator, contact Member Services. The phone number to call is: 1-844-543-8996 (TTY: 711). Community Benefits give you the same type of care you receive in the nursing home. This benefit allows you to choose where you receive this care.

Community Benefits

If you need help with the normal activities of daily living, like eating, bathing, dressing, or using the bathroom, you may be able to receive the Community Benefits. The Community Benefits provides help at home or in your community. You will need an inhome assessment to find out what things you need help with. Contact your Care Coordinator to ask for an assessment. To speak to a Care Coordinator, contact Member Services. The phone number to call is: 1-844-543-8996 (TTY: 711). Community Benefits are for members who need to receive nursing facility level of care. These services help you do things on your own. The services can add to your natural supports, but they will not replace them.

If you receive Community Benefits, you can choose how these services are delivered. Services can be provided through an agency, known as Agency-Based Community Benefits (ABCB). Or you can direct your own services, known as Self-Directed Community Benefits (SDCB).

Agency-Based Community Benefits (ABCB)

When you choose Agency-Based Community Benefits (ABCB), a personal care services agency approved by Western Sky Community Care will help you arrange the services you need. There are two options for personal care services. You decide which one is best for you.

- Personal Care Delegated Model The home health agency hires, trains, and helps set up care providers for you
- Personal Care Directed Model You play a more active role in selecting and training your caregivers.

ABCB services covered by Western Sky Community Care include:

- Adult day health
- Assisted living
- Behavior support consultation
- Community transition services (\$3,500.00 limit every five years)
- Emergency response
- Employment supports
- Environmental modifications (\$5,000 limit every five years) can include changes to your home to improve your ability to move around your home safely
- Home health aide
- Nutritional counseling
- Personal care services (Consumer Directed and Consumer Delegated)

- Private duty nursing for adults
- Respite (annual limits may apply)
- Skilled maintenance therapy services

All of the services you receive must be medically necessary and required because of your disability.

Self-Directed Community Benefits (SDCB)

Self-Directed Community Benefits (SDCB) services are approved by Western Sky Community Care for those who need Community Benefit services. If you direct your own services, you hire, train, and arrange the services you need. You also manage your Community Benefit services budget. Managing your budget means you decide how much your providers are paid within a range set by HSD.

If you want to use Self-Directed Community Benefits (SDCB), you must first use Agency-Based Community Benefits (ABCB) for 120 days. After 120 days, you can switch to SDCB. Your Care Coordinator can help you decide which option is best for you.

Support Broker. If you use SDCB, you will need a Support Broker. Your Care Coordinator can help you find a Support Broker. The Support Broker works closely with you to make sure you meet the requirements. The Support Broker helps you organize your services. To get a Support Broker, contact your Care Coordinator.

SDCB services covered by Western Sky Community Care include:

- Behavior support consultation
- Emergency response
- Employment supports
- Environmental modifications
 (\$5,000 limit every five years) can
 include changes to your home to
 improve your ability to move
 around your home safely
- Home health aide
- Self-Directed Personal Care (formerly Homemaker)
- Nutritional counseling
- Customized community supports
- Related goods (annual limits may apply)

- Respite (annual limits may apply)
- Skilled maintenance therapy services
- Specialized therapies (annual limits may apply)
- Start-up goods (new SDCB members, one-time up to \$2,000)
- Transportation (nonmedical)(annual limits may apply)
 Private duty nursing for Adults

All of the services you receive must be medically necessary and required because of your disability.

Employer of Record. When you use SDCB, you or someone you choose must be the Employer of Record (EOR). The Support Broker helps the EOR with the following duties, including but not limited to:

- Work with the Fiscal Management Agency (FMA) to complete all paperwork
- Develop job descriptions
- Recruit, hire, and supervise employees
- Develop a back-up plan
- Create work schedules
- Manage the SDCB budget
- Approve timesheets
- Report concerns, such as fraud, waste, or abuse

The EOR cannot be paid for doing these tasks.

Note: LTC and LTSS are not covered for members enrolled in the Alternative Benefit Plan (ABP). These services may be covered for members enrolled in the ABP Exempt plan. If you are an ABP member and have questions about your benefits, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Family Planning Services

Western Sky Community Care covers family planning services. These services do not require a referral and should be provided by a Primary Care Provider (PCP), obstetrician, or gynecologist of your choosing. Services include:

- Medical history
- Physical exam
- Laboratory tests that are part of the exam (PAP smear, gonorrhea and chlamydia testing, syphilis serology, HIV testing, and cervical cancer screening)
- Education about reproductive anatomy and physiology, family planning, and sexually transmitted disease (STD) prevention
- Counseling to help members make informed decisions
- Discussion of results of the exam and treatment options
- Special counseling when needed about pregnancy planning and management, sterilization, certain covered genetics and nutrition

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- Pregnancy diagnosis, counseling and referral
- Birth control devices (such as Norplant)

Well-Child Checkups (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is preventive care for children under the age of 21. These are also called well-child checkups. Doctor visits when your child is well helps make sure they are growing, healthy, and safe. These services are provided at no cost to you. You can call Member Services at 1-844-543-8996 (TTY: 711) for assistance in scheduling your child's appointment.

This schedule shows when to have well child visits. You can ask your child's doctor when they should have their next checkup.

Set up well-child visits when your child is:		
3-5 days old	12 months old	
1 month old	15 months old	
2 months old	18 months old	
4 months old	24 months old	
6 months old	30 months old	
9 months old	Annually through age 20	

Well-child checkups are important for your child's health. Your child can look and feel well but still have a health problem. During your child's appointment, the PCP will check:

- Medical history
- Measurements of height, weight and BMI
- Unclothed physical examination
- Nutrition screening
- Vision and hearing screenings
- Developmental/behavioral assessment

- Hematocrit/hemoglobin at 9months and 13 years
- Immunizations
- Lab screening (lead screening at 12- months and 24- months and anemia)
- Any screening necessary according to risk factors

Your child's PCP may also provide the following services, if needed:

- Health education
- A referral to a dentist
- A referral to an eye doctor

- A referral for hearing services
- Other services your child may need to stay healthy
- A referral for tobacco cessation

Many schools, activities, and other organizations require a "sports physical." This is a limited exam. Tell your provider if you need this exam. They can complete the forms you

need during your child's well child checkup. Immunizations are given at well-child checkups. Below is the immunizations schedule.

Age	Immunization
Birth	Hepatitis B
1 Month	Hepatitis B
2 months	DTaP (Tetanus/Diphtheria/Pertussis Hib (Flu Type B), IPV (Polio), PCV (Pneumonia), Rota Virus
4 months	DTaP (Tetanus/Diphtheria/Pertussis), Hib (Flu Type B),IPV (Polio), PCV (Pneumonia),Rota Virus
6 months	Hepatitis B, DTaP (Tetanus/Diphtheria/Pertussis Hib (Flu Type B), IPV (Polio), PCV (Pneumonia), Influenza (Flu), Rota Virus
12 months	Hib (Flu Type B), PCV (Pneumonia), MMR (Measles/Mumps/Rubella), Varicella (Chicken Pox), Hepatitis A (1 st dose will be given between 12 months -18 months. 2 nd dose would be given 6 -18 months after first dose.)
15 months	DTaP (Tetanus/Diphtheria/Pertussis)
4-6 years	DTaP (Tetanus/Diphtheria/Pertussis IPV (Polio), MMR (Measles/Mumps/Rubella), Varicella (Chicken Pox)
11-12 years	Tdap or Td (Tetanus/Diphtheria), MCV (Meningitis), HPV (Preventative STD) (3 doses)
13-18 years	Tdap or Td (Tetanus/Diphtheria), MCV (Meningitis), HPV (Preventative STD) series (catch-up)
Every year	Influenza (Flu) (after 6 months)

Children with Disabilities

Western Sky Community Care covers services for individuals under age 21 who have disabilities. These disabilities could include sight or hearing issues, autism, physical disabilities, and/or developmental delays. These services include:

- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Applied Behavior Analysis

If your child has special needs we can help you find treatment. Please call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Getting Care

Making Appointments and Getting Care

To get many kinds of care, you can just choose an in-network provider and make an appointment. You do not need approval from Western Sky Community Care or a referral from your provider for these services:

- Visits to a PCP, pediatrician or family doctor
- Visits to specialist doctors (some specialists need a referral from your PCP)
- Urgent Care
- Obstetrics & Gynecology (OB/GYN) care. Make an appointment as soon as you think you are pregnant.
- Behavioral health services (mental health and substance use services)
- Routine vision services
- Dental services

We can help you find or choose a provider.

Call Member Services at 1-844-543-8996 (TTY: 711) or you can find a provider online at www.WesternSkyCommunityCare.com.

These services are always covered even if the provider is not in our network:

- Emergency services
- Family planning services and supplies
- Women's preventive health services

Medically Necessary Services

Covered services you receive that must be medically necessary. This means we want you to get the care that is most likely to work for you. It should be:

- The right care
- The right place
- The right time

We have guidelines to help make sure you get medically necessary care. These guidelines are the criteria that we follow for all providers and members. All providers can see the guidelines, located on our website or on the Provider Portal. Decisions we make about your health care will follow those guidelines.

Western Sky Community Care does not reward providers or our staff for denying coverage or services.

Your Provider Directory

Your Provider Directory lists all of our network providers. Western Sky Community Care covers all of these providers. Your Provider Directory includes information on how to contact providers. It includes:

- Doctors
- Hospitals
- Specialists
- Urgent Care Clinics
- Behavioral health providers
- And any other provider we cover

You can call Member Services for information about our providers or you can use the online Provider Directory to look for providers at www.WesternSkyCommunityCare.com. The online Provider Directory gives you this information about providers:

- Specialty
- Address and phone number
- Provider's gender
- Languages the provider speaks
- Professional qualifications
- Board certifications

Member Services can also tell you about:

Provider's medical school and residency

If you need a printed Provider Directory, we can send you one. We can either mail it to you or email it to you through the Secure Member Portal. To request a printed directory, call Member Services at 1-844-543-8996 (TTY: 711). Information on how to request a Provider Directory is also on the Member website on our webpage at www.WesternSkyCommunityCare.com.

Provider Network

Western Sky Community Care works with a large number of providers. This is called our Provider Network. The Provider Network includes hospitals, physicians, skilled nursing facilities, and other health care providers who provide covered services to members. We do our best to make sure the providers that members need are in our network.

We want providers in our network who give good services to improve and maintain the health of our members. Providers go through a screening process to be in the network. When they are approved, they sign a contract with Western Sky Community Care. They agree to meet certain requirements.

Most of the time providers have to be in our network for us to pay them. If you need to see an out-of-network provider, please call Member Services. We will check to see if there is an in-network provider who can treat your medical condition. If not, we will help you find an out-of-network provider. Services from out-of-network providers need prior authorization.

IMPORTANT: You may have to pay for out-of-network services if you do not get prior authorization. If you have questions, call Member Services at 1-844-543-8996 (TTY: 711).

Out-of-network *emergency* services do not need approval from Western Sky Community Care. Call us as soon as you can if you have an emergency and go to an out-of-network provider. We will need to help them so they can get paid.

Finding New Treatments to Better Care For You

Western Sky Community Care has many doctors who are working to make sure you get the best care. They review new treatments for illnesses. They read studies from other doctors and scientific groups. They want to make sure we cover the treatments that are helping people.

When new treatments are covered by Centennial Care, we tell the Western Sky Community Care providers. This lets them give the best and most current treatment to you.

Urgent Care After Hours

Urgent Care is NOT emergency care. Urgent Care provides medical treatment of illnesses or injuries that require immediate attention but are not life-threatening. Use Urgent Care when you cannot wait for an appointment with your doctor.

Go to Urgent Care if you have any of the following conditions:

- Fever
- Ear pain
- Sore throat
- Cough/Respiratory illness
- Vomiting

- Diarrhea
- Urinary infection
- Sprains and strains
- Puncture wounds and lacerations
- Minor burns

When you need urgent care, follow these steps:

- Call your PCP. The name and phone number are on your Western Sky Community Care member ID card. An after-hours number is listed. Your doctor may help you and give you directions over the phone.
- If you cannot reach your PCP, call our 24/7 Nurse Advice Line. The phone number is 1-844-543-8996 (TTY: 711). You will talk to a nurse. Have your Western Sky Community Care member ID card with you. They will ask you for your Medicaid member ID number. The nurse will help you over the phone. If you need to see a doctor they will help you find care.
- If you have a mental illness or addiction crisis, do not wait to get help. Call our 24/7 Nurse Advice Line at 1-844-543-8996 (TTY: 711).
- Western Sky Community Care also has a behavioral health crisis line that is free to you. That number is 1-844-543-8996, then press *. They can help with depression, substance use and other behavioral health needs.

If your provider tells you to go to the nearest emergency room, go right away. Take your Western Sky Community Care member ID card with you.

Emergency Care

Emergency care is always covered by Western Sky Community Care in the United States and does not require a prior authorization. An emergency is when not getting medical attention could risk your health or the health of your unborn child. An emergency can include an accident, injury or sudden illness.

Go to the emergency room if you have any of the following conditions:

- Broken bone(s)
- Gun or knife wound(s)
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Severe chest pain or heart attack
- Drug overdose

- You feel you are a danger to yourself or others
- Poisoning
- Bad burn(s)
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures

Trouble breathing

 Suddenly unable to see, move or speak

Do NOT go to the emergency room for:

- Flu, cold, sore throat or earache
- A sprain or strain
- To get more medicine or have a prescription refilled
- Diaper rash

Emergency rooms are for emergencies. If you can, call your PCP first. If your condition is severe, call 911 or go to the nearest hospital. You do not need approval.

If you are not sure if it is an emergency, call your doctor. Your doctor will tell you what to do. If your doctor's office is closed there should be a message telling you how to get help. You can also call our 24/7 Nurse Advice Line. The phone number is 1-844-543-8996 (TTY: 711).

You can go to a hospital that is not in the Western Sky Community Care network. You can use any hospital emergency room. Show the provider your Western Sky Community Care member ID card. Providers outside of our network will need help from us right away so that they can get paid.

Call your PCP and Western Sky Community Care after you go to the emergency room. Call within 48 hours of your emergency. This helps us make sure you get the follow-up care you need. The phone number is 1-844-543-8996 (TTY: 711).

Non-Emergency Care in the Emergency Room

You should not go to the emergency room for a medical illness where immediate care is not needed. This is called non-emergency care. The emergency room staff will decide if your medical illness is an emergency by conducting appropriate medical screening.

If the emergency room staff decides your medical illness is not an emergency, they must let you know.

Before the emergency room staff provides care for the medical illness that is not an emergency, they must tell you where you can go to get care.

Out-of-Network Emergency Services

Member Services: 1-844-543-8996

Out-of-network emergency services do not need approval from Western Sky Community Care. All other services from an out-of-network provider need prior authorization. We will check to see if there is an in-network provider who can help you. If not, we will help you find an out-of-network provider.

IMPORTANT: You may have to pay for out-of-network services if you do not get prior authorization. If you have questions, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Post Stabilization Services

Post stabilization services is the care you need after an emergency. This care helps get your health back to normal. These services are important and help make sure you do not have another emergency. Post stabilization services are covered and subject to prior authorization requirements.

Emergency Transportation

Western Sky Community Care covers emergency ambulance transportation. You will be taken to the nearest hospital. A prior authorization is required for emergency air transportation. Non-emergency transportation does require authorization. Ambulance transportation from one health care facility to another is only covered when it is:

- Medically necessary
- Arranged for and approved by an in-network provider

If you have an emergency and you need help getting to the emergency room, call 911.

Utilization Management Decisions (Prior Authorization for Services)

You may at some point need services that are not provided by your PCP and require a specialist or specialty care. Some covered services need authorization by Western Sky Community Care. This may include medical, behavioral, pharmacy, dental services, etc. Utilization services include: urgent concurrent review, preservice decisions (urgent and non-urgent), and post service reviews.

This means that the provider has to get the service approved before they treat you. The right treatment is different for every person. Our goal is to make sure you get care to help you be well.

Call your doctor first when you need care. They will help get the authorization. They will tell us why you need that treatment. They will explain how they think it will help you.

A prior authorization request decides if a service is medically necessary and whether it will be covered by the plan. Western Sky Community Care will consider:

- Medical Necessity whether the service is needed
- Clinical appropriateness whether the service is likely to be helpful

Your provider will give us information about why you need the service. Sometimes they talk to us on the phone and sometimes they send written information. We will check to see if the service is covered and then we will make sure it is medically necessary.

We will make the decision as quickly as we can based on your medical condition. We will let your provider know if the service is approved or denied.

If you or your provider believe we made the wrong decision, you can request a second review. This is called an appeal. There is more detailed information about appeals in the Member Satisfaction section of this handbook.

Emergency room (ER) services NEVER need prior authorization. If you have a true medical emergency, get help right away.

Your provider can tell you if a service needs a prior authorization. You can also call Member Services and ask us. The phone number is 1-844-543-8996 (TTY: 711).

If there are big changes to the prior authorization process, we will tell you. We will inform our members and providers right away.

Prior Authorization for Drugs

Some drugss need prior authorization from Western Sky Community Care. If you need these drugs, your doctor will ask for authorization. They will give us information about your health and then Western Sky Community Care will decide if we can pay for the medication.

Your doctor must ask for prior authorization if:

- A drug is listed as non-preferred on the Preferred Drug List
- Certain conditions need to be met prior to you receiving the medication
- The drug is injected in a doctor's office
- The drug is considered a "specialty medication." The list of specialty medications is on our website
- You are getting more of the drug than is usually prescribed
- There are other drugs that should be tried first

If you would like more information, you can call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Second Medical Opinion

You have the right to a second opinion by another doctor. You can get this at no cost to you. If you would like a second opinion, tell your provider. You must use a doctor who is in the network or you can get prior approval from Western Sky Community Care to see a provider out-of-network. Western Sky Community Care will pay for a doctor outside of the network if one is not available in-network. Your provider will review the second opinion and can use that to help decide the best treatment plan.

Getting Care Outside of New Mexico

Regular medical care is only covered when you see a Western Sky Community Care provider. If you are outside of New Mexico and need unplanned medical care, we still want you to get the help you need. We will pay for services when:

- You are outside of New Mexico and have a health emergency. Go to a
 hospital or emergency room where you are. Your follow-up care must be with a
 Western Sky Community Care network provider. Contact your New Mexico
 doctor for a referral if you need to see a specialist.
- You are outside of New Mexico and have an urgent health problem. If you need care quickly but it is not an emergency, go to an urgent care clinic or to a doctor's office where you are.

Only medically necessary emergency and urgent care services will be covered outside of New Mexico.

It could be decided that you need special care that is not available in New Mexico. If Western Sky Community Care approves your special care, the care you get outside of New Mexico will be covered.

Members are not covered for services they get outside of the United States.

Your Primary Care Provider

Choosing a Primary Care Provider (PCP)

When you become a Western Sky Community Care member, you must choose a Primary Care Provider (PCP) within 15 calendar days from your initial enrollment. If you do not choose one, we will assign you one.

Native American members can continue to use IHS providers or Tribal clinics as their primary care provider.

We will notify you of your assigned PCP (if you didn't choose one) when you receive your Western Sky Community Care member ID Card. This mailing will include your assigned PCP's name, location, and PCP office telephone number, as well as offering you an opportunity to select a different PCP if you are not satisfied with the Planassigned PCP.

Your PCP will be your main doctor. They can help coordinate all of your health needs.

You can choose any PCP in our network. You can change your PCP any time. Your PCP can be a:

- Family Practice Doctor
- General Practice Doctor
- Internal Medicine Doctor
- Pediatrician
- Gerontologist
- Obstetrician
- Gynecologist
- Specialist who performs PCP functions for members with

disabilities, chronic conditions, or complex conditions

- Nurse Practitioner (NP)
- Physician's Assistant (PA)
- Certified Nurse Midwife
- Psychiatrist
- Psychiatric Nurse Practitioner

If you would like to know more about a PCP, you can call Member Services. They can tell you what language the provider speaks, if they are in the network, and where they are located. The phone number is 1-844-543-8996 (TTY: 711).

If you would like to change your PCP, we will help you. There are three ways to change your PCP.

1. Look in the *Forms* section of this book. Find the form called "Request to Change My Primary Care Provider Form." Fill out this form and send it to the address on the form.

- 2. Use the Secure Member Portal on our website www.WesternSkyCommunityCare.com.
- 3. Call Member Services to help you. Phone number: 1-844-543-8996 (TTY: 711).

After you tell us who your new PCP is, we will send you a new Western Sky Community Care member ID card with your new PCP's name and telephone number on it.

Visit Your PCP

After you choose your Primary Care Provider (PCP), make an appointment with them. This will give you both a chance to get to know each other. Your PCP can give you medical care, advice and information about your health.

Call your PCP's office to make an appointment. Remember to bring your Western Sky Community Care member ID card. If you need help getting an appointment with your PCP, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Important: You have unlimited visits to your PCP and there is no cost to you. Make appointments with them when you feel sick. You should also have a wellness check-up every year.

PCP Responsibilities

Your PCP will:

- Make sure you get all medically-necessary services when you need them
- Follow-up on the care you get from other medical providers
- Make referrals for specialty care when needed
- Give ongoing care you need
- Keep your medical record up to date
- Keep track of all the care you receive
- Give services in the same manner to all of their patients
- Give you regular physical exams, as needed
- Give preventive care visits
- Give you immunizations
- Offer 24/7 contact information
- Discuss what advance directives are and keep them in your medical record
- Treat you with respect
- Advocate for your health
- Offer the same appointment availability to all patients
- Review all of your medications and dosages at every visit

It is helpful to schedule an annual wellness check-up with your PCP. Do this in the first 60 days of choosing them. Scheduling a check-up every year helps you to stay healthy. It also helps your PCP find health problems early, when they are easier to treat.

Communication with your PCP

If you need to change or cancel your appointment, let your doctor know as soon as you can. Do not just skip an appointment. A doctor can decide to stop seeing you if you are a "no show" or are late.

If you cannot be at an appointment, please call at least 24 hours before the appointment. If you need to change an appointment, call the doctor's office as soon as you can. They can make a new appointment for you. If you need help getting an appointment, call Member Services at 1-844-543-8996 (TTY: 711).

Be honest with your doctor so they can help you. If you have questions about your health, your treatment or your medicines, ASK! Your doctor is here to help you.

After Hours Care with Your PCP

You may need to see another doctor when your PCP's office is closed. Your PCP's office will have suggestions about afterhours care. Call the doctor's office to get directions or you can call our 24/7 Nurse Advice Line for help with your symptoms. We can help you at any time. The phone number is 1-844-543-8996 (TTY: 711).

Some injuries or illnesses are not life threatening but cannot wait for an office visit. When this happens, you can use an urgent care clinic. If you need help finding an urgent care clinic, you can call Member Services or the 24/7 Nurse Advice Line. The phone number is 1-844-543-8996 (TTY: 711). Have your Western Sky Community Care member ID card with you when you call. They will ask for your member number.

If you have an emergency, call 911 or go to the nearest emergency room (ER).

IMPORTANT: Get urgent care from a network provider. Only emergencies, family planning services received from a qualified provider, and newborn care for their first 30 days can be covered if you see an out-of-network provider.

What to Do if Your PCP Leaves Our Network

If your PCP decides to leave our provider network, we will notify you. We will make our best effort to send you a notice at least 30 days before they leave. If Western Sky Community Care decides to terminate your provider from our network, we will provide

you with written notification within 15 business days after receipt or issuance of our notice to your provider.

You can choose a new PCP. To change your PCP log onto our Secure Member Portal at www.WesternSkyCommunityCare.com or call Member Services at 1-844-543-8996 (TTY: 711). If you do not change your PCP, we will choose a new one for you. After you have a new PCP, we will send you a new member ID card.

If you are in the middle of getting treatment from your provider, we do not want that treatment interrupted. You can ask to stay with your PCP or other providers for up to 90 days after they have left our network. This will give you time to finish that treatment processor it will allow you the opportunity to find a new provider who can continue the treatment.

We can only continue coverage if the provider agrees. They have to agree to:

- Accept payment at the rates they received as an in-network provider
- Follow the quality standards
- Provide the information we need about your care
- Follow the policies and procedures of Western Sky Community Care

If you are seeing a specialist and they leave our network, we will help you find a new one. Call Member Services and we will work with you to make sure your care continues.

What is a physician incentive plan?

A Physician incentive plan rewards doctors for treatments that reduce or limit services for people covered by Medicaid. WSCC cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to members. Utilization Management (UM) does not make choices based on financial reasons. We do not reward doctors or staff for saying "no" to care. We want you to get the care you need, when you need it.

Referrals to See a Specialist

You may need to see a specialist. Your PCP can coordinate your care. Western Sky Community Care does not need a referral from your PCP to cover the service. The specialist may still need a referral from your PCP. This helps them give you the right treatment. They will tell you if they need a referral. If you would like help finding an innetwork provider, please call Member Services.

Some of the services that need a referral from your PCP are:

Diagnostic tests (X-ray & lab)

 Scheduled outpatient hospital services

- Planned inpatient admission
- Renal dialysis (kidney disease)
- Out-of-network providers need Western Sky Community Care approval
- Durable Medical Equipment (DME)
- Home health care

Member Services: 1-844-543-8996

Access to Care

Western Sky Community Care works to make sure our network has all the providers you need. We have providers all over the state of New Mexico. If you cannot find a provider, please let us know. Call Member Services at1-844-543-8996 (TTY: 711).

Continuity and Transition for New Members

Sometimes new members are getting care from a provider who is not in the Western Sky Community Care network. Please tell us if you are receiving any ongoing care from a provider because you have a right to continue that treatment for a period of time.

New members may keep receiving care from their out-of-network provider for up to 60 days.

Some members who are pregnant may keep the same provider until they have had their baby and completed their first post-partum visit.

If you have questions about continuing to receive care, please call us. The phone number is 1-844-543-8996 (TTY: 711). We will help make sure you continue to receive the care you need. If needed, we can help you find another provider in our network.

Appointment Waiting Times

Network providers will keep reasonable operating hours. Services will be available to meet your medical needs. You should be given an appointment within these timeframes:

Type Of Appointment	Scheduling Time Frame
PCP Routine, non-urgent or preventive care	Within 30 calendar days, except for chronic medical condition
PCP (monitor chronic medical condition)	According to schedule, which may be less often than every 2 weeks
Behavioral health care, routine, non-urgent	Within 14 calendar days
PCP (medically necessary)	Within 2 calendar days. Sooner if the illness gets worse and becomes urgent or an emergency
PCP/Urgent Care (including walk in patients)	Within 24 hours
Behavioral Health Urgent Care	Within 24 hours
BH Non-Life Threatening Emergency	Within 2 hours
Emergency visits	Immediately 24 hours/7 days a week
Initial prenatal visits for newly enrolled pregnant women in their first trimester	Within 7 calendar days of first request

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Type of Appointment	Scheduling Time Frame
Initial prenatal visits for newly enrolled pregnant women in the second trimester	Within 7 calendar days of first request
Initial prenatal visits for newly enrolled pregnant women in the third trimester	Within 3 calendar days of first request
High risk pregnancies	Within 3 calendar days of identification of high risk, or immediately if in an emergency
Specialty Care Providers (Specialists) Routine Referral	Within 21 days of referral or sooner, if needed
Specialty Care Providers (Specialists) Urgent Referral	Within 3 calendar days of referral
Specialty Care Providers (Specialist) Emergency Referral	Same day within 24 hours of referral
Lab and X-ray services	Within 14 calendar days or within 48 hours for urgent care
Urgent Lab, X-ray and other Testing	Within 48 hours
ER follow-up visits	Follow discharge instructions
In-office waiting time for scheduled appointments	No more than 1 hour from scheduled appointment. Exceptions for emergency, urgent cases, discovery of serious problems, or unanticipated needs
Initial Health Check (EPSDT)	90 calendar days of enrollment
Rx fill time	Within 40 minutes
Rx phoned in by a practitioner	Within 90 minutes
Routine asymptomatic dental visit	Within 60 calendar days
Symptomatic dental visit	Within 14 calendar days
Urgent dental	Within 24 hours

What to Do If You Get a Bill

Western Sky Community Care has a list of services that are covered. These are the services we can pay for when they are medically necessary. This list has been approved by the Human Services Department.

Talk with your provider about services that are covered and services that are not covered.

Show your Western Sky Community Care member ID card. Ask the provider if they can see Centennial Care members and ask them if they are in the Western Sky Community

Care network. If they say no, call us right way. We may be able to help them get paid or we may be able to add them to our network.

If a provider does not follow the process that Western Sky Community Care gave him/her to follow, the claims may not be paid. In this case, the provider may not bill you.

Call your provider right away if you get a bill for a service covered by Western Sky Community Care. If you have questions, call Member Services for help at1-844-543-8996 (TTY: 711).

Bills You May Have to Pay

There are some situations when you may have to pay a bill a provider sends you.

- If you ask for a service that is not covered, the provider should tell you the
 service is not covered <u>before</u> you get the service. The provider should tell you
 about the cost of the service. The provider will ask you to sign a statement saying
 you will pay for it. If you sign it and get the service, you have to pay the bill.
- If you refer yourself to a specialist or other provider in the network, but did not
 follow our process, such as getting prior authorization, Western Sky Community
 Care may not pay the claim. In this case, the provider may bill you and you may
 have to pay for the services.

If you have any questions about a bill or claim, call Member Services at 1-844-543-8996 (TTY: 711).

When you call, give the Member Services staff:

- Date of service
- Your patient account number
- Name of provider
- Phone number on the bill
- Total amount of bill

Note: If you do not pay a bill for a service that is not covered, you will not lose your Medicaid benefits.

Help for Your Health

Centennial Rewards Program

As a member of Centennial Care, you can earn rewards for making certain healthy choices.

Centennial Rewards Member Services: 1-877-806-8964 (TTY 1-844-488-9722)

Centennial Rewards website: https://www.centennialrewards.com

Register to participate in the Centennial Rewards Program so you can:

- Learn about Centennial Rewards and tips for better health
- Track your reward points
- Shop with your reward points

Here are some of the ways you can earn rewards:

Program	Reward	Points Earned
The Step-Up Challenge	Join the Step-Up Challenge walking program and earn up to \$50	500 points
1 st Prenatal Care Visit	Complete your 1 st prenatal visit and earn \$25	250 points
Postpartum Visit	Complete your postpartum visit and earn \$25	250 points
6 Well-Baby Checkups	Complete 6 well-baby checkups and earn \$30	300 points
Child Dental Checkup	Keep your child's smile healthy and earn \$35 each calendar year	350 points
Adult Dental Checkup	Keep your smile healthy and earn \$25 each calendar year	250 points
Bone Mineral Density Test	Get your bone density tested and earn a one-time reward of \$35	350 points
Diabetes Management	Take steps to manage your diabetes and earn up to \$60 each calendar year	600 points
Asthma Medication Management	Earn up to \$60 per calendar year for refilling your child's asthma controller as prescribed	600 points
Schizophrenia Medication Management	Take steps to manage your schizophrenia and earn up to \$60 in rewards each calendar year	600 points
Bipolar Disorder Medication Management	Take steps to manage your bipolar disorder and earn up to \$60 in rewards each calendar year	600 points

Keeping Track of Your Rewards. You can track all your Centennial Reward points on the Member Rewards portal. There is no limit to the amount of points you can earn in a calendar year. Make sure to use your points before they expire.

Shop. You can spend you Centennial Reward points to buy items from the Centennial Rewards Catalog. Reward categories are:

- Movement and Fitness
- Athletics
- Healthy Lifestyles
- Children's Fitness
- First Aid and Prevention
- Baby Gifts

Centennial Rewards may be subject to certain exclusions and restrictions based on Healthcare Effectiveness Data and Information Set (HEDIS) standards. HEDIS means the tool used by Western Sky Community Care to measure performance for certain health care criteria. Centennial Rewards may be modified by your health plan.

Pregnancy and Maternity Services

There are things you can do to help you have a safe pregnancy. Talk to your doctor about medical problems you have, like diabetes and high blood pressure. Do not use tobacco, alcohol or drugs now or while you are pregnant.

You should see your doctor before you are pregnant if you have had the following problems:

- Three or more miscarriages
- Premature birth (born before 38 weeks of pregnancy)
- Stillbirth

When you are pregnant, keep the following in mind:

- Go to the doctor (OB/GYN) as soon as you think you are pregnant. It is important for you and your baby's health to see a doctor as early as possible.
- If you have had problems or a high-risk pregnancy in the past, you may need
 extra care. Choose a doctor you can see during your entire pregnancy. It is even
 better to see your doctor before you get pregnant. The doctor can help you get
 your body ready for pregnancy.
- You should choose a pediatrician for your baby before it is born. If you do not choose a pediatrician, Western Sky Community Care will choose one for you.

• It is important to have healthy lifestyle habits while you are pregnant. This includes exercising, eating balanced meals, not smoking, and sleeping 8-10 hours a night. These things can help you and your baby stay healthy.

Birthing Options Program (BOP)

Centennial Care offers a Birthing Options Program (BOP). The BOP is an out-of-hospital birthing option program for pregnant Centennial Care members and/or Centennial Care members who are at low-risk for adverse birth outcomes, with services provided by an eligible midwife that enrolls as a BOP provider with the Human Services Division/Medical Assistance Division (HSD/MAD). It allows women to choose from different maternity provider options. The BOP is specifically for basic obstetric care for uncomplicated pregnancies and child birth. Including immediate newborn care that is limited to stabilization of the baby after delivery.

The program does not cover the full scope of midwifery services nor intend to replace pediatric care that should occur at a primary care clinic.

The BOP out-of-hospital birth, or hospital birth options may include:

- Pregnant member's home
- Licensed Birth Center

Enrolled BOP Providers include:

- Licensed Midwives
- Certified Nurse Midwives

BOP services for pregnant women include:

- Prenatal care
- Birthing services for labor and delivery

If you would like to select an out-of-hospital birth provided by a BOP midwife, please contact Western Sky Community Care.

Start Smart

Start Smart for Your Baby (Start Smart) is a program just for pregnant women and mothers with a newborn. It helps make sure you and your baby are healthy during your pregnancy and after you deliver. To sign up, fill out a Notification of Pregnancy (NOP) form at the end of this book.

We have many ways to help you have a healthy pregnancy. To help you, we need to know if you are pregnant. Please call Member Services as soon as you learn you are

pregnant. The phone number is 1-844-543-8996 (TTY: 711). We will set up the special care you and your baby need. Our Start Smart staff can answer questions and give you support if you are having a problem. We have a website just for this program. It is www.startsmartforyourbaby.com.

Pacify

Western Sky Community Care offers access to Pacify memberships.

Pacify connects you with:

- Pacify Lactation Consultants: Available 24/7 via video to offer breastfeeding support and answer other feeding related questions
- Western Sky Community Care Nurse Advice Line: Available 24/7 via phone to help if you or your baby are feeling under the weather
- Western Sky Community Care Member Services: Available 8:30am-5pm M-F via phone to help with benefits, finding a doctor, or scheduling an appointment.

There are no appointments required and you can call as often as you need to.

Start your membership today by reaching out to the Western Sky Community Care team at 1-844-543-8996 to get your unique sign up code.

Or, you can use our self-guided process to sign up virtually at www.pacify.com/western-sky

Note: Pacify is only available to download in the App Store or Google Play Store.

We have many ways to help you have a healthy pregnancy. To help you, we need to know if you are pregnant. Please call Member Services as soon as you learn you are pregnant. The phone number is 1-844-543-8996 (TTY: 711). We will set up the special care you and your baby need.

Care Coordination

Some members have special needs. Western Sky Community Care offers one-on-one help for members with a specific health concern.

Care Coordination gives support to members who need extra help to be as healthy as possible. These services can be:

- Education about lifestyle changes
- Home care
- Community resources

Our staff will reach out to all new Centennial Care 2.0 members within 30 days of your enrollment. The staff member will ask you some questions about your health and health care needs. It is important that we speak with you to be sure you get or continue to get the services you need. This will help us determine if you have needs we can help you with.

If you need help, we will visit with you and talk about your needs and how we can help. We will work together on a care plan specifically for you. We may even be able to help you with things such as food, shelter, and community resources you may not know about.

Care Coordination Levels

There are two levels of Care Coordination in Centennial Care: Level 2 and Level 3.

If you have a higher level of needs, a Comprehensive Needs Assessment (CNA) will be done face-to-face in your home. A Comprehensive Care Plan (CCP) will be created with a Care Coordinator and other support people you want to include.

The Care Coordinator will work with you to develop the Comprehensive Care Plan (CCP) based on your needs as identified in the CNA.

If you are in the Self Directed Community Benefit (SDCB), your Care Coordinator will work with you to ensure you are happy with Self Direction, will develop or review the Plan, provide budget advice and work with your Support Broker.

Should You Be in Care Coordination?

Care Coordination could be helpful to you if you:

 Have a life long illness like asthma or diabetes

- Have or are at risk for a serious condition
- Have a behavioral health need

- Have special needs
- Have a developmental or physical disability
- Have some other special health care need
- Have nursing facility level of care needs
- Need Home and Community
 Based Services
- Are using the Self-Directed Community Benefit Services

What Is a Care Coordinator?

A Care Coordinator is like a personal wellness coach. They work closely with you to plan your health goals. They help you figure out the steps to achieve your goals.

Our Care Coordination teams may include:

- Registered Nurses (RN)
- Licensed Social Workers (LSW)
- Behavioral Health Clinicians (counselor or social worker)

Your Care Coordinator will work with you and your providers to help you get the care you need. Together, you will develop your individualized plan of care. Sometimes they can arrange treatment that is not typical for most people. They may work with our Medical Director to authorize additional care when:

- A member has a serious condition and treatment will probably take a long time
- There are alternative services that can be used instead of covered services that are more expensive
- More services than usual are necessary

Western Sky Community Care will work with you individually to establish a personcentered service plan and work with Supports Brokers (if you are receiving the Self Directed Community Benefit) to allow you to participate in arranging and directing your own care, if you wish to do so. We will stop or adjust the plan if it is no longer appropriate or it doesn't work. You would get a letter at least 10 days before a plan is stopped.

For more information about or to self-refer to Care Coordination you can call Member Services. The phone number is 1-844-543-8996 (TTY: 711). You can ask to speak with Care Coordination. We will help you find the right resources for your needs.

Disease Management

Western Sky Community Care offers disease management services. This is to help our members with long lasting conditions improve their quality of life. Our Health Coaches in partnership with our Care Coordinators, help doctors, specialists, and the member work

Member Services: 1-844-543-8996

together for the best care. They teach the member about their condition. They help the member make a plan to improve their health.

You should talk to your Care Coordinator if you would like to get a Health Coach.

Members with these conditions may benefit from disease management:

- Asthma
- COPD
- Congestive Heart Failure
- Diabetes

- Depression
- Obesity/Weight Management
- Coronary Artery Disease (CAD)

Our Health Coaches will listen to your concerns. They will help you get the things you need. They will talk to you about:

- Understanding your condition
- Developing a plan
- How to take your medicine
- What screening tests to get
- When to call your doctor or other provider

The goal of disease management is to help you understand and take control of your health. Better control means better health.

Smoking Cessation

If you smoke, we can help you stop smoking. We have a free smoking cessation program that includes group or individual counseling, smoking quit line and FDA approved medications that can help you stop smoking.

There are no limits on length of treatment or the number of quit attempts. For more information please call our Member Services at 1-844-543-8996 or you can call the quit line directly at 1-833-706-2880 (TDD 1-800-730-6219)

Change in Status for Care Coordination

Please contact us if there is a change in your health or situation. Let us know if you need more assistance or no longer need assistance. Call Member Services to let us know. The phone number is 1-844-543-8996 (TTY: 711).

SafeLink® Cell Phones

You may be eligible for free cell phone services through SafeLink[®]. This program provides up to 1,000 free minutes of service per month and unlimited texting. This program includes free calls to and from Western Sky Community Care. Call Member

Services at 1-844-543-8996 (TTY: 711) or speak to your Care Coordinator to find out if you are eligible to receive the SafeLink Cell Phone.

Health Education for Members

Western Sky Community Care wants to help you stay healthy. We have several resources available to help you, including:

- An online health library with easy access to more than 4,000 topics relating to health and medication
- Educational books available for children, teens and adults

We will share information with you about:

- Preventive health services available to you
- Schedules for getting important health screenings, such as cancer, high blood pressure and diabetes
- Disease education on asthma, diabetes, and heart health
- Well-child services and screenings (EPSDT)
- Substance use risks (such as alcohol, tobacco and other substances) and counseling services available to help you
- How managed care works and health literacy

These resources are available in our Krames Health Library on the *Health and Wellness Topics* webpage on our website at www.WesternSkyCommunityCare.com.

Member Newsletters

We will mail a newsletter to you four times a year. The newsletter will have health topics to help you and your family. It will also have information about how to use the services we provide. These newsletters will also be available on the *Member Resources* webpage on our website at www.WesternSkyCommunityCare.com.

If you have any questions about health education, call Member Services. The phone number is 1-844-543-8996 (TTY: 711).

Eligibility Information

General Eligibility

Western Sky Community Care is a Managed Care Organization (MCO) that provides the Centennial Care Medicaid program offered through the New Mexico Human Services Department.

To be eligible for Medicaid programs, you must meet certain citizenship, residency and income guidelines. Some of the people who could be eligible for Centennial Care are:

- Children
- Families
- Pregnant Women
- Adults
- Individuals in need of Long Term Care
- Individuals eligible for both Medicare and Medicaid

The HSD Income Support Division (HSD/ISD) determines eligibility for most categories of Medicaid. If you disagree with the household income calculation, you may request an HSD fair hearing.

You can get more information from the New Mexico HSD by calling them at 1-800-283-4465.

Major Life Changes

Major life changes can affect your eligibility with Centennial Care. It is very important to let HSD/ISD and Western Sky Community Care know when you have these life changes. If you have a major life change, please call the New Mexico Medicaid Call Center at 1-888-997-2583. Some examples of major life changes are:

- Changing your name
- A change in your health insurance
- If you add or lose other insurance coverage. If you are added to or removed from someone else's insurance
- Moving to a new address
- Changing jobs
- Your ability or disability changes
- Your family changes. This might mean your family got bigger because of a birth or a marriage. This could also mean your family got smaller because a family member died or moved away
- Changes in your income or assets

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 You become pregnant. Call us if you are pregnant. We have special help for you and your baby. The phone number is 1-844-543-8996 (TTY: 711)

Renewing your Centennial Care Coverage

Coverage for most Medicaid programs must be renewed every 12 months. When your renewal date is coming up the Human Services Department will send you a letter letting you know to renew. If you do not renew by the deadline, your Medicaid coverage may be lost.

Other Insurance

If you have other health insurance, please notify Member Services at 1-844-543-8996 (TTY: 711). You will also need to notify the Human Services Department at 1-888-997-2583. This will help us make sure all of your medical services get paid for.

Workers' Compensation and Other Claims

If you are hurt at work, Workers' Compensation may cover your injuries. Western Sky Community Care will not pay for services covered by Workers' Compensation.

It may take a little while to review work related injuries. Western Sky Community Care will provide the health care services you need while those questions are getting answered. Before we can do this, you have to agree to give us the information we need. We will need documents to have Workers' Compensation cover those services.

You should tell Western Sky Community Care if:

- You are involved in a personal injury lawsuit
- You are involved in a medical malpractice lawsuit
- You have an auto accident claim

Call Member Services to tell us at 1-844-543-8996 (TTY: 711). There may be insurance coverage through other companies that will help pay for your medical services.

Open Enrollment

Open Enrollment is when you can decide to stay with Western Sky Community Care or choose a different health plan. Centennial Care has several plans you can choose from. Open Enrollment only happens once a year. HSD will provide you with health plan options and educational material so you can make an informed choice. During Open Enrollment, you have the right to choose any plan. If you do not choose a new health plan, you will stay with Western Sky Community Care.

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Newborn Enrollment

If you are a Western Sky Community Care member when your baby is born, your baby is also covered by our plan. During this time, medically necessary services are still covered. Western Sky Community Care will cover services that are appropriately authorized.

Switching MCO's

There are a few times when switching from Western Sky Community Care is possible. This means you can change health plans. Those are:

- During the first 90 days that you have the plan
- During your annual Open Enrollment period

You may be able to switch MCOs after 90 days or outside of your annual open enrollment period but only for certain reasons. The reasons must meet specific "for cause" criteria including but not limited to:

- Poor quality of care
- Lack of access to services that are covered by Western Sky Community Care
- Lack of access to providers who have experience with your health care needs
- The contract between Western Sky Community Care and the State of New Mexico ends
- Your doctor is no longer contracted with Western Sky Community Care

For information about how and when you can switch your MCO, please call the NM Medicaid Call Center at 1-800-283-4465.

Voluntary Disenrollment

Members may request disenrollment from Western Sky Community Care at any time by calling the NM Medicaid Call Center at 1-888-997-2583. Review the Switching MCO's section of this handbook for questions about switching managed care organizations.

Involuntary Disenrollment for Cause

Western Sky Community Care may ask for a member to be disenrolled. Western Sky Community Care may ask for disenrollment at any time if:

- The member allows someone else to use their Western Sky Community Care member ID card
- The member's use of services is fraudulent, wasteful, or abusive
- The member's behavior is so disruptive, threatening or uncooperative that behavior makes us unable to cover or provide services. This does not include

behavior that is because of special needs, or physical or behavioral health problems.

Western Sky Community Care will not initiate disenrollment because:

- The member has a pre-existing medical condition
- The member has a change in health status
- The member uses medical services
- The member has diminished mental capacity
- The member refuses medical care or diagnostic testing
- The member completes a grievance or appeal
- The member asks to change providers

Reenrollment

If you have been disenrolled due to loss of eligibility for New Mexico Medicaid and you become eligible again, you may be enrolled to an MCO based on the following criteria:

- By history (you're assigned to an MCO that you were enrolled with in the past six (6) months)
- By family continuity (you have other family members who are enrolled with an MCO)
- Randomly

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Member Satisfaction

We hope our members are always happy with our services. We hope our members are always happy with our providers. If you are not happy, we want to know! Western Sky Community Care has steps for handling problems you may have. Your voice is important to us.

Western Sky Community Care gives members several ways to tell us how we are doing. These are:

- Member Advisory Board
- Member Service Representatives
- Member Satisfaction Surveys
- Grievance Process
- Ombudsman (Member Advocate)

Member Boards

Member Advisory Board

You can help Western Sky Community Care improve the way our health plan works. Through our Member Advisory Board, we give members like you the chance to share your thoughts and ideas with us. The Board shares health education with our members and discusses ways to focus on preventative health. The Member Advisory Board meets four times a year in a centrally located part of the state. There are opportunities to attend without traveling.

In addition to quarterly meetings, Western Sky Community Care holds two statewide board meetings to ensure member issues and concerns are being addressed.

At these meetings, you can talk about the services you get. You can tell us how we are doing and you can share your ideas on policy changes. You may ask questions or share any concerns.

Would you like to join? Just call Member Services at 1-844-543-8996 (TTY: 711). They can give you information about joining the Member Advisory Board.

Native American Advisory Board

Western Sky Community Care has formed a Native American Advisory Board. This board will discuss how we can best serve our Native American members. The Native American Advisory Board meets at least four times a year. To find out more information about these meetings, please call Member Services at 1-844-543-8996 (TTY: 711).

Cultural Competency

It is important to Western Sky Community Care that we give services that are culturally competent. It is important to us that our providers are also culturally competent. This means you receive services that are respectful of your social and cultural needs.

We check the cultural competency level of our providers and we give them training and tools to help them. We ask network providers to make sure:

- Members know that they can get help with interpretation. This includes many languages, signers, and TTY services. There is no cost for these services.
- Race and ethnicity have an influence on health and treatment decisions.
 Providers should understand these issues.
- Western Sky Community Care staff who help members are given cultural competency training.

We will collect data to help us make good decisions. We will try our best to collect race and language specific information from members. We will also explain race/ethnicity categories to a member. This will help members identify the race/ethnicity for themselves and their children.

Person Centered Care Planning thinks about all of the parts of a person. This includes:

- Age
- Gender
- Race
- Heritage
- Country of origin
- Acculturation
- Native language

- Social class
- Religion
- Mental or physical abilities
- Sexual orientation
- Other characteristics that may influence the member's perspective on health care

Office sites have posted and printed materials in several languages.

Quality Improvement Program

Western Sky Community Care is committed to making sure you get quality health care for you and your family. Our goal is to improve your health. We want to help you with any illness or disability. Our programs follow standards of the National Committee on Quality Assurance (NCQA) quality standards.

To help members get safe, reliable, quality health care, our programs include:

- Review of doctors and providers when they become part of our network
- Making sure members have access to all types of health care services

- Giving members support and education about general health care and specific diseases
- Sending members reminders to get annual tests like adult physicals, cervical cancer screenings or breast cancer screenings
- Looking into any member concerns regarding care received

Western Sky Community Care believes your ideas can help make services better. We send out a member survey each year. The survey asks you questions about your experience with the health care and services you are receiving. We hope you will take the time to send us your answers.

If you have questions about our Quality Improvement Program, how Western Sky Community Care operates, our structure, or need information about our Provider incentive plans, please contact Member Services or visit our website at www.WesternSkyCommunityCare.com.

Advance Directives

Advance Directives protect your rights for medical care. All Western Sky Community Care adult members have a right to make Advance Directives for their health care decisions. This includes planning treatment before you need it.

An Advance Directive tells people what you want if you cannot make your own decisions. If you have a medical emergency and cannot communicate what you need, your doctors will already know. An Advance Directive will not take away your right to make your own decisions.

You can make decisions with the help of your doctor before you have a crisis or emergency. Then your doctor will understand your wishes about your health. You can relax because they will already know what you want.

Member Services: 1-844-543-8996

Examples of Common Types of Advance Directives include:

- A Living Will tells doctors what kind of medical care you want to receive (or not receive) if you are no longer able to communicate what you want. This lets you decide ahead of time which life-prolonging treatments you would want or not want. This could include:
 - Feeding tubes
 - Breathing machines
 - Organ transplants
 - Treatments to make you comfortable

A living will is only used when you are near the end of life and there is no hope for you to recover.

- A Healthcare Power of Attorney names someone who is allowed to make health care decisions for you if you are no longer able to communicate what you want.
- A "Do Not Resuscitate" (DNR) Order tells health care providers not to give Cardiopulmonary Resuscitation (CPR) if your heart and/or breathing stop. A DNR order is only about CPR. It does not provide instructions about other treatments.

New Mexico's Mental Health Care Treatment Decisions Act

We follow the regulations in the Mental Health Care Treatment Decisions Act. You can write information about your mental health treatment ahead of time. You can name someone to make decisions about your mental health care for you. This Psychiatric Advance Directive, or PAD, is known as an Advance Directive for Mental Health Treatment. You can find more information on the Mental Health Care Treatment Decisions Act at the New Mexico Developmental Disabilities Planning Council website http://www.nmddpc.com/.

You may want to further discuss this with your practitioner.

Western Sky Community Care will not discriminate against you for not having an Advance Directive and your providers should not discriminate either.

Western Sky Community Care will tell you about any changes to state law affecting Advance Directives. We will send you this information as soon as possible. We will send it within 90 days after the date of change.

Ask your provider or call Western Sky Community Care to find out more about Advance Directives.

Please contact the New Mexico Human Services Department (HSD) to file a complaint if your Advance Directive was not followed. You can visit their website at http://www.hsd.state.nm.us or call HSD at 1-888-997-2583.

Member Services: 1-844-543-8996

For more information about Advance Directives, please visit our website or call Member Services who can assist you in finding this information on our website. The phone number is 1-844-543-8996 (TTY: 711).

After completing the forms, ask your doctor to put them in your file.

Grievances, Appeals, and State Fair Hearing

Grievances

Grievances are spoken or written expressions of dissatisfaction given to Western Sky Community Care by you or your authorized representative. These complaints can be about any action of Western Sky Community Care or a provider in our network. Complaints include, but are not limited to:

- Quality of care
- Personal behavior like rudeness of a provider or employee
- Failure to respect a member's rights
- Harmful administrative processes or operations

Western Sky Community Care wants to resolve your concerns. We will not hold it against you if you file a grievance. We will not treat you differently.

How to File a Grievance

You can file a grievance in any way that works best for you. You can:

- Call Member Services at 1-844-543-8996 (TTY: 711).
- Use the member portal on our website: www.WesternSkyCommunityCare.com
- Send a fax to 1-844-235-6050.
- Give it to us in person or by mail:

Western Sky Community Care ATTN: Grievances 5300 Homestead Road NE Albuquerque, NM 87110

Be sure to include:

- Your first and last name
- Your Centennial Care Medicaid ID number
- Your address and telephone number
- What you are unhappy with
- What you would like to have happen

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There is a *Grievance or Appeal Form* in the Forms section at the end of this book for filing a grievance. You do not have to use it but it may help you know what information we need. You may file a grievance at any time.

Within five business days of receiving your grievance, we will send you a letter so you know we received it.

If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance. No one can act on your behalf without your permission.

To give them permission, there is an *Authorized Representative Designation Form in* the Forms section of this book and on our website. You can also call Member Services. This form can be used to give the right to file your grievance or appeal to someone else.

You may have proof or information supporting your grievance. If you do, please send it to us so we can add it to your information. You can ask to get copies of any documentation Western Sky Community Care used to make the decision about your grievance, free of charge. We will resolve your grievance as quickly as possible. If you believe the situation is urgent, please tell us. You will get a letter from us within 30 calendar days that will tell you how we settled the concern.

We will not hold it against you if you file a grievance. We will not treat you differently in any way. We want to know your concerns so we can improve our services.

Appeals

An appeal is when you ask us to review a decision we made about an authorization. You might want to appeal because a service has been denied, limited, reduced or ended. Appeals may be filed by a member (parent or guardian of a minor member). An appeal tells us to look at a denial again to make sure it was the right decision.

You can appeal a decision that:

- Denies the care you asked for
- Authorizes a smaller amount of care
- Ends care that was approved previously
- Copay totals information that you do not agree with
- Did not make a benefit determination or provide a benefit in a timely manner

These types of decisions are called an "adverse benefit determination." If any of these actions occur, we will send you a letter. The letter will explain what we decided and why we made that decision. It will also have information about your appeal rights.

If you want to file an appeal, you have to do it within 60 calendar days from the date you receive the adverse benefit determination letter.

You can request copies of any documentation Western Sky Community Care used to make the decision about your care or appeal. You can also request a copy of your member records, free of charge.

We will not hold it against you if you file an appeal. We will not treat you differently in any way.

Value Added Services are not subject to the appeals process.

How to File an Appeal

You can appeal a decision that:

- Denies the care you asked for
- Authorizes a smaller amount of care
- Ends care that was approved previously
- Copay totals information that you do not agree with
- Did not make a benefit determination or provide a benefit in a timely manner

You can file an appeal in any way that works best for you. You can:

- Call Member Services at 1-844-543-8996 (TTY: 711).
- Send it electronically by fax to 1-844-235-6050.
- Mail a letter or completed *Grievance or Appeal Form* which can be found in the Forms section of this handbook.

Appeals for physical health, behavioral health and pharmacy services should be sent to:

Western Sky Community Care

ATTN: Appeals

5300 Homestead Road NE

Albuquerque, NM 87110

There is a *Grievance or Appeal Form* in the Forms section at the end of this book for filing an appeal. You do not have to use it but it may help you know what information we need.

After we receive your written appeal request, we will send you a letter within five business days. This will tell you that we received it.

If the appeal was received orally, we must receive a written appeal that is signed by you, or your representative, within 13 calendar days. In cases of an expedited appeal, a written request for an appeal is not needed.

After we make a decision, we will send you another letter. You will have that decision within 30 days. If there is a reason we cannot decide within 30 calendar days, we may ask for an extension from New Mexico Human Services Department. We would have to tell them why we want the extension and we would have to show why the extension is in your best interest.

You can also request an extension if more time is needed. The extension would be for 14 additional calendar days. If you want an extension, call Member Services and tell them you want to request an extension. The phone number is 1-844-543-8996 (TTY: 711).

Who May File an Appeal?

- You, the adult member
- The parent or guardian of a minor member
- A person named by you (your representative)
- A provider acting for you

You must give written permission for someone else to file an appeal for you. No one can speak for you without your permission. There is an *Authorized Representative Designation Form* in the Forms section of this book. This form will tell us that you have given someone permission to appeal for you. You will get a copy of this form with adverse benefit determination letters. It is also on our website: www.WesternSkyCommunityCare.com.

The Authorized Representative Designation Form must be sent in with your appeal. We have to receive it within 60 days from the date that you received the adverse benefit determination letter.

If you need help filing your appeal, call Member Services at 1-844-543-8996 (TTY: 711). We have people to help you Monday through Friday from 8:00 a.m. to 5:00 p.m. MST.

Continuing to Receive Services

If you have been getting the service you are appealing, you can ask to continue receiving this service. You must ask us to continue this service within 10 calendar days from the date on your Notice of Action letter. You must also ask before the service has ended. If you have already asked to have this service continued, you do not need to ask us again. Continuation of services is only available to you if you are currently receiving an authorized service. This service will remain at your current allocation, budget, or level of care.

If you ask us to continue this service and the appeal decision is not in your favor, you may have to pay back the costs for these services. You may also ask to have these

services continued during an HSD Administrative Hearing. If HSD decides Western Sky made the right decision on your appeal, you may have to pay for these services.

You can call us and ask us to end these services at any time.

If you have questions or want to ask to continue your services, please contact us at 1-844-543-8996 or TDD/TTY 711, Monday-Friday 8:00am to 5:00pm MST. We are happy to help you with anything you may need.

Western Sky Community Care
Grievance and Appeals Department
5300 Homestead Road NE
Albuquerque, NM 87110
Fax # 1-844-235-6050
NMQI@WesternSkyCommunityCare.com

Fast Appeal Decisions

If your medical condition is urgent, we can make a decision about your appeal much faster. You may need a fast decision if not getting the treatment will cause:

- Risk of serious health problems or death
- Serious problems with your heart, lungs, or other body parts
- You going into a hospital
- Your doctor must agree that you have an urgent need

If you think you need a fast appeal decision call Member Services and tell them you need an expedited appeal. The phone number is 1-844-543-8996 (TTY: 711). Our Medical Director will make a decision and we will let you know within 72 hours. If your request for a fast appeal is denied, you may request an administrative hearing. The administrative hearing will only address Western Sky Community Care's denial of your request for a fast appeal.

State Fair Hearing

You may disagree with an appeal decision. If that happens you may request a State Fair Hearing. This is an appeal that goes to New Mexico Human Services Department (HSD) instead of Western Sky Community Care. In a State Fair Hearing, HSD will make the final decision.

You must complete the Western Sky Community Care appeals process before you can request a State Fair Hearing. After we have finished your appeal, we will send you a letter. You have 90 calendar days from the date on the letter to ask for a State Fair Hearing. You have 30 calendar days to ask for an expedited hearing from the date on your appeal letter from Western Sky. You can make the expedited request in writing or verbally.

Member Services: 1-844-543-8996

You can ask to keep receiving care during the State Fair Hearing process.

IMPORTANT: If the State Fair Hearing panel agrees with our decision, you may have to pay for the service. We will not stop these services until a final decision is made. You would not need to pay until after the hearing ends. You can, however, request to stop these services at any time during the hearing process.

Requests for a State Fair Hearing can be submitted in writing, telephonically or electronically. Submit your request to:

New Mexico Human Services Department Fair Hearings Bureau P.O. Box 2348 Santa Fe, NM 87504

Email: HSD-FairHearings@state.nm.us

Call: (505) 476-6213 Toll free: 1-800-432-6217 (option 6)

Fax: (505) 476-6215

For more information about the State Fair Hearing process, contact New Mexico Human Services Department Fair Hearings Bureau.

Reporting Fraud, Waste, and Abuse

Western Sky Community Care is serious about finding and reporting times that New Mexico Medicaid funds are used in the wrong way. This is called fraud, waste, or abuse.

Fraud means a member, provider or other person is misusing New Mexico Medicaid program resources. This could include things like:

- Giving someone your member ID card so they can get services under your name
- Using another person's member ID card to get services under their name
- A provider billing for the same service twice
- A provider billing for a service that never happened

Your health care benefits are given to you because you met the rules of the program. They are not for anyone else. You must not share your benefits with anyone. If you misuse your benefits, you could lose them. The New Mexico Human Services Department (HSD) could also take legal action against you if you misuse your benefits.

If you think a provider, member or other person is misusing New Mexico Medicaid benefits, please tell us right away. Western Sky Community Care will take your call seriously. You do not need to give your name. Call Member Services at 1-844-543-8996 (TTY: 711). You can also email us at ReportFWA@WesternSkyCommunityCare.com.

www.WesternSkyCommunityCare.com

Member Rights

As a member you have certain rights. Western Sky Community Care wants to always respect your rights. We expect our providers to respect your rights.

- Be treated with respect and recognition of your dignity and your right to privacy.
- Receive information about Western Sky Community Care, services, practitioners and providers and member rights and responsibilities.
- Be able to participate with practitioners in making decisions about their health care and to receive information on all available treatment options.
- Be able to have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Have access to creating and using an Advance Directive.
- Be able to receive Covered Services in a fair manner.
- Be able to participate with practitioners in make decisions regarding his or her health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion as stated in federal regulations.
- Have access to his or her medical records and be able to request corrections.
- Be able to choose a Representative to help with making care decisions.
- Be able to provide informed consent.
- Be able to express Grievances about the care provided by Western Sky Community Care.
- Be able to choose from available Contract Providers that abide by Western Sky Community Care's prior authorization requirements.
- Be able to receive information about Covered Services, Contract Providers and how to access them.
- Be able to request copayment totals paid. If there is a disagreement about the totals, members are able to appeal this information.
- Be free from harassment by Western Sky Community Care or its Contract Providers.
- Be able to take part in understanding physical and Behavioral Health problems and setting treatment goals.
- Be able to make recommendations regarding Western Sky Community Care's member rights and responsibilities.
- Be able to exercise rights and doing so will not affect the way Western Sky Community Care or Western Sky Community Care providers treat them.
- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.

Member Responsibilities

As a member you have certain responsibilities. Treatment can work better if you do these things. Your responsibilities are:

- Notify the New Mexico Human Services Department if:
 - Your family size changes
 - You move out of the state or have other address changes
 - You get or have health coverage under another policy, other third party, or there are changes to that coverage
- Work on improving your own health.
- Tell Western Sky Community Care when you go to the emergency room.
- Talk to your provider about preauthorization of services they recommend
- Be aware of cost-sharing responsibilities. Make payments that you are responsible for.
- Inform Western Sky Community Care if your member ID card is lost or stolen.
- Show your Western Sky Community Care member ID card when getting health care services.
- Know Western Sky Community Care procedures, coverage rules and restrictions the best that you can.
- Contact Western Sky Community Care when you need information or have questions.
- Give providers and Western Sky Community Care accurate and complete medical information.
- Follow prescribed treatment. Or tell your provider the reason(s) treatment cannot be followed as soon as possible.
- Ask your providers questions to help you understand treatment. Learn about the
 possible risks, benefits, and costs of treatment alternatives. Make care decisions
 after you have thought about all of these things.
- Be actively involved in your treatment. Understand your health problems and be a part of making treatment goals with your provider as much as you can.
- Follow the grievance process if you have concerns about your care.
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Notice of Privacy Practices

Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective 07.01.2017

For help to translate or understand this, please call <u>1-844-543-8996</u>.

Hearing impaired: TTY: 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono.

1-844-543-8996. (TTY: 711).

Interpreter services are provided free of charge to you.

Covered Entities Duties

Western Sky Community Care is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Western Sky Community Care is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

Internal Protections of Oral, Written and Electronic PHI

Western Sky Community Care protects your PHI. We have privacy and security processes to help. These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to
- know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Western Sky Community Care reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Western Sky Community Care will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

We will make any revised Notices available on our website.

Permissible Uses and Disclosures of Your PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

Treatment - We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.

Payment - We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:

- processing claims
- o determining eligibility or coverage for claims
- issuing premium billings
- o reviewing services for medical necessity
- o performing utilization review of claims

Health Care Operations - We may use and disclose your PHI to perform our health care operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- o providing case management and care coordination
- o conducting medical review of claims and other quality assessment
- improvement activities

In our health care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its health care operations. This includes the following:

- quality assessment and improvement activities
- o reviewing the competence or qualifications of healthcare professionals
- o case management and care coordination
- o detecting or preventing healthcare fraud, waste, or abuse.

Group Health Plan/Plan Sponsor Disclosures – We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI

Fundraising Activities – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

Underwriting Purposes – We may use or disclosure your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.

Appointment Reminders/Treatment Alternatives - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose.

As Required by Law - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

Public Health Activities - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclosure your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness products or services under the jurisdiction of the FDA.

Victims of Abuse and Neglect - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.

Judicial and Administrative Proceedings - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:

- o an order of a court
- administrative tribunal
- subpoena
- o summons
- warrant
- discovery request
- o similar legal request.

Law Enforcement - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:

- court order
- court-ordered warrant
- subpoena
- summons issued by a judicial officer
- o grand jury subpoena
- We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners and Funeral Directors - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

Organ, Eye and Tissue Donation - may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement. banking or transplantation of:

- o cadaveric organs
- o eves
- o tissues

Threats to Health and Safety - We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Specialized Government Functions - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:

- to authorized federal officials for national security
- to intelligence activities
- The Department of State for medical suitability of terminations
- o for protective services of the President or other authorized persons

Workers' Compensation - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previous identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Inmates - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

Research - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

Sale of PHI – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

Marketing – We will request your written authorization to use or disclose your PHI for marketing purposed with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes – We will request your written authorization to use or disclose any of you psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

Member Services: 1-844-543-8996

Individuals Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

Right to Revoke an Authorization - You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.

Right to Request Restrictions - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.

Right to Request Confidential Communications - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason is for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.

Right to Access and Received Copy of your PHI - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Right to Amend your PHI - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

Right to File a Complaint - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Right to Receive a Copy of this Notice - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

Western Sky Community Care

Attn: Privacy Official 5300 Homestead Road NE Albuquerque, NM 87110 1-844-543-8996 TTY: 711

Forms

- 1. PCP Change Form
- 2. Notification of Pregnancy (NOP) Form
- 3. Grievance or Appeal Form
- 4. Concern or Recommendation Form
- 5. Authorized Representative Designation Form

Member Services: 1-844-543-8996

PCP Change Form

This form is also available on our website at WesternSkyCommunityCare.com and in the Benefits/Forms Booklet you received when you joined our health plan.

You can send this form by fax or by mail, or you can make this request by phone.

Western Sky Community Care Member Services 5300 Homestead Road NE Albuquerque, NM 87110 1-844-543-8996 (TTY: 711)

Fax: 1-844-320-2479

Member Information	*Required Field
First Name:	MI: Last Name:
Medicaid ID*:	Date of Birth (mmddyyyy):
SSN:	Telephone number:
Mailing Address:	
City:	State: Zip Code:
PCP Change Request - Please provide PCP Inf	formation
Requested PCP Name	NPI#
Office Address:	
City:	State: Zip Code:
Office Phone:	Effective Date (mmddyyyy):
	The effective date will be based upon the plan's selection/change policy.
Reason for Change from Assigned PCP - Choo	
	41,3
New Member - made 1st time selection	O Provider Location
Already patient with requested PCP	 Association with hospital or medical group
Requested PCP already sees family member	 Language/communication barriers
O Member Preference	Wait time in provider office
O Member Moved	O Availability to get appointment/access to care
O PCP Hours didn't fit member need	O Established relationship w/ another PCP
O Quality of Care	O Provider Request to Disenroll Member
O Provider Left Network	Other
Signature of Member or Authorized Representative	Date (mmddyyyy)
Print Name of Member or Authorized Representative	

Notification of Pregnancy (NOP) Form



Notification of Pregnancy Form

*Required Field

The earliest possible completion o	of this form allows us to best use our resources ar	nd services to help you and your patient achieve a
healthy pregnancy outcome. Plea	se complete clearly in black ink and fax to 1-1	344-583-2117.

Annals Command Contract Information	
Member's Current Contact Information	
*Member ID:	
Last Name:	
Mailing Address:	
City: Zip Code: Zip Code:	
Home Number: Cell Number:	
Email Address:	Ξ
OB Provider Information	Ξ
*OB Provider Name:	
*OB Provider TIN/ID #:	
OB Provider Mailing Address:	
OB Provider City: OB Provider State: OB Provider Zip Code:	- 1
OB Provider Phone Number: Today's Date (mmddyyyy):	
General Information	
Primary insurance (for mom or baby) other than Medicaid?	
*Due Date (mmddyyyy): Date of first prenatal visit (mmddyyyy):	
Date of last Pap Smear (mmddyyyy):	
Race/Ethnicity (check all that apply): Caucasian, Non-Hispanic/Latina Black/African American Hispanic/Latina	
American Indian/Native American Asian Hawaiian/Pacific Islander Other ethnicity (please specify):	
If other ethnicity, please specify.	
Preferred Language (if other than English):	
Number of Full Term Deliveries: Number of Preterm Deliveries:	
Number of Miscarriages/Abortions: Number of Stillbirths:	
Any social needs? Yes No	
If yes, please specify social needs:	
Enrolled in WIC? Yes No Planning to Breastfeed? Yes No Height:	
Pre-Pregnancy Weight: Pre-Pregnancy BMI: (Feet, Inches)	
Age less than 16? Yes No Age greater than 40? Yes No	
*Are there any known pregnancy risk factors?	

*Member ID: DOB (mmddyyyy):	
Last Name: First Name:	
History	
Previous Preterm delivery (<37 weeks)? Yes No If yes, was the delivery spontaneous? Yes No	
Currently on 17P? Yes No	
Currently on 17P? Yes No Recent delivery (within past 12 months)? Yes No Recent delivery (within past 6 months)? Yes No Previous C-Section? Yes No Previous severe preeclampsia? Yes No	
	≣
Diabetes (prior to pregnancy)? Yes No Sickle Cell? Yes No	
Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No	
High Blood Pressure (prior to pregnancy)? Yes No If yes, is high blood pressure well controlled? Yes No	
Previous neonatal death or stillborn? Yes No	
If yes, was neonatal death associated with an underlying maternal health condition?	
HIV Positive? Yes No HIV Negative? Yes No HIV Test Refused? Yes No AIDS? Yes	No
Seizure disorder? Yes No If yes, has there been a seizure within the last 6 months? Yes No	
Current Pregnancy	
Preterm labor this pregnancy? Yes No Current placenta previa? Yes No	
Vaginal bleeding after 14 weeks? Yes No	
Shortened Cervix <23 weeks this pregnancy? Yes No If yes, Length cm.	
Current gestational diabetes? Yes No Current preeclampsia? Yes No Current oligohydramnios? Yes	10
Current Twins? Yes No Current Triplets? Yes No Discordant growth? Yes No	
Current fetal growth restriction? Yes No Current congenital anomalies? Yes No	
BMI < 20 or poor weight gain during this pregnancy? Yes No UTI/Pyelo Bacteriuria this pregnancy? Yes No	
Current severe hyperemesis? Yes No	
Current mental health concerns?	
Current mental health concerns? Yes No If yes, please specify mental health concerns.	Ţ
Current STD? Yes No If yes, please list STD's.	1
Current tobacco use? Yes No If yes, please specify amount used.	
Current alcohol use? Yes No If yes, please specify amount used.	
Current street drug use? Yes No If yes, please specify amount used.	
Are there any other significant risk factors? Yes No	
If yes, Please list other risk factors:	
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Grievance/Appeal Form

This form is to help you file a grievance or appeal. You can fill it out and send it to us. Or, you may write a letter and include this information in your letter.

You may file a grievance at any time.

You must file an <u>appeal</u> within 60 calendar days from the date on the denial letter.

Please mail this form or your letter to:

Western Sky Community Care Attention: Grievances and Appeals 5300 Homestead Road NE Albuquerque, NM 87110

Fax: 1-844-235-6050

PLEASE PRINT

Member Name:			
Member ID#:			
Street Address:			
City	State	Zip Code	
Member Phone Number: ()		
Share information you have abo	ut your (check one):	☐ Grievance	☐ Appeal
Representative's Name (if you name	ned one)		
Member/Representative's signatur	re:		
Daytime Phone Number ()	Date	

Concern or Recommendation Form

This form is to help you share a concern or make a recommendation. We want to hear your ideas! You can fill it out and send it to us. Or, you may write a letter and include this information with your letter.

Please mail this form or your letter to:

Western Sky Community Care

Attention: Member Services 5300 Homestead Road NE Albuquerque, NM 87110 Fax: 1-844-320-2479

PLEASE PRINT

Member Name:			
Member ID#:			
Street Address:			
City	State	Zip Code	
Member Phone Number: ()		
Share your concern or recommenda			
Representative's Name (if you name	ed one)		_
Member/Representative's Signature	e:		_
Daytime Phone Number ()	Date	

Monday - Friday, 8:00 a.m. - 5:00 p.m. MT

Authorized Representative Designation Form

You may have someone else act on your behalf when you have a grievance or an appeal. The person you list below will be accepted as your representative. We cannot speak with anyone on your behalf until we receive this form.

Please return the completed form by mail or fax to the following:

Western Sky Community Care

ATTN: Appeals Department 5300 Homestead Road NE Albuquerque, NM 87110 Fax: 1-844-235-6050

Ι,	[PRINTED NAME OF MEMBER]
Pe	ant the following person to act for me in my grievance and/or appeal. I understand ersonal Health Information related to my grievance and/or appeal may be disclosed to y representative.
•	Name of Appeal Representative
•	[PLEASE PRINT]
2.	Address of Appeal Representative:
	Street/PO Box/Apartment #
	CityStateZip Code
	Daytime Phone () Evening Phone ()
3.	Brief description of the appeal for which Appeal Representative will be acting on in your behalf:
4.	Member Signature:
	[Signature of Member, Parent or Guardian] Date
Ke	elationship to Member: Self Parent Guardian
5.	Appeal Representative Signature:
R	[Signature of Appeal Representative] Date delationship to Member: Parent Guardian Other:
F	For questions, please contact Member Services at 1-844-543-8996, Monday – Friday 8:00 a.m. – 5:00 p.m.