



# 2019 Member Handbook



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

Such services are funded in part with the state of New Mexico.  
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[WesternSkyCommunityCare.com](http://WesternSkyCommunityCare.com)

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# Welcome

## **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](http://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 TO BE PROOF OF INSURANCE COVERAGE BETWEEN THE 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](http://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.

### **Western Sky Community Care Grievance Coordinator**

5300 Homestead Road NE

Albuquerque, NM 87110

1-844-543-8996 (TDD/TTY: 711)

Fax: 1-844-320-2479

Email: [nmqi@westernskycommunitycare.com](mailto: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 get an interpreter when we are not open. Call Member Services. The phone number is 1-844-543-8996. Select the Nurse Advice Line option. We will make sure that you are connected. We will 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)**

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**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.

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**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.

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

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**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。

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**العربية (Arabic):**

تتوفر لك خدمات المساعدة اللغوية والاعانات والمساعدات الإضافية بأحرف كبيرة وشفهي وغيرها من الأشكال البديلة مجاناً. للحصول على الخدمات، اتصل بالرقم أعلاه.

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**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。

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**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。

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**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.

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**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.

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

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**فارسی (Persian):** خدمات ترجمه، حمایت های و خدمات کمکی؛ خط درشت تر و ترجمي شفاهي و ساير انواع ديگر خدمات به رايجان در اختيار شما قرار مي گيرند. براي دست يابي به اين خدمات، لطفا با شماره تلفن بالا تماس بگيريد.

---

**ไทย (Thai):** บริการความช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม แบบอักษรขนาดใหญ่ขึ้น

การแปลด้วยปากเปล่า รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ผู้ใช้ได้โดยไม่เสียค่าใช้จ่าย

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.....1-844-543-8996**

**TTY.....Relay 711**

Member Services hours:..... Monday through Friday  
8:00 a.m. to 5:00 p.m. Mountain Time (MT)

**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.....1-888-997-2583

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 (ADRC).....1-800-432-2080

# 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 (MT). 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 issues 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](http://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

 <b>western sky community care.</b> <small>A Centennial Care Program</small>	<b>EFFECTIVE:</b> MM/DD/YYYY <b>PLAN TYPE:</b> [ABP/State Plan]
<b>NAME:</b> JANE C. DOE <b>MEMBER ID#:</b> XXXXXXXXXX <b>DATE OF BIRTH:</b> mm/dd/yyyy	<b>COPAYS:</b> <i>Effective 3/1/2019</i> Non-Emergency Room Visit: \$8 Non-Preferred Prescription Drugs: \$8
<b>PCP NAME:</b> DR. NAME <b>PCP NUMBER:</b> XXXXXXXXXX	<b>RX:</b> ENVOLVE Rx <b>RXBIN:</b> 004336 <b>RXPCN:</b> MCAIDADV <b>RXGRP:</b> RX5469
<small>If you have an emergency, call 911 or visit the nearest emergency room (ER). For non-emergencies, call your PCP or the 24/7 Nurse Advice Line.</small>	

### Back

<b>IMPORTANT CONTACT INFORMATION</b>	
<b>MEMBERS:</b>	Call <b>1-844-543-8996</b> TTY/TDD: <b>711</b> For: Member Services 24/7 Nurse Advice Line Prescription Drugs Physical Health Behavioral Health Long Term Care
<b>PROVIDERS:</b> Eligibility: <b>1-844-738-5019 (TTY: 711)</b> • Prior Authorization: <b>1-844-831-7024</b> Medical Claims: <b>Western Sky Community Care PO Box 8010, Farmington, MO 63640</b> Provider/claims information via the web: <b>WesternSkyCommunityCare.com</b> Pharmacy Help Desk: <b>1-844-212-8505</b> Dental: <b>1-844-732-3046</b> • Vision: <b>1-844-833-1905</b>	
<small><b>Note:</b> Some services may require prior authorization from your physician. Such services are funded in part with the state of New Mexico.</small>	

We will mail you your permanent ID card after you have a 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. Or call Member Services. The phone number is 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](http://www.WesternSkyCommunityCare.com).

You may also request a new card via fax by completing the Western Sky Community Care ID Card Request Form which you can print off by visiting our website at [www.WesternSkyCommunityCare.com](http://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](http://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 of care and education
- See 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:

1. Go to [www.WesternSkyCommunitycare.com](http://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 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- 844-225-6672
- Fax: 1-844-491-0862
- Email: [Ombudsman@WesternSkyCommunityCare.com](mailto:Ombudsman@WesternSkyCommunityCare.com)
- Address: Western Sky Community Care  
Attention: Ombudsman Services  
5300 Homestead Road NE  
Albuquerque, NM 87110

## New Technology

Health technology is always changing, and we want to grow with it. If we think a new medical advancement can benefit our members, we evaluate it for coverage. These advancements include:

- New technology
- New medical procedures
- New drugs
- New devices
- New application of existing 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	Description and Limits	Prior Authorization Required
<b>Accredited Residential Treatment Center Services</b>		Yes, must be obtained within 5 days of submission
<b>Applied Behavior Analysis (ABA)</b>		Needed in Stage 3
<b>Adult Psychological Rehabilitation Services</b>		No
<b>Ambulance – Emergency</b>	Includes ground and emergency helicopter ambulance (when medically necessary.)	No
<b>Ambulance – Non-Emergency</b>	Limits and restrictions may apply	Yes
<b>Ambulatory surgical center services</b>		Certain procedures require prior authorizations
<b>Anesthesia Services</b>		Certain procedures require prior authorizations
<b>Annual Physical Exam and Consultation</b>	Includes health appraisal exam, laboratory and radiological tests, and early detection procedures	No
<b>Assertive Community Treatment Services</b>		No

Service	Description and Limits	Prior Authorization Required
<b>Bariatric Surgery</b>	Restrictions may apply; must meet medical guidelines	Yes
<b>Behavior Management Skills Development Services</b>		No
<b>Community Interveners for the Deaf and Blind</b>		No
<b>Comprehensive Community Support Services</b>		No
<b>Day Treatment Services</b>		No
<b>Dental Services</b>	Restrictions and limitations may apply. <i>See Dental Services section for more information</i>	Not for Annual Preventative. Other services may require a prior authorization
<b>Diagnostic Imaging and Therapeutic Radiology Services</b>	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
<b>Dialysis Services</b>		No
<b>Durable Medical Equipment (DME) and Supplies</b>	Items that are not medically necessary or are not ordered by a provider are not covered.	Yes, under certain circumstances
<b>Emergency Services</b>	Includes emergency room visits and psychiatric ER	No
<b>Experimental or Investigative Procedures, Technology, or Non-Drug Therapies</b>	Restriction and limitations apply	Yes
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</b>	Services are for members under 21 years of age.	No
<b>EPSDT Personal Care Service</b>		No
<b>EPSDT Private Duty Nursing</b>		No

<b>Service</b>	<b>Description and Limits</b>	<b>Prior Authorization Required</b>
<b>EPSDT Rehabilitation Services</b>		No
<b>Family Planning</b>	May use own PCP or any family planning provider without referral and regardless of whether they are providers for Centennial Care	No
<b>Family Support (Behavioral Health)</b>		No
<b>Federally Qualified Health Center (FQHC) Services</b>		No
<b>Hearing Aids and Related Evaluations</b>		Yes, for cochlear implants
<b>Home Health Services</b>		Yes
<b>Hospice Services</b>		Yes
<b>Hospital Inpatient</b>	Includes detoxification services	Yes
<b>Hospital Outpatient</b>		No
<b>Inpatient Hospitalization in Freestanding Psychiatric Hospitals</b>		Yes
<b>Intensive Outpatient Program Services</b>		No
<b>IV Outpatient Services</b>		Yes
<b>Laboratory Services</b>	Includes surgical pathology	Yes, under certain circumstances
<b>Medication Assisted Treatment for Opioid Dependence</b>		No
<b>Midwife Services</b>		No
<b>Multi-Systemic Therapy Services</b>		No
<b>Non-Accredited Residential Treatment Centers and Group Homes</b>		Yes

<b>Service</b>	<b>Description and Limits</b>	<b>Prior Authorization Required</b>
<b>Nursing Facilities</b>	Must meet requirements	Yes
<b>Occupational Services</b>	Limitations or restrictions may apply	Yes
<b>Office/Physician Visits</b>	Covered with all in network providers	Yes, for office visits with a non-participating provider
<b>Outpatient Hospital-based Psychiatric Services and Partial Hospitalization</b>		Yes, under certain circumstances
<b>Outpatient and Partial Hospitalization in Freestanding Psychiatric Hospital</b>		Yes, if stay exceeds 45 days
<b>Outpatient Health Care Professional Services</b>		No
<b>Pharmacy</b>	Restrictions and limitations may apply Some Over-the-counter (OTC) medications require a doctor's prescription <i>See Pharmacy Services section for more information</i>	No
<b>Physical Therapy</b>	Limitations and restrictions may apply	No
<b>Podiatry Services</b>		No
<b>Pregnancy Termination Procedures</b>		No
<b>Preventive Services</b>		No
<b>Prosthetics and Orthotics</b>		Yes
<b>Psychosocial Rehabilitation Services</b>		No
<b>Recovery Services (Behavioral Health)</b>		No
<b>Rehabilitation Option Services</b>		Yes, under certain circumstances
<b>Rehabilitation Services Providers</b>		Yes, if non-participating provider

Service	Description and Limits	Prior Authorization Required
<b>Reproductive Health Services</b>	Infertility Services are not covered	No
<b>Respite (Behavioral Health)</b>		Yes, after 30 days or 720 hours
<b>Rural Health Clinics (RHC) Services</b>		No
<b>School-Based Health Center Services</b>		No
<b>Smoking Cessation Treatment</b>	Certain medications, patches or gum to help you stop smoking are covered.	No
<b>Speech and Language Therapy</b>	Limitations and restrictions may apply	Yes
<b>Swing Bed Hospital Services</b>		Yes
<b>Telemedicine Services</b>		No
<b>Tot-to-Teen Health Checks</b>		No
<b>Transplant Services</b>		Yes
<b>Transportation Services (medical)</b>		No
<b>Treatment Foster Care I and Treatment Foster Care II</b>		Yes
<b>Vision Care Services</b>	Limitations and restrictions may apply <i>See the Vision Services section for more information</i>	No

## Agency-Based Community Benefit Services Included under Centennial Care

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

## Self-Directed Community Benefit Services Included under Centennial Care

<b>Self-Directed Community Benefit Service</b>	<b>Description and Limits</b>	<b>Prior Authorization Required</b>
<b>Behavior Support Consultation</b>	Restrictions may apply	Yes
<b>Customized Community Support</b>		Yes
<b>Emergency Response</b>		Yes
<b>Employment Supports</b>	Restrictions may apply	Yes
<b>Environmental Modifications</b>	\$5000 limit every five years	Yes
<b>Home Health Aide</b>		Yes
<b>Self-Directed Personal Care (formerly Homemaker)</b>		Yes
<b>Nutritional Counseling</b>		Yes
<b>Private Duty Nursing for Adults</b>	Restrictions may apply	Yes

Self-Directed Community Benefit Service	Description and Limits	Prior Authorization Required
<b>Related Goods</b>	Annual limits may apply	Yes
<b>Respite</b>	Annual Limits may apply	Yes
<b>Skilled Maintenance Therapy Services</b>		Yes
<b>Specialized Therapies</b>	Annual limits may apply	Yes
<b>Transportation (non-medical)</b>	Annual limits and restrictions may apply	Yes

## Alternative Benefit Plan (ABP) Covered Services

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 through our Care Coordination processes. 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 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).

## Alternative Benefit Plan (ABP) Covered Services



<b>ABP Service</b>	<b>Description and Limits</b>	<b>Prior Authorization Required</b>
<b>Allergy testing and injections</b>		Yes
<b>Annual Physical Exam and Consultation</b>	Includes health appraisal exam, laboratory and radiological tests, and early detection procedures	Yes, if non-participating provider
<b>Bariatric Surgery</b>	Limited to one per lifetime. Additional restrictions and criteria may apply.	Yes
<b>Behavioral Health Professional and Substance Abuse Services</b>	Includes evaluations, testing, assessments, therapies and medication management	Yes, under certain circumstances
<b>Cancer Clinical Trials</b>	Restrictions may apply	Yes
<b>Cardiovascular Rehabilitation</b>	Limited to short-term therapy (two consecutive months) per cardiac event; additional limitations may apply	Yes, if non-participating provider
<b>Chemotherapy</b>		Yes
<b>Dental Services</b>	Limitations and restrictions may apply. <i>See Dental Service section for more information.</i>	<i>See Dental Services section</i>
<b>Diabetes Treatment</b>	Includes diabetic shoes, medical supplies, equipment and education	Yes, some services require prior authorization
<b>Dialysis</b>		No
<b>Diagnostic Imaging and Therapeutic Radiology Services.</b>		Prior authorization required for high-tech radiology including CT, MRI, and MRA
<b>Disease Management</b>		No
<b>Drug/Alcohol Dependency Treatment Services</b>	Includes outpatient detoxification, therapy, partial hospitalization and intensive outpatient program (IOP) services	No

<b>ABP Service</b>	<b>Description and Limits</b>	<b>Prior Authorization Required</b>
<b>Durable Medical Equipment (DME)</b>	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
<b>Electroconvulsive Therapy</b>		Yes
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b>	Includes routine oral and vision care, for members up to age 20	No
<b>Emergency Services</b>	Including emergency room visits, emergency transportation, psychiatric emergencies and emergency dental care.	No
<b>Family Planning and Reproductive Health Services and Devices</b>	Includes sterilization, pregnancy termination and contraceptives. Sterilization reversal is not covered. Infertility treatment is not covered.	No
<b>Federally Qualified Health Center (FQHC)</b>		No
<b>Genetic Evaluation and Testing</b>	Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness. Does not include random genetic testing.	Yes
<b>Habilitative and Rehabilitative Services</b>	Including physical, speech, and occupational therapy. Limited to short-term therapy (two consecutive months) per condition.	Yes
<b>Habilitative and Rehabilitative Services for Autism Spectrum Disorder</b>	Covers speech, occupational and physical therapy, and applied behavioral analysis for member's age 19-20, or	Yes

ABP Service	Description and Limits	Prior Authorization Required
	age 21-22 who are enrolled in high school.	
<b>Hearing Screening</b> (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
<b>Holter Monitors and Cardiac Event Monitors</b>		No
<b>Home Health Care, Skilled Nursing, and Intravenous Services</b>	Home health care is limited to 100 visits per year. A visit cannot exceed four hours.	Yes
<b>Immunizations</b>		No
<b>Inhalation Therapy</b>		No
<b>Inpatient physical and behavioral health</b>	<p>Hospital, medical services, and surgical care.</p> <p>Includes services in a psychiatric unit of a general hospital and inpatient substance abuse detoxification.</p> <p>The Alternative Benefit Plan (ABP) does not include inpatient drug rehabilitation services.</p> <p>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.</p> <p>Surgeries for cosmetic purposes are not covered.</p>	Yes
<b>Inpatient Rehabilitative Services/Facilities</b>	Includes services in a nursing or long-term acute rehabilitation facility/hospital. Coverage is limited to temporary stays as a step-down level of care from an acute care hospital when medically necessary and the	Yes

<b>ABP Service</b>	<b>Description and Limits</b>	<b>Prior Authorization Required</b>
	discharge plan for recipient is the eventual return to home.	
<b>IV Infusions</b>		Yes, certain medications and locations require prior authorization
<b>Maternity Care</b>	Includes delivery and inpatient maternity services, and pre- and post-natal care	No
<b>Medication Assisted Therapy for Opioid Addiction</b>		Yes, under certain circumstances
<b>Non-emergency Transportation</b>	Limited coverage when necessary to secure covered medical services	Yes
<b>Nutritional Evaluations and Counseling</b>	Includes dietary evaluation and counseling as medical management of a documented disease, including obesity	Yes, if non-participating provider
<b>Organ and Tissue Transplants</b>	Limited to two per lifetime. Additional limitations and restrictions apply.	Yes
<b>Osteoporosis Diagnosis, Treatment and Management</b>		Yes, for certain treatment modalities
<b>Outpatient surgery</b>		Yes, certain procedures require prior authorization
<b>Over-the-Counter Medicines</b>	Prenatal and low-dose aspirin could be used as preventative for cardiac conditions. Over-the-counter items may be covered with a prescription from your doctor if they feel it is medically necessary and the medication is on the Preferred Drug List.	No

ABP Service	Description and Limits	Prior Authorization Required
	<i>See Pharmacy Services section for more information.</i>	
<b>Periodic Age-appropriate Testing and Examinations</b>	Glaucoma, colorectal, mammography, pap tests, stool, blood, cholesterol, and other preventive/diagnostic care and screenings.	No
<b>Physician Visits</b>		Yes, if non-participating provider
<b>Podiatry and Routine Foot Care</b>	Covered when medically necessary due to malformations, injury, acute trauma or diabetes.	No
<b>Prescription Medicines</b>	See Pharmacy Services section for more information.	Yes, refer to the Preferred Drug List (PDL)
<b>Primary Care to Treat Illness/Injury</b>		No, if a participating provider
<b>Pulmonary Therapy</b>	Limited to short-term therapy (two consecutive months) per condition. Additional limitations or restrictions may apply.	Yes, if a non-participating provider
<b>Reconstructive Surgery</b>	Covered for the correction of disorders that result from accidental injury, congenital defects or disease.	Yes
<b>Rural Health Center (RHC) Services</b>		No
<b>Skilled Nursing</b>	Subject to the 100-visit home health limit when provided through a home health agency	Yes
<b>Sleep Studies</b>	Limited to diagnostic sleep studies performed by certified providers/facilities	Yes, if performed in a facility.

ABP Service	Description and Limits	Prior Authorization Required
		No authorization required in the home setting.
<b>Smoking Cessation Treatment</b>		No
<b>Specialist Visits</b>		Yes, if getting services from a non-participating provider
<b>Specialized Behavioral Health Services for Adults</b>	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, Recovery Services, or Respite Services.	Yes, under certain circumstances
<b>Telemedicine Services</b>		No
<b>Urgent Care Services/Facilities</b>		No
<b>Vision Care for Eye Injury or Disease</b>	Not covered: Refraction for visual acuity and routine vision care, except for members 19-20.	No
<b>Vision Care Hardware (Eyeglasses or Contact Lenses)</b>	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
<b>Boys &amp; Girls Club Membership</b>	A \$30 credit towards the membership fee to the local Boys and Girls Club. This is for children age 6-18 years old.
<b>Care Grants</b>	Care Grants are for requests to help members receive special items. The requests can be made by Western Sky Community Care (WSCC) staff, providers, or caregivers. The items may include bike helmets, athletic shoes, music instruments, or classroom art supplies for a child. This VAS is limited to \$50 per household.
<b>Caregiver ‘Thanks to You’ Package</b>	One “Thanks to You” package for caregivers. Items may include: A waterproof keepsake bag, a caregiver journal, and an important phone numbers magnet and caregiver educational material. Members are those who receive LTSS and Home and Community Based Services (HCBS), and living or moving into a caregiver’s home.
<b>GED Preparation &amp; Testing</b>	Provide official General Education Diploma (GED) testing practice materials upon request and/or provide financial assistance for completion of the GED test.
<b>Native American Traditional Healing Benefit</b>	Reimbursement for ceremonial or spiritual healing that may improve behavioral health and/or physical health. Native American Members are allowed up to \$250 per member per calendar year. This VAS is limited to an annual spending of \$150,000.
<b>Post Discharge Meals</b>	Eligible members will have access to 10 healthy, home-delivered meals. This will be initiated at the time of discharge planning,

Value Added Services	Description
	following an acute inpatient hospital stay or transition out of a nursing facility to community based setting. Limitations and restrictions may apply.
<b>Practice Dental Visits</b>	The practice visit provides an opportunity for individuals with Intellectual and/or Developmental Disabilities (I/DD) who are fearful of dental visits to go to a simulated dental exam only in accepting provider offices.
<b>Practice Gynecology Visits</b>	The practice visit provides an opportunity for individuals with Intellectual and/or Developmental Disabilities (I/DD) who are fearful of gynecology visits to go to a simulated gynecological exam only in accepting provider offices.
<b>Wellness &amp; Emotional Support</b>	The MyStrength.com online program gives Members information overcome depression and anxiety. This online program includes simple tools, weekly exercises, mood trackers and daily inspirational quotes and videos. The program may be used independently or with other services.



## 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).

## Cost Sharing

In some situations, members must share in the cost of the service provided.

Sometimes this is a **Copayment (copay)**, or a set amount the member pays when they receive service.

The other type of cost sharing is when a member must pay a portion of their monthly expense. A member in a Nursing Facility may have to pay a portion and this is referred to as **Patient Liability**.

## Paying Copays

- You must make copays directly to provider at the time of service.
- You are always responsible for paying a provider's full charges for non-covered services.
- If you do not pay your copay, the provider and/or Centennial Care may use legal action to collect payment from you.

At any time, you can ask us how much you and your household have paid in copays. There are several ways to request your copay totals:

- Contact Member Services
- Request through your online account on the Member Secure Portal
- Request this information from your care coordinator

If you do not agree with the copay totals we tell you, you have the right to appeal.

If you paid a copay that you should not have been charged for, you have the right to be paid back by the provider who collected the copay.

Starting on March 1, 2019, you will have copays for the services below.

Copay Category	Centennial Care Copay Amount	Alternative Benefit Plan (ABP) Copay Amount
<b>Non-emergency Visit to the Emergency Room</b> (You will be charged a copay if you decide to get care at the emergency room, and <u>your medical illness is not an emergency</u> . For examples of emergency care, see page of the Member Handbook)	\$8 per visit (see Exemptions below)	\$8 per visit (see Exemptions below)
<b>Non-preferred (brand) prescription drugs</b> (Psychotropic drugs and family planning drugs/supplies are exempt)	\$8 per prescription (see Exemptions below)	\$8 per prescription (see Exemptions below)

## Exemptions

These types of Members are always exempt from paying copays:

- Native American Members
- ICF-IID Members
- QMB/SLIMB/QI1 Members
- Members on Family Planning-Only
- Members in the PACE program
- Members on the Developmentally Disabled (DD) waiver program
- Members receiving hospice care

Emergency services are always exempt from copays.

## Patient Liability for Members Who Live in Nursing Homes

Members in nursing homes must pay a part of the monthly cost of the nursing home. New Mexico HSD decides how much you will need to pay. HSD will let you know the amount you need to pay. HSD will also tell Western Sky Community Care the amount you need to pay. You must make your payment directly to the nursing home. Western Sky Community Care will pay the nursing home the difference between the full monthly cost and the amount you must pay.

# Pharmacy Services

When you need a prescription or over-the-counter (OTC) medication, 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 mail-order pharmacies for your maintenance medications. Maintenance medications are listed on the Preferred Drug List. These can be filled up to a 90-day supply. **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](http://www.WesternSkyCommunityCare.com).** Show your Western Sky Community Care ID card to the pharmacy when you pick up medication. 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 drugs and over-the-counter (OTC) items approved by the U.S. Food and Drug Administration (FDA)
- Self-injectable drugs (including insulin)
- Drugs to help you quit smoking
- Needles, syringes, blood glucose monitors, test strips, lancets and glucose urine testing strips

## 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](http://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 medication 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 medication, 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](http://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 medication on the list is safe and helpful for you and that it is cost-effective.

### Pharmacy Copayments

	Centennial Care Non-Native	Alternative Benefit Plan
<b>Generic and Preferred Brand Drugs</b>	No Copay	No Copay
<b>Non-preferred (Brand) prescription drugs</b> (Psychotropic drugs and family planning drugs/supplies, and immunizations are exempt)	\$8 per prescription (see Exemptions below)	\$8 per prescription (see Exemptions below)

## **Paying Copays**

You must make copays directly to the pharmacy to receive your medications.

At any time, you can ask us how much you and your household have paid in copays.

There are several ways to request your copay totals:

- Contact Member Services
- Request through your online account on the Member Secure Portal
- Request this information from your care coordinator

If you do not agree with the copay totals we tell you, you have the right to appeal.

If you paid a copay that you should not have been charged for, you have the right to be paid back by the provider who collected the copay.

## **Pharmacy Copay Exemptions**

Some medications do not require members to pay a copay. They are:

- Family planning prescription drug items, supplies, and devices
- Prenatal drug items
- Immunizations
- Legend drugs that are classified as psychotropic drugs for the treatment of behavioral health conditions. Minor tranquilizers, sedatives, hypnotics, and stimulants to treat attention deficit disorders are not considered psychotropic medications.

These types of members are always exempt from paying copays:

- Native American Members
- ICF-IID members
- QMB/SLIMB/QI1 members
- Members on Family Planning-Only
- Members in the PACE program
- Members on the Developmentally Disabled (DD) waiver program
- Members receiving hospice care

## **Pharmacy Copays for Native American Members**

Copays do not apply to Native American Centennial Care members

**Native American members who get prescriptions filled at an Indian Health Services provider will not have any limitations as stated on the Preferred Drug**

**List. Medications may be dispensed up to a 100-day supply for each new or refill. A member may receive a 100-day supply for specific maintenance medications.**

### **Pharmacy Refills**

A total of 80 percent (80%) of the days supplied must have elapsed before the prescription can be refilled. A prescription can be filled after 24 days. 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 medication. 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](http://www.WesternSkyCommunityCare.com).

### **Provider/Pharmacy Lock-In Program**

Some Western Sky Community Care members may be eligible to be assigned to a primary care provider (PCP) and/or a pharmacy lock-in. These members must:

1. See their PCP 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 medication 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**

AcariaHealth is the provider of 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](http://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
<b>Behavioral Health Services</b>	Age limitations may apply. Services include mental health and substance use treatment in hospital and office or community based settings.	Yes, for some services
<b>Behavioral Health EPSDT Services</b>	Age limitations apply. Services include residential treatment, behavior management, and day treatment.	Yes, for some services
<b>Psychiatric hospital services</b>	Inpatient and outpatient behavioral health hospital services, multi-systemic therapy, psychosocial rehabilitation, foster care treatment services	Yes, for some services
<b>Psychiatric services</b>	Medication management	Yes, for some services
<b>Psychology services</b>		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.

## 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
<b>Routine eye exams</b>	<i>Under age 21:</i> One routine eye exam in a 12-month period <i>Age 21 and older:</i> One routine eye exam every 36-months
<b>Eyewear (frames and lenses)</b>	<i>Under age 21:</i> One pair of frames and corrective lenses every 12 months <i>Age 21 and older:</i> One pair of frames and corrective lenses every 36 months
<b>Eye care services</b>	Medically necessary eye care services, including treatment of eye conditions
<b>Eyeglasses repair</b>	Minor repairs to eyeglasses for members of all ages (restrictions may apply)
<b>Replacement lenses</b>	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 procedures

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

Western Sky Community Care covers Non-Emergency Medical Transportation (NEMT) for medically necessary, covered services, such as doctor appointments, dialysis, and counseling appointments. Emergency air transportation does not require authorization. Non-emergency transportation does require authorization. You can set up transportation by calling Member Services. The phone number is 1-844-543-8996 (TTY: 711).

### **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 in-home 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. Call Member Services and Press 4 for Care Coordination. 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 in-home assessment to find out what things you need help with. Contact your Care Coordinator to ask for an assessment. Call Member Services and Press 4 for Care Coordination. 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 (non-medical)(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 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
- 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 9- months 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

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

## Excluded Services

Western Sky Community Care does not pay for these services:

- Acupuncture
- Cosmetic procedures
- Treatment for infertility
- Lasik Surgery/Keratotomy

- Services provided primarily for the convenience of the member, caregiver or the provider
- Sterilization reversal

This is not a complete list of excluded services. If you want to know if a service is covered, 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](http://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 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 are the criteria that we follow for all providers and members. All providers can see the guidelines. 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 and financial incentives for decision makers do not encourage decisions that result in underutilization.

## 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](http://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](http://www.WesternSkyCommunityCare.com).

## Provider Network

Western Sky Community Care works with a large group of providers. This is called our Provider Network. 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. 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 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)                                  | • Poisoning  |
| • Gun or knife wound(s)                           | • Bad burn(s)  |
| • Bleeding that will not stop                     | • Shock (you may sweat, feel thirsty or dizzy or have pale skin) |
| • You are pregnant, in labor and/or bleeding      | • Convulsions or seizures  |
| • Severe chest pain or heart attack               | • Trouble breathing  |
| • Drug overdose                                   | • Suddenly unable to see, move or speak                          |
| • You feel you are a danger to yourself or others |  |

## **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.

**Note:** You will be charged a copay if you decide to get care at the emergency room, and your medical illness is not an emergency.

## **Out-of-Network Emergency Services**

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 are care you need after an emergency. These help 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. They will take you to the nearest hospital. A prior authorization is not required. Emergency air transportation does not require authorization. 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. Sometimes they send written information. We will check to see if the service is covered. 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 book.

**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 drugs 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. Then Western Sky Community Care will decide if we can pay for the drug.

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 drug
- The drug is injected in a doctor's office
- The drug is considered a "specialty drug." The list of specialty drugs is on our website.
- You are getting more of the drug than is usually prescribed
- There are other drugs that should be tried first

You might get up to a three (3) day supply of a drug while you are waiting for a decision. The decision will be made within one business day. Your doctor will be notified of the decision.

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. But, you could be outside of New Mexico and need unplanned medical care. In those situations, 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, to include transportation.

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 Plan-assigned 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:

- Behavioral Health Provider
- 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

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](http://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. 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. Schedule a check-up every year. This helps you stay healthy. It 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 after-hours care. Call the doctor’s office to get directions. Or, you can call our 24/7 Nurse Advice Line. 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](http://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 process. Or, it will let you 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. 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. 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 in-network 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

# 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. The phone number is 1-844-543-8996 (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



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) <i>Routine Referral</i>	Within 21 days of referral or sooner, if needed
Specialty Care Providers (Specialists) <i>Urgent Referral</i>	Within 3 calendar days of referral
Specialty Care Providers (Specialist) <i>Emergency Referral</i>	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. When you follow plan rules, you should not be billed for covered services. You may have some copays.

Show your Western Sky Community Care member ID card. Ask the provider if they can see Centennial Care members. 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. 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. The phone number is 1-844-543-8996 (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 before 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. 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
<b>The Step-Up Challenge</b>	Join the Step-Up Challenge walking program and earn up to \$50	500 points
<b>1<sup>st</sup> Prenatal Care Visit</b>	Complete your 1 <sup>st</sup> prenatal visit and earn \$25	250 points
<b>Postpartum Visit</b>	Complete your postpartum visit and earn \$25	250 points
<b>6 Well-Baby Checkups</b>	Complete 6 well-baby checkups and earn \$30	300 points
<b>Child Dental Checkup</b>	Keep your child's smile healthy and earn \$35 each calendar year	350 points
<b>Adult Dental Checkup</b>	Keep your smile healthy and earn \$25 each calendar year	250 points
<b>Bone Mineral Density Test</b>	Get your bone density tested and earn a one-time reward of \$35	350 points
<b>Diabetes Management</b>	Take steps to manage your diabetes and earn up to \$60 each calendar year	600 points
<b>Asthma Medication Management</b>	Earn up to \$60 per calendar year for refilling your child's asthma controller as prescribed	600 points
<b>Schizophrenia Medication Management</b>	Take steps to manage your schizophrenia and earn up to \$60 in rewards each calendar year	600 points
<b>Bipolar Disorder Medication Management</b>	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.

### **Birth Options Program (BOP)**

Centennial Care offers a Birth Options Program (BOP). The BOP is an out-of-hospital birthing option program for pregnant Centennial Care members. 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.

When you sign up, we will give you information that can help you. We will talk to you on the phone and send you things in the mail. Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit

if you need more help. We have a website just for this program. It is [www.startsmartforyourbaby.com](http://www.startsmartforyourbaby.com).

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.

### **Text4baby**

Text4baby is the first health service for pregnant women and babies that uses text messages. Text4baby is a free service.

You can text “BABY” (or “BEBE” for Spanish) to 511411. You will receive three free text messages a week. The texts are based on your baby’s due date or birthday. So the information you get will match your baby’s age. The texts will be sent until the baby’s first birthday. The messages talk about:

- Labor signs and symptoms
- Prenatal care
- Urgent alerts
- Developmental milestones
- Immunizations
- Nutrition
- Birth defect prevention
- Safe sleep
- Safety
- and more

Text “STOP” (to 511411) to stop getting text messages. You can also text “HELP” (to 511411) for questions at any time. For more information, visit [www.text4baby.org](http://www.text4baby.org).

# 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) and a Person Centered Care Plan 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) and Person Centered Care Plan 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 Supports 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 person-centered 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.

## **Chronic Care Management**

Western Sky Community Care offers chronic care 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 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 chronic care management:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety
- Asthma
- Bipolar Disorder
- Congestive Heart Failure
- Diabetes
- Depression
- Hemophilia
- Hepatitis C
- HIV/AIDS
- Hypertension
- Obesity/Weight Management
- Pain Management
- Perinatal Substance Use
- Schizophrenia
- Sickle Cell Disease

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 chronic care 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.

If you are identified as someone that would benefit from our Chronic Care Management or Smoking Cessation program it will be offered to you. If you are interested or would like more information please call Member Services. The phone number is 1-844-543-8996 (TTY: 711). Or, you can call 1-800-QUITNOW.

### 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 on the *Health and Wellness Topics* webpage on our website at [www.WesternSkyCommunityCare.com](http://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](http://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 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, then you may request an HSD fair hearing.

You can get more information from the New Mexico HSD. Call them at 1-888-997-2583.

## 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 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. Or your family got smaller. This may be because a family member dies or moves away.
- Changes in your income or assets

- 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 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 tell us and the NM HSD. Call Member Services. The phone number is 1-844-543-8996 (TTY: 711). 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 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. The phone number is 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.

## **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 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 1-888-997-2583.

## **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 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

# 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 System 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. It 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. 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. The phone number is 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. The phone number is 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. 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](http://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.

## 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.

**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. The phone number is 1-844-543-8996 (TTY: 711).
- Use the member portal on our website: [www.WesternSkyCommunityCare.com](http://www.WesternSkyCommunityCare.com)
- Send a fax. The fax number is 1-844-235-6065.
- 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 address and telephone number  |
| • Your Centennial Care Medicaid ID number | • What you are unhappy with          |
|   | • What you would like to have happen |

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

- Call Member Services. The phone number is 1-844-543-8996 (TTY: 711).
- Send it electronically by fax. The fax number is 1-844-235-6065.
- Mail a letter or completed *Grievance or Appeal Form* which can be found in the Forms section of this book.

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 call, written, or electronic appeal, 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 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. 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 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](http://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. The phone number is 1-844-543-8996 (TTY: 711). We have people to help you Monday through Friday, 8:00 a.m. to 5:00 p.m. MT.

### **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. Continuing 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 # 1-844-235-6065

[NMQI@WesternSkyCommunityCare.com](mailto: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.

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

**IMPORTANT:** If the hearing finds our decision was right, 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](mailto: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 Waste, Abuse and Fraud**

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 waste, fraud 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. 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. The phone number is 1-844-543-8996 (TTY: 711). You can email us at [ReportFWA@WesternSkyCommunityCare.com](mailto:ReportFWA@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 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.

## 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.

# 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.

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

Hearing impaired TTY 711.

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

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

**Interpreter services are provided free of charge to you.**

## Covered Entity's 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 that 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 uses or disclosures, your rights, our legal duties, or other privacy practices stated in the notice. We will make any revised Notices available on our website and in any material we send.

### **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, determining eligibility or coverage for claims, issuing premium billings, reviewing services for medical necessity, and performing utilization review of claims.

**Health Care Operations** – We may use and disclose your PHI in the performance of our health care operations. These activities may include providing customer services, responding to complaints and appeals, providing case management and care coordination, conducting medical review of claims and other quality assessment and improvement activities. We may also in our health care operations disclose PHI to business associates with whom we have written agreements containing terms to protect the privacy of your PHI. We may disclose your PHI to another entity that is subject to the federal Privacy Rules and that has a relationship with you for its health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, or detecting or preventing health care fraud and 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 weight.

**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 disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of 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 to receive such reports if we have a reasonable belief of abuse, neglect, exploitation or domestic violence.

**Judicial and Administrative Proceedings** – We may disclose your PHI in judicial and administrative proceedings, in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.

**Law Enforcement** – We may disclose your relevant PHI to law enforcement when required to do so, such as in response to a court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena. We may also disclose your relevant PHI for the purpose of identifying or locating 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** – We may disclose your PHI to organ procurement organizations or entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or 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 and intelligence activities, the Department of State for medical suitability determinations and 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. If you are incapacitated or not present, we may disclose your PHI to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. 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 purposes 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 your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or health care operation functions.

## Individual 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 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 health care 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 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 Receive 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 whether 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 six year 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/](http://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

## PCP Change Form

This form is also available on our website at [WesternSkyCommunityCare.com](http://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

First Name:  MI:  Last Name:   
Medicaid ID\*:  Date of Birth (mmddyyyy):   
SSN:  Telephone number:  -  -   
Mailing Address:   
City:  State:  Zip Code:

### \*Required Field

### PCP Change Request - Please provide PCP Information

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 - Choose all that apply. Select at least one.

- |  |  |
|--|--|
| <input type="radio"/> New Member - made 1st time selection     | <input type="radio"/> Provider Location                              |
| <input type="radio"/> Already patient with requested PCP       | <input type="radio"/> Association with hospital or medical group     |
| <input type="radio"/> Requested PCP already sees family member | <input type="radio"/> Language/communication barriers                |
| <input type="radio"/> Member Preference                        | <input type="radio"/> Wait time in provider office                   |
| <input type="radio"/> Member Moved                             | <input type="radio"/> Availability to get appointment/access to care |
| <input type="radio"/> PCP Hours didn't fit member need         | <input type="radio"/> Established relationship w/ another PCP        |
| <input type="radio"/> Quality of Care                          | <input type="radio"/> Provider Request to Disenroll Member           |
| <input type="radio"/> Provider Left Network                    | <input type="radio"/> Other  |

-----  
Signature of Member or Authorized Representative

Date (mmddyyyy)

-----  
Print Name of Member or Authorized Representative

## Notification of Pregnancy (NOP) Form



### Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Western Sky Community Care at 844-583-8996 (TTY/TTD: 711). This form is also available online at [www.WesternSkyCommunityCare.com](http://www.WesternSkyCommunityCare.com).

#### \*Required Field

**\*Are You Pregnant?** ☐ Yes ☐ No \* If you are pregnant, please continue to answer all the questions.

Return the form in the envelope provided. When your answers are received, a gift will be mailed to you!

We may call you if we find that you are at risk for problems with your pregnancy.

**\*Medicaid ID #:**  Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

**\*Your Birth Date MMDDYYYY:**

Mailing Address:

City:  State:  Zip Code:

Home Phone:  Cell Phone:

Would you like to receive text messages about pregnancy and newborn care? ☐ Yes ☐ No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address:

**\*Your OB Provider's Name:**

**\*Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? ☐ Yes ☐ No

Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Hispanic/Latina

☐ American Indian/Native American ☐ Asian ☐ Hawaiian/Pacific Islander

☐ Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed? ☐ Yes ☐ No If no, what is the reason?

Pediatrician chosen? ☐ Yes ☐ No Pediatrician Name:

Number of Full Term Deliveries:  Number of Miscarriages:

Number of Preterm Deliveries:  Number of Stillbirths:

Height (Feet, Inches):  Pre-Pregnancy Weight:

**\*Do you have any of the following?** ☐ Yes ☐ No If yes, mark all that apply.

#### Your Medical History

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? ☐ Yes ☐ No

Recent delivery within past 12 months? ☐ Yes ☐ No Was delivery within past 6 months? ☐ Yes ☐ No

Previous C-Section? ☐ Yes ☐ No Diabetes (Prior to Pregnancy)? ☐ Yes ☐ No

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\*Medicaid ID #:

Name: Last, First:

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 Previous neonatal death or stillbirth? ☐ Yes ☐ No

HIV Positive? ☐ Yes ☐ No HIV Negative? ☐ Yes ☐ No Testing refused? ☐ Yes ☐ No AIDS? ☐ Yes ☐ No

Thyroid Problems? ☐ Yes ☐ No If yes, is this a new thyroid problem? ☐ Yes ☐ No

Seizure Disorder? ☐ Yes ☐ No Seizure within the last 6 months? ☐ Yes ☐ No

Previous alcohol or drug abuse? ☐ Yes ☐ No

### Current Pregnancy History

Preterm labor this pregnancy? ☐ Yes ☐ No Current gestational diabetes? ☐ Yes ☐ No

Current twins? ☐ Yes ☐ No Current triplets? ☐ Yes ☐ No

Currently having severe morning sickness? ☐ Yes ☐ No

Current mental health concerns? ☐ Yes ☐ No List:

Current STD? ☐ Yes ☐ No List:

Current tobacco use? ☐ Yes ☐ No Amount:

If yes, are you interested in quitting? ☐ Yes ☐ No

Current alcohol use? ☐ Yes ☐ No Amount:

Current street drug use? ☐ Yes ☐ No

Taking any prescription drugs (other than prenatal vitamins)? ☐ Yes ☐ No List:

Any hospital stays this pregnancy? ☐ Yes ☐ No

If yes, please list hospitalizations during this pregnancy.

### Social Issues

Do you have enough food? ☐ Yes ☐ No Are you enrolled in WIC? ☐ Yes ☐ No

Do you have problems getting to your doctor visits? ☐ Yes ☐ No Do you have reliable phone access? ☐ Yes ☐ No

Are you homeless or living in a shelter? ☐ Yes ☐ No

Are you currently experiencing domestic violence or feel unsafe in your home? ☐ Yes ☐ No

Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:

If your answers indicate you are at an increased risk for complications during this pregnancy, would you consent to participate in our Start Smart Case Management program to help you and your baby?

☐ Yes ☐ No

## 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 appeal *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: 1-844-235-6065

### PLEASE PRINT

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Share information you have about your (check one):**    ☐ **Grievance**    ☐ **Appeal**

\_\_\_\_\_  
\_\_\_\_\_

Representative's Name (if you named one) \_\_\_\_\_

Member/Representative's signature: \_\_\_\_\_

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 recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Representative's Name (if you named one) \_\_\_\_\_

Member/Representative's Signature: \_\_\_\_\_

Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

## 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: 1-844-320-2479

I, \_\_\_\_\_  
[PRINTED NAME OF MEMBER]

Want the following person to act for me in my grievance and/or appeal. I understand Personal Health Information related to my grievance and/or appeal may be disclosed to **my representative**.

**1. Name of Appeal Representative** \_\_\_\_\_  
[PLEASE PRINT]

**2. Address of Appeal Representative:**

Street/PO Box/Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip 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

**\*Relationship to Member:** ☐ Self      ☐ Parent      ☐ Guardian

**5. Appeal Representative Signature:** \_\_\_\_\_  
[Signature of Appeal Representative\*]      Date

**\*Relationship to Member:** ☐ Parent      ☐ Guardian      ☐ Other: \_\_\_\_\_

For questions, please contact Member Services at 1-844-543-8996, Monday – Friday  
8:00 a.m. – 5:00 p.m.