



2023 MEMBER HANDBOOK



Presbyterian Centennial Care 2023 Member Handbook

Esta información está disponible de manera gratuita en otros idiomas. Sírvese llamar al Centro de Atención a los Clientes de Presbyterian al **(505) 923-5200** o línea telefónica gratuita al **1-888-977-2333** para obtener más información.

Welcome to Presbyterian Centennial Care! We are proud to be your health plan. We are here to help with your healthcare needs. We can also help you with Care Coordination and Long-Term Services and Supports if you qualify for these services.



This handbook will help you learn how to use your Presbyterian Centennial Care benefits. It has important information on:

- What to do in an emergency
- Covered services and benefits
- Programs to help you improve your health
- Information on your rights and responsibilities
- Important health visits and tests you should have
- How to get help from Presbyterian Centennial Care

The next few pages of this handbook will introduce you to your plan. You can find the full table of contents on page 12.

Thank you for being a member. You have taken a big step to make sure that you and/or your family have health insurance coverage. We look forward to serving you.

Such services are funded in part with the *State of New Mexico*.



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Symbols

You will see symbols in the Member Handbook. These symbols point out important information:



A reminder that the Presbyterian Customer Service Center phone numbers are at the bottom of each page.



An alert that we need to hear from you.



What to do in an emergency.



This means that the information provided is very important.



A service needs prior authorization. This means that you need to get approval before you use the service.



Helpful information that you might be interested in.



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A Quick Guide to Your Presbyterian Centennial Care Health Plan

New Member Checklist

We want to help you get the most out of your health plan. Please read and follow the checklist below. It lists four important steps you should take to get started as a member:

1. **Choose your primary care provider (PCP).** This is the healthcare provider (for example, a doctor or nurse practitioner) who will take care of most of your health needs and refer you to other providers if needed.

Read more about why you need a PCP on page 30 of this handbook.

There are a few ways that you can find a PCP:

- Look on our website, **www.phs.org**, and click on Find a Doctor for the most current list of PCPs
- Call the Presbyterian Customer Service Center (📞↓) for help. The phone numbers and hours are at the bottom of each page of this handbook

2. **Call the Presbyterian Customer Service Center (📞↓) if you need to continue any of these types of care:**



- Behavioral healthcare
- Care Coordination
- Home health services
- Pregnancy care
- Prescription drugs
- Surgery that has already been scheduled
- Long-Term Services and Support



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- Medical equipment
 - Non-emergency medical transportation
 - Other ongoing care (radiation, chemotherapy, dialysis, ventilator care, diabetes care, or pain control)
 - Smoking and Tobacco Cessation
3. **Keep your Presbyterian Centennial Care member ID card in a safe place.** Make sure to take it with you when you see a provider or fill prescription drugs. Your providers will ask for it at visits. You are the only person who can use your card to receive care.
4. **Take a Health Risk Assessment (HRA).** Your HRA helps us find out about your healthcare needs so we can help you stay healthy or get Care Coordination services if you need it. See page 19 for more information.

If you have a Care Coordinator, they can help you with these steps.

Your Healthcare Coverage

Your Presbyterian Centennial Care plan covers a full list of benefits. Make sure to read more about these services in Chapter 2 – Covered Benefits. You may need to get approval for some benefits before you have them.

For your benefit to be covered, it must be “medically necessary” (needed). Medically necessary services are physical, behavioral health and Long-Term Services and Supports that are:

- Needed to diagnose, prevent, or treat medical conditions
- Needed to help you keep (or get back) your full ability to do everything you need to do in order to function at full capacity



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- Provided in the amount, duration, scope, and setting that is effective and appropriate to your needs
- Provided within standards of practice and national guidelines that are accepted by healthcare professionals

Your PCP should provide medically necessary services. If your PCP can't provide the service you need, he or she should refer you to another provider in the Presbyterian Centennial Care network for the service.

You should only go to healthcare providers, hospitals, pharmacies, and other providers that are “in-network.” In-network means that Presbyterian Centennial Care has a contract with a provider to serve our members. In-network providers are listed in the *Provider Directory* which can be accessed online.

Here are **some** of the benefits covered by your Presbyterian Centennial Care plan:

- Allergy testing and injections
- Behavioral healthcare
- Dental services
- Hospital care
- Inhalation therapy (for respiratory disease and conditions)
- Lab tests
- Long-Term Services and Supports, provided within a nursing facility or community-based setting
- Prescription drugs
- Preventive services like immunizations (shots), routine well-child visits checks, mammograms (including 3-D mammograms), and Pap tests
- Smoking and Tobacco Cessation



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- Transportation
- Urgent care and emergency care
- Vision services

Please see Appendix A – Covered Benefits on page 135 for a full list of covered benefits.

If you have both Medicaid and Medicare

If you are enrolled in both Medicaid and Medicare, you are “**dual-eligible.**” This means that you use more than one (1) benefit plan for all of your healthcare benefits. Your enrollment with Presbyterian Centennial Care **will not** change your Medicare benefits. Medicaid benefits are secondary to Medicare benefits. For more information on dual eligibility, see page 47.

myPRES

myPRES is our secure member site. It allows you to view your Centennial Care health plan:

Services Available through myPRES	
<ul style="list-style-type: none">• Look up your benefit plan information• Request a new Centennial Care Member ID Card• Send a question to the Presbyterian Customer Service Center• View your claims	<ul style="list-style-type: none">• Language and font personalization• Check your eligibility• Check on prior authorization requests• View your care plan if you are receiving Care Coordination services

Table 1. Services Available through myPRES



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How to Register for myPRES

If you do not have a myPRES account, go to www.phs.org and look for the Register Now link in the myPRES login box. Follow the easy steps to create a login and password.

MyChart App

DOWNLOAD THE MYCHART MOBILE APP!

After you create your myPRES Account and activate MyChart, you can download the mobile app in order to access MyChart on your smartphone without having to login through your myPRES account each time.



MyChart
is mobile!
Download
the app today!
↙

Presbyterian Customer Service Center

If you have a life-threatening medical emergency, call 911.



Our local Presbyterian Customer Service Center is here to help you. We can answer your questions about Presbyterian Centennial Care. We are open Monday through Friday, 8 a.m. to 6 p.m. We are closed on weekends and holidays. You can call us at one of the numbers below (📞↓).

Call Presbyterian Customer Service Center:
Monday-Friday, 8 a.m. to 6 p.m.
Closed on weekends and holidays



English and Spanish: (505) 923-5200 or 1-888-977-2333
Navajo/Diné: (505) 923-5157 or 1-888-806-8793
TTY: 711

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Presbyterian Customer Service Center Telephone Numbers	
Name	Phone Number
English and Spanish	Inside Albuquerque: (505) 923-5200 or Outside Albuquerque: 1-888-977-2333 (toll-free)
Navajo/Dine	Inside Albuquerque: (505) 923-5157 or Outside Albuquerque: 1-888-806-8793 (toll-free)
Deaf or hard of hearing	TTY: 711

Table 2. Presbyterian Customer Service Center Telephone Numbers

The table below lists some of the services that the Presbyterian Customer Service Center can help you with.

The Presbyterian Customer Service Center Can Help You:	
Find a PCP (primary care provider)	With a medical or behavioral health problem or complaint
Take your Health Risk Assessment (HRA)	With your pharmacy (drug store/prescription drug) needs
Understand your benefits (what is covered and what is not covered)	With transportation needs
Find community resources that are available to you	Set up a myPRES account



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The Presbyterian Customer Service Center Can Help You:	
Connect with your Care Coordinator. For Care Coordination services during normal business hours, call: Phone: (505) 923-8858 or toll-free at 1-866-672-1242 ; TTY: 711	Find a community health worker or peer support specialist
File an appeal or grievance	Find translation or interpreter services
Listen to your feedback, concerns, and ideas for making our services better	Check on your prior authorization requests

Table 3. How the Presbyterian Customer Service Center Can Help You

You can also reach us by mail or email:

Address: Presbyterian Customer Service Center
P.O. Box 27489
Albuquerque, NM 87125-7489

Email: info@phs.org
(We'll respond within one business day.)

You can also reach the Presbyterian Customer Service Center through myPRES, our secure member website. To sign up for myPRES, go to our website, www.phs.org and click **Register for myPRES**.



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Provider Directory

Our provider directory is a list of the providers (primary care and specialists), hospitals, facilities and pharmacies in our network. There are two ways to view the provider directory:

Online With myPRES and www.phs.org

You can quickly access up-to-date information about providers by using myPRES. You can also view a copy of the latest directory on the Centennial Care page online at www.phs.org/centennialcare.

If you do not have a myPRES account, go to www.phs.org and look for the Register Now link in the myPRES login box. Follow the easy steps to create a login and password.



Call to Request a Copy



We can send you a paper copy of the provider directory at your request. If you would like to receive a copy, please call the Presbyterian Customer Service Center at **(505) 923-5200** or toll-free at **1-888-977-2333**. TTY users may call 711.

Translation and Interpreter Services




Presbyterian Centennial Care offers translation and interpretation services for more than 140 languages. Some of these languages are Spanish, Vietnamese, Portuguese, Russian and American Sign Language. Our Presbyterian customer service representatives speak English, Spanish and Navajo/Diné. When you call the Presbyterian Customer Service Center ( ), ask to be helped in the language you need.

You have the right to talk with your provider or Care Coordinator in the language that you want. If you need help getting interpreter services with your




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provider or Care Coordinator, call the Presbyterian Customer Service Center (). There is no charge for you to use this service.

We have written materials in languages other than English. We have written member materials in other formats for members who are visually impaired or are not able to read. TTY users may call 711.



If you need written materials in Spanish, or another language or format, please call the Presbyterian Customer Service Center (). You can also send an email to **info@phs.org**. Presbyterian Customer Service Center representatives can help you read and understand your materials. Audio files are available upon request.



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Call Presbyterian Customer Service Center:
Monday-Friday, 8 a.m. to 6 p.m.
Closed on weekends and holidays



English and Spanish: (505) 923-5200 or 1-888-977-2333
Navajo/Diné: (505) 923-5157 or 1-888-806-8793
TTY: 711

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Chapter 1 – Who We Are

What Is Presbyterian Centennial Care?

Presbyterian Centennial Care is a **Managed Care Organization (MCO)**. Presbyterian Centennial Care has a contract with the State of New Mexico Human Services Department. Being an MCO means that we are a health insurance company whose most important job is to keep you well. We help coordinate all of your healthcare benefits. This includes your **medical, behavioral health** and **Long-Term Services and Supports** benefits.



We have contracts with many kinds of providers all over New Mexico. As a member of Presbyterian Centennial Care, you can only see providers who are contracted with Presbyterian Centennial Care. But there are some exceptions:




- If you have an emergency (see page 63), please go to the nearest emergency center.
- If the providers in our network cannot give you medically necessary (needed) care, we will help you find an **out-of-network** provider. This will not cost you anything extra.
- Native American members may self-refer to Indian Health Service providers, Tribal health providers, or Urban Indian providers (I/T/Us) for services.
- Family planning benefits.



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- Some transition-of-care services.
- Federally Qualified Health Centers (FQHCs).

We will tell you when there are changes to your health plan. You will receive a letter, email or a new handbook within 30 days. We may also tell you through our member newsletter, *Your Story*. The newsletter is mailed to you four times a year. You can also find information on our website, **www.phs.org**.

For more information about Presbyterian Centennial Care, please call the Presbyterian Customer Service Center (), or go to our website, **www.phs.org**, and select *Health Plans/Centennial Care Medicaid Plans*.


How Presbyterian Centennial Care Works

New Member Welcome Call and Health Risk Assessment

After we get your enrollment information, we will call you to complete a Health Risk Assessment (HRA). The HRA is a short health survey that helps us learn how we can best meet your healthcare needs. Clinical support staff, Community Health Workers (CHWs), Community Health Representatives (CHRs) or Certified Peer Support Workers (CPSW) are some of the people who can help you with your HRA. We do not use information in the HRA to limit your access to healthcare.

You will receive a call from us to take your HRA.



If you need help or have questions about the HRA, please call the Presbyterian Customer Service Center () or the Health Risk Assessment line at **(505) 923-7314** or toll-free at **1-855-451-7737**.



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Member Eligibility

The state determines if you are eligible for Medicaid. If your family size changes, your Medicaid eligibility and your Presbyterian Centennial Care enrollment might also change. Some changes that may affect your eligibility and enrollment are:

- Adoption
- Birth
- Change in income
- Death
- Divorce
- Employment Status
- Guardianship
- If you become incarcerated
- Marriage

If any information for your household changes, tell the local Income Support Division (ISD) office that signed you up for Medicaid about the change.

Alternative Benefit Plan

There are two Alternative Benefit Plan (ABP) categories:

1. **Alternative Benefit Plan (ABP).** This category provides coverage to ABP eligible members 19 years of age and older for basic medical and behavioral (mental) health services. The ABP benefit limitations do not apply to ABP members under 21 years old.

Alternative Benefit Plan Limitations

Alternative Benefit Plan limitations apply and 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 discharge plan for the patient is to return home. Please call the Presbyterian Customer Service Center if you are an ABP member and have questions about your benefits.



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Please see Appendix A Covered Benefits on page 135 for ABP Limitations.

2. **Alternative Benefit Plan Exempt.** This means you qualify for ABP benefits but have certain health issues that make you eligible to get standard Centennial Care covered services. These services are described under Appendix A of your handbook.

You might be ABP Exempt if you:

- Are medically frail. This means you have a disability, certain chronic illness, mental illness, or substance use disorder. Not all chronic conditions are included
- Get medical assistance for being blind or disabled
- Are terminally ill and are receiving hospice care
- Are pregnant



You must tell us if you think you are ABP Exempt. You can do this by calling your Care Coordinator or our Presbyterian Customer Service Center. Presbyterian may also find that you are ABP exempt after completing your Health Risk Assessment (HRA) or Comprehensive Needs Assessment (CNA). We will talk with you about this and you will have the option to choose ABP or ABP Exempt benefits.

Alternative Benefit Plan Benefit Year

Your benefit year starts when you first enroll with an MCO (Managed Care Organization) like Presbyterian Health Plan. Any benefit with limitations can be reached within that benefit year. A new benefit year will begin with a new enrollment period.




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If you have questions about your coverage periods, call the Income Support Division (ISD) office. You can find the location of the nearest ISD office by calling the New Mexico Human Services Income Support Division offices at toll-free at 1-800-283-4465 or 1-855-309-3766.

Let Us Know if You Move


If you move, you should give your new address to the Income Support Division (ISD) office. You can find the location of the nearest ISD office by calling the New Mexico Human Services Income Support Division offices toll-free at **1-800-283-4465** or **1-855-309-3766**. Click on your county to bring up a list of office locations near you.

If you lose your Medicaid coverage, you might be able to get Presbyterian Health Plan insurance from an employer or from Presbyterian. In this case, call the Presbyterian Customer Service Center () or email **info@phs.org**.

Member Incentives

Your health is important to us. That's why we offer member incentives to promote a healthy lifestyle. Stay healthy by:

- Getting preventive care if you are pregnant. (See Presbyterian Centennial Care Baby Benefits program (New Parent) on page 27).
- Taking part in wellness and health coaching programs (if you have diabetes).

If you have questions, please contact our Performance Improvement team at **(505) 923-5017** or toll-free at **1-866-634-2617 (TTY 711)**. You can leave a message any time. We are closed on holidays. All calls will be returned Monday through Friday between 8 a.m. and 5 p.m. () or through email at **performanceimp@phs.org**.



Member Rewards

As a member of Centennial Care, you are automatically enrolled in Centennial Care Rewards. However, you must register online or by phone at the website and number below before you can redeem your points. You can earn Centennial Reward points for making healthy choices about your health and care and completing healthy activities that are a part of the program.

To learn more and register for an account, go to

www.centennialrewards.com or call toll-free at **1-877-806-8964 (TTY: 1-844-488-9722)**, 8 a.m. to 6 p.m., Monday through Friday (except holidays). Activities must be completed between January and December of each year to earn this reward.

You may also visit the website or call the phone number above for a list of healthy activities you can complete to earn rewards.

How to redeem your reward points

Spend your reward points online at **www.centennialrewards.com**. You can also call toll-free at **1-877-806-8964 (TTY: 1-844-488-9722)**, 8 a.m. to 6 p.m., Monday through Friday (except holidays) to place your reward order or request a printed copy of the rewards catalog.

Start tracking and spending your points

Most reward points are awarded within three (3) months after you complete a healthy activity and can be spent as soon as they are awarded. You will be notified when you earn your first points. Log in online and visit the Track page or call the toll-free number to track and spend your points.



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Reward points cannot be used to purchase alcohol or tobacco. Reward points have no cash value and cannot be converted into cash. Reward points can only be used to shop for items in the rewards catalog.

The table below lists the healthy activities you can complete to earn rewards.

Centennial Reward Activities	
Health Activity	Reward Points
First Trimester Prenatal Care Visit <ul style="list-style-type: none">Visit must be completed in the first trimester or within 42 days of plan enrollment	250 points (\$25 value) Reward available once per pregnancy
Adult PCP Checkup <ul style="list-style-type: none">Age 22+. Attend an annual checkup with your primary care provider (PCP) in person or via telehealth	200 points (\$20 value) Reward available once per calendar year
Antidepressant Medication Management <ul style="list-style-type: none">Age 18+Must have diagnosis of depressionReward on 30-, 60-, or 90-day prescribed refills	Up to 600 points (\$60 value) maximum per calendar year <ul style="list-style-type: none">50 points (\$5 value) per eligible 30-day refill100 points (\$10 value) per eligible 60-day refill150 points (\$15 value) per eligible 90-day refill 600 points maximum per calendar year
Child & Adolescent Well-Care Visit (WVC) <ul style="list-style-type: none">Age 3-21Complete at least one (1) comprehensive well-care checkup with a PCP or an OB/GYN during the measurement year	Up to 400 points (\$40 value) per calendar year 200 points (\$20 value) for attending at least one (1) well-care checkup with your child's Primary Care Physician (PCP) 200 points (\$20 value) bonus upon completion of adolescent immunization series by 13 th birthday
Child Dental Checkup	300 points (\$30 value) Reward available once per calendar year



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Centennial Reward Activities	
Health Activity	Reward Points
<ul style="list-style-type: none"> Age 2-20. Take your child to an annual dental checkup 	
Covid-19 Vaccine or Booster <ul style="list-style-type: none"> All ages as recommended Complete COVID-19 vaccine (member must receive both doses if receiving two-dose vaccine) or booster Self-attest to receiving vaccine 	<p>200 points (\$20 value*) Reward available once per completed series</p> <p>200 points (\$20 value) Reward available for receiving booster shot</p> <p>*Let Centennial Rewards know when you get the COVID-19 vaccine and earn your reward points. Report online or call 1-877-806-8964 (TTY: 1-844-488-9722), Monday-Friday, 8 a.m. to 6 p.m. MT</p>
Diabetes HbA1c Test <ul style="list-style-type: none"> Age 10-75. Complete an HbA1c test Bonus: Achieve control of < 8.0% (less than 8.0%) Must have a diagnosis of type 1 or type 2 diabetes 	<p>Up to 400 points (\$40 value) maximum per calendar year</p> <ul style="list-style-type: none"> 200 points (\$20 value) per calendar year for completing HbA1c test 200 points (\$20 value) per calendar year for achieving control bonus <p>400 points maximum per calendar year</p>
Diabetes Retinal Eye Exam <ul style="list-style-type: none"> Age 10-75. Complete a retinal eye exam Must have a diagnosis of type 1 or type 2 diabetes 	<p>200 points (\$20 value) Reward available once per calendar year</p>
Flu Shot Age 6 months+	<p>50 points (\$5 value*) Reward available once per calendar year</p> <p>*Let Centennial Rewards know when you get the COVID-19 vaccine and earn your reward points. Report online or call 1-877-806-8964 (TTY: 1-844-488-9722), Monday-Friday, 8 a.m. to 6 p.m. MT</p>
Follow-up After Emergency Room Visit for Mental Illness (FUM)	<p>200 points (\$20 value) Reward available once per calendar year</p>



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Centennial Reward Activities	
Health Activity	Reward Points
<ul style="list-style-type: none"> Age 6+ Complete a follow-up visit with a mental health provider within 30 days of emergency room visit for mental illness or intentional self-harm diagnosis 	
Follow-up After Hospitalization for Mental Illness (FUH) <ul style="list-style-type: none"> Age 6+ Complete a follow-up visit with a mental health provider within 30 days of emergency room visit for mental illness or intentional self-harm diagnosis 	200 points (\$20 value) Reward available once per calendar year
Postpartum Visit <ul style="list-style-type: none"> Attend and report a postpartum visit after you deliver your baby Visit must be completed 7-84 days after delivery 	250 points (\$25 value) Reward available once per pregnancy
Schizophrenia Medication Management <ul style="list-style-type: none"> Age 18+ Refill your schizophrenia medication as prescribed Must have a diagnosis of schizophrenia 	Up to 600 points (\$60 value) <ul style="list-style-type: none"> 50 points (\$5 value) per 30-day refill 100 points (\$10 value) per 60-day refill 150 points (\$15 value) per 90-day refill 600 points maximum per calendar year
Well-Baby Checkups <ul style="list-style-type: none"> Age 0-30 months. Bring your baby to their well-baby checkups Reward is available once per child 	Up to 800 points (\$80 value) <ul style="list-style-type: none"> 50 points (\$5 value) per well-baby checkup 0-15 months, up to 6 checkups 50 points (\$5 value) per well-baby checkup 16-30 months, up to 2 checkups 400 points (\$40 value) bonus for completing all eight (8) well-child visits in the first 30 months of life 800 points maximum per child



Table 4. Centennial Reward Activities

Note: Points are for qualifying catalogue purchases only. The “\$” symbol is for convenience only. Points have no cash or monetary value and can never be exchanged or redeemed for cash. Activity must be completed between January 1 and December 31 to earn these rewards.

Presbyterian Centennial Care Baby Benefits (New Parent) Program

Baby Benefits is a free program that offers rewards for attending prenatal and postpartum appointments. We want to help you enjoy and understand your pregnancy. We offer:

- Gift card incentives for going to your prenatal and postpartum provider visits.
- Care Coordination services if you have a high-risk pregnancy.
- A 24/7 PresRN nurse advice line for help any time of the day or night.
- Transportation services to and from your provider visits.
- Help with making your provider appointments.

It is important to get prenatal care soon after you learn you are pregnant. You should have your first prenatal visit between week one (1) and week fourteen (14) of pregnancy.

Regular prenatal care is just as important as early prenatal care. You can usually expect to see your provider at these times:

- Weeks 4 to 28: About once a month
- Weeks 28 to 36: Two times a month
- Weeks 36 to delivery: Once a week



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Postpartum: Have a visit with your prenatal provider about your health within seven (7) to eighty-four (84) days (week 1 to week 12) after delivery. At this visit, you can go over family planning and any other questions you might have about your health and well-being.

You can enroll in the Presbyterian Centennial Care Baby Benefits prenatal program in one of these ways:

- Online at **mypres.phs.org**
- Print enrollment form at **www.phs.org/CentennialCareBabyBenefits**
- Call us at **(505) 923-5017**
- Mail your enrollment certificate:

Presbyterian Centennial Care
P.O. Box 27489
Albuquerque, NM 87125-7489

When you join the program, you can earn prenatal and newborn rewards to buy healthy items.

If you have questions, please contact the Presbyterian Performance Improvement department. You can leave a message any time. We will return your call Monday through Friday (except holidays), between 8 a.m. and 5 p.m.

Presbyterian Performance Improvement

Phone: (505) 923-5017 or toll-free at **1-866-634-2617**

TTY: 711

Email: Performanceimp@phs.org



Presbyterian Centennial Care Baby Bonuses

Baby Bonus is a free program that offers rewards for taking your baby to well-baby appointments within the first 30 months of life. We want to help you keep your baby healthy. We offer:

- Gift card incentives for going to up to eight (8) well-baby appointments within the first 30 months of life
- Care Coordination services if you have special needs
- A local PresRN nurse advice line for help any time of the day or night, 24/7
- Transportation services to and from your provider visits
- Help with making your provider appointments

By attending these visits, you and your child's primary care provider (PCP) can talk about your child's health and growth. This way, your baby can be as healthy as possible.

You can enroll in the Presbyterian Centennial Care Baby Bonuses well-child visit program in one of these ways:

Print enrollment form at **<https://www.phs.org/health-plans/centennial-care-medicaid/baby-bonuses/Pages/default.aspx>**.

- Call us at **(505) 923-5017**.
- Mail your enrollment certificate:

Presbyterian Centennial Care
P.O. Box 27489
Albuquerque, NM 87125-7489



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When you join the program, you can earn rewards to buy healthy items. If you have questions, please contact Presbyterian Performance Improvement. You can leave a message any time. We will return your call Monday through Friday (except holidays), between 8 a.m. and 5 p.m.

Presbyterian Performance Improvement:

Phone: (505) 923-5017 or toll-free at 1-866-634-2617

TTY: 711

Email: Performanceimp@phs.org


Your Primary Care Provider (PCP)

Your PCP is the person who will help you with most of your healthcare needs. Your PCP can also help you find a specialist to assist you with other healthcare services you may need. When you are sick or need a checkup, call your PCP's office.

- Your PCP may be a doctor, physician assistant, or nurse practitioner
- You and your PCP should work as a team to take care of your health
- It is important to find a PCP you feel comfortable talking to

Choosing Your PCP




Your PCP must be in the Presbyterian Centennial Care network. PCPs that are in the Presbyterian network are listed in the Provider Directory. Once you find a PCP in the directory that meets your needs and is in your area, call the Presbyterian Customer Service Center () and tell them the name of your PCP. **If you have both Medicare and Medicaid coverage, you can use your Medicare PCP as your Centennial Care PCP. You do not have to choose a PCP for Presbyterian Medicare Advantage, but we encourage you to choose a PCP and to build a relationship with him or her.**



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If you do not choose a PCP within 15 days of enrolling with Presbyterian Centennial Care, we will help choose one for you. **You may change your PCP at any time by calling the Presbyterian Customer Service Center.**

You may ask your friends and family if they have a PCP they like. Then check to see if the PCP is in the directory. The directory includes the names, locations, and phone numbers of the network providers. It also has information about the languages they speak and if they are accepting new patients. If the PCP you want is on the list and is taking new patients, you can choose him or her. If you are pregnant, you may choose an obstetrician (OB) as your PCP.

If you want more information before choosing a PCP, call the Presbyterian Customer Service Center ().

They can tell you:

- What specialty the PCP practices
- What languages the PCP speaks
- If the PCP is accepting new patients
- The PCP's board-certification status
- Where a PCP went to medical school

Choosing a Specialist as a PCP

Some members may have complex healthcare needs that require regular care by a specialist. If your regular provider is a specialist, you can choose a specialist to be your PCP **if both Presbyterian and the specialist agree to this.**



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A PCP Close to Home

Presbyterian Centennial Care wants to be sure that you have the healthcare you need close to your home. We have contracts with PCPs all over New Mexico. In fact, we have enough PCPs so that most of our members are within 40 miles of a PCP anywhere in New Mexico.

Presbyterian Centennial Care requires that you choose a PCP who is a reasonable distance from your home.

- If you live in Bernalillo, Doña Ana, Los Alamos, and Santa Fe counties, your PCP should be within **30** miles
- If you live in Chaves, Curry, Eddy, Grant, Lea, Luna, McKinley, Otero, Roosevelt, Sandoval, San Juan, Taos, and Valencia counties, your PCP should be within **45** miles
- If you live in Catron, Cibola, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Rio Arriba, San Miguel, Sierra, Socorro, Torrance, and Union counties, your PCP should be within **60** miles



Please call the Presbyterian Customer Service Center ( ) if you have questions or need help finding a PCP.

If You Need to Contact Your PCP After Hours

Call your PCP's office even if the office is closed. The office will have an answering service that can take a message or help you get care, or the office will have a phone message that tells you how to get help. You can also call our PresRN nurse advice line. The toll-free number is **1-888-730-2300**. This hotline can help you decide how to get care. The PresRN nurse advice line will also give you medical guidance.



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You can also use a PHP Video Visit anytime, anywhere in the United States. PHP Video Visits are available 24 hours a day, seven days a week (even holidays). See page 71 for more information.

How to Change Your PCP



Your PCP is a vital part of your healthcare team. If you have any questions about your care, ask your PCP. We want you and your PCP to be able to work together. If you want to change PCPs for any reason, please call the Presbyterian Customer Service Center (📞📌). You should also call us if you have any concerns about the care you are getting from your PCP. Parents or legal guardians may also make a PCP change for a member who is a minor or an incapacitated adult.



- If you ask to change your PCP on or before the 20th of the month, you may begin to see your new PCP any time after the first of the following month. For example, if you call on June 5 to change PCPs, your change will be effective on July 1
- If you ask to change your PCP after the 20th of the month, the change will start the first of the month after the next month. For example, if you call on June 21, your change will be effective on August 1

If you need a copy of the *Presbyterian Centennial Care Provider Directory*, you may:



- Call the Presbyterian Customer Service Center (📞📌) to request a printed copy.
- Email your request to **info@phs.org**.
- Visit **www.phs.org/centennialcare** to see the directory online.
- When you change your PCP, you will get a new member ID card in the mail within 10 working days.



Making Appointments with Your Primary Care Provider (PCP)

You will need to call your PCP's office to make an appointment before he or she can see you. This will give your PCP a chance to spend as much time with you as needed. If you show up without an appointment, your PCP may not be able to see you right away.

If you prefer not to come into a clinic, you may be able to make a telehealth appointment. Call your PCP's office directly or the Presbyterian Customer Service Center to request a telehealth appointment.



If you have a life-threatening medical emergency, call 911. You also can call the emergency number in your area. (It is very important that you read the Emergency Services section on page 63 of this handbook.)

Some examples of emergencies are:

- Broken bone
- Cut-off arm, leg, fingers or toes
- Hard time breathing
- Injured eye
- Loss of consciousness (fainting)
- Poisoning
- Severe burns
- Uncontrollable feelings of wanting to hurt yourself or others
- Uncontrolled bleeding
- Very bad chest pain or other pain

Tips to help you get the care you need


- For routine care, you can schedule most appointments within three weeks of your call
- PCP offices open at different times because they set their own hours



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- When you call, always tell the office staff that you are a Presbyterian Centennial Care member. Also, say why you need an appointment
- If you need urgent care, your PCP may want to see you within 24 hours. Your PCP may send you to an urgent care center if he or she can't see you that day
- If you are sick and not sure if you need to see your PCP, call our PresRN nurse advice line. The toll-free number is **1-888-730-2300**. You can call 24 hours a day, seven days a week. The nurse can help you decide if you need to see your PCP or go to an urgent care center or emergency room
- You can also use a PHP Video Visit anytime, anywhere in the United States 24 hours a day, seven days a week (even holidays). See page 71 for more information

Canceling or Changing an Appointment

Call your PCP's office if you need to cancel or change your appointment. Call at least 24 hours before your scheduled visit. This will give your PCP more time to see other patients. If you do not know your PCP's telephone number, call the Presbyterian Customer Service Center (). We can cancel the appointment for you.



If you have arranged transportation to that appointment, you'll need to cancel that service as well. Call the transportation provider at least 24 hours before your scheduled visit at **(505) 923-6300** or toll-free at **1-855-774-7737** to cancel your transportation service.


Specialists and Referrals

There are many kinds of providers:



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- Behavioral health providers
- Dentists
- Emergency rooms/urgent care centers
- Hospitals
- Long-term care providers
- Obstetricians and gynecologists (OB/GYNs)
- Pharmacies (drug store)
- Primary care providers (PCP)
- Specialty providers
- Transportation partners (rides to appointments)
- Vision providers

We are always adding providers to our network. If you want to see a provider who is not on our list, please call the Presbyterian Customer Service Center (). They will tell you if the provider has recently been added to the list. Your PCP provides or arranges for most of the healthcare services that are covered by Presbyterian Centennial Care. Your PCP will help you get the care you need. He or she also will refer you to another provider if you need to see a specialist.

A **specialist** is a doctor or other healthcare provider who has had extra training to treat certain health problems. If you think you need to see a specialist, talk to your PCP. The PCP will fill out the paperwork so you can go to the specialist. Your PCP will either:

- Give you a request form or prescription to give the specialist, or
- Call the specialist and give him or her referral by phone

Your PCP's office may schedule the specialist appointment for you or ask you to make the appointment yourself. If you know a specialist or hospital you want to go to, ask if your PCP has a relationship with that provider, and if the provider is in the Presbyterian Centennial Care network. You will need to get a referral from your PCP to see a specialist.



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A **referral** is when your PCP sends you to see a specialist. Native American members do not need a referral to get care from Indian Health Service providers, Tribal health providers, or Urban Indian providers (I/T/Us).

You may use any family planning provider near you, even if the provider is not in the Presbyterian Centennial Care network. No referral is required.

You do not need a referral for:

- Behavioral health
- Emergency care/ Urgent care
- Family planning
- Routine dental care
- Routine vision care
- Routine visits to a gynecologist (GYN)
- Routine visits to an obstetrician (OB)

Specialists who are in our network are listed in the provider directory. If you need information on a specialist or have questions about referrals, call the Presbyterian Customer Service Center (📞📱). You may also email your questions to **info@phs.org**.

You should tell your PCP whenever you need or have used any of the services listed above, including those that don't require referrals. This will help him or her do a better job to improve your health. But you don't have to tell your PCP about a service that does not require a referral unless you want to.



Patient Centered Medical Home

Our network includes **patient centered medical homes** throughout the state. This care model allows you to get greater access to healthcare through innovations such as nurse visits, group visits, and telephone appointments. Your medical care team is led by a PCP who coordinates all the services that you get from others, including specialists, pharmacies and behavioral health clinicians.

Seeing an OB/GYN for Routine Care



If your PCP is **not** an OB/GYN and you need to see an OB/GYN for routine care, **you do not have to see your PCP first**. You can just make an appointment with the OB/GYN. Here is a list of the routine care you can get from your OB/GYN:

- Birth control
- Family planning
- Pap tests
- Pregnancy care
- Sexually transmitted infections prevention and treatment
- Treatment for vaginal infections

If You Are Pregnant

- If you are pregnant on the date you become a Presbyterian Centennial Care member, please let the Presbyterian Customer Service Center (📞) know as soon as possible
- If you are in your first or second trimester of pregnancy, in most cases you will be able to continue your care with your PCP or obstetrician for at least 30 days



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- If you are in your third trimester of pregnancy, you can continue seeing your PCP or obstetrician for the rest of your pregnancy.



We offer in home education series for pregnant women that focuses on prenatal care, post-partum care and early childhood development topics

Second Opinion





You have a right to get a second opinion if you think your PCP or specialist is not letting you get needed care or services. Presbyterian will help you find a qualified provider to give you a second opinion. In most cases, the provider will be in the Presbyterian Centennial Care network. If there is no qualified provider in the network, we will help you find one outside of the network.



You do not have to pay for a second opinion from an in-network provider. Presbyterian must approve out-of-network services in advance. To request a second opinion, please call the Presbyterian Customer Service Center ( ).

Continuing Your Medical Care



Now that you are a Presbyterian Centennial Care member, we want to make sure that you can continue getting the healthcare you need. We can help you continue with the care you were getting before you were a member. Please call the Presbyterian Customer Service Center ( ) if you need to **continue** services such as:

- | | |
|------------------------------|--|
| • Behavioral health services | • Long-Term Services and Supports |
| • Care Coordination | • Medical equipment |
| • Chemotherapy | • Out-of-area care that has already been scheduled |
| • Diabetes care | • Pain control |
| • Dialysis | |
| • Home health services | |



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- Pregnancy care
- Radiation
- Services for children with special needs
- Surgery that has already been scheduled
- Ventilator care


Also let us know if you:

- Have other insurance coverage
- Use or have used Indian Health Services
- Are pregnant and when your baby is due

If Your Primary Care Provider (PCP) Leaves Our Network

We know that losing a provider can be hard. If your PCP leaves our network, we can help you continue to get the care you need.

If you are a Presbyterian Centennial Care member and your PCP leaves our network, you can still get your care with that PCP for at least 30 days if they remain in New Mexico, depending on your medical needs. This also applies to pregnant women in their second trimester. Pregnant women in their third trimester can keep seeing the same PCP for the rest of their pregnancy.

Please call the Presbyterian Customer Service Center () if you have any questions about seeing your provider who is no longer in our network.

Managing Your Health

Care Coordination

Care Coordination is a service Presbyterian provides to help you with your healthcare needs, whether you are in the hospital or at home. This is for members with chronic long-term, complex, or behavioral health needs. The level of Care Coordination you receive depends on your healthcare needs.



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Care Coordinators work with you, your family or support system, and your providers. It is one way that we help you avoid the hospital or emergency room. We want to make sure you have all the help you need to stay in your home and live as independently as possible.

If you are in a hospital, skilled nursing facility or rehabilitation center, a Presbyterian Care Coordinator will work with the staff to help make your discharge successful. The Care Coordinator may also work with you when you go home to make sure you are doing well. The Care Coordinator will work to help get you the covered services you need.

Who might need Care Coordination?

Care Coordination could be an option for you if you need extra help managing your healthcare. Many members who use Care Coordination have long-term health problems:

- They need more services or more complex services than most members do
- They have physical, behavioral, and/or social health needs that limit their ability to function or access health services

Members with complex healthcare needs include those who:

- Have ongoing physical, emotional, developmental, and/or behavioral health conditions
- Need healthcare and related services that are different from the services needed by most members. This includes the need to see a provider more often, take many different medicines, see many specialists, or use therapies more often
- Need extra help with things like walking, bathing, dressing, and eating



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- Are eligible for Supplement Security Income (SSI)
- Are in home and community-based programs
- Receive foster care or adoption assistance support
- Are in foster care or out-of-home placement
- Have a clinical assessment that shows they have complex healthcare needs

Care Coordinators

Care Coordinators help you find services in your area. Our Care Coordinators use medical, behavioral, social, and community resources to help members manage their own health. Community resources include the Community Health Workers (CHW) and Community Health Representatives (CHR).

Community Health Workers (CHWs)

CHWs are an extension of your Presbyterian team. These individuals are members of the community who are connected to resources and programs to help you get the services that you need to stay healthy. CHWs are a support to help you navigate the healthcare system, link you to community services, and provide health coaching and advocacy.

CHWs may also work for local healthcare systems in, urban, frontier, and rural areas. CHWs include, among others, Certified Peer Support Workers (CPSWs). A CPSW acts as a role model to members. A CPSW has first-hand recovery experience. Because of this, they understand what their peers are going through. They are trained and certified to help their peers gain hope and move forward in their own recovery. CPSWs serve as consumer advocates. They provide support, information, and encouragement. They perform a wide range of tasks to help members of all ages regain



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independence within the community and manage their own recovery. CHWs and members of your community who can help include:

- Community Health Representatives (CHR)
- Community health advisors
- Lay health advocates
- Outreach educators
- Peer health promoters
- Peer health educators
- Promotoras (health educator)

Community Health Representatives (CHR)

The CHR Program is a Native American community-based program that assists community members with their healthcare needs. CHRs know the traditions and practices of the communities they serve and provide services in a culturally appropriate way. They can help you with Care Coordination, transportation, translation, as well as serve as your healthcare advocate. CHRs also provide health promotion and disease preventions programs.

The Community Health Representative (CHR) Programs are tribal programs that act as the health liaison between the Indian Health Service (IHS) and the Native American Community member. While their roles are similar to the Community Health Worker (CHW), their services can vary from community to community. In addition, the required CHR basic training is the foundation for the New Mexico Community Health Worker certification and many CHRs have also received this certification. Skill levels also vary greatly and range from the required basic training to professional level disciplines.

Getting started with Care Coordination



To find out if you could benefit from additional assistance, you must first complete your Health Risk Assessment (HRA). If the result of your



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assessment shows a need for Care Coordination, we will call you to set up an appointment with a Care Coordinator to complete a Comprehensive Needs Assessment (CNA) in your home. The CNA will determine the level of Care Coordination you need.

Then a care plan is created from the assessment. You, your providers, and others you choose will work together to make your care plan.

If you do need Care Coordination, you will be assigned a Care Coordinator. Our Care Coordination staff will give you all the details you need to know about how the Care Coordination process works. They will share how you can benefit from participation, and give you Care Coordination contact information. At a minimum, a Care Coordinator will complete an in-home assessment for individuals with the following needs:

- Acute or terminal disease
- Developmental delay
- Functional limitations
- High-cost use
- Transplant patient
- High emergency room use
- High-risk pregnancy
- Medically fragile or frail
- Out of state medical placement
- Reside in a Nursing home
- Readmitted to a hospital within 30 calendar days of discharge
- Behavioral health diagnosis including substance use disorder that affects the member's life



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If you think that you or your child has had a change in healthcare needs that requires a higher level of Care Coordination, or should you require assistance with access to services while out-of-state, you can call a Care Coordinator.

You can reach a Care Coordinator Monday through Friday, 8 a.m. to 5 p.m. at **(505) 923-8858** or toll-free at **1-866-672-1242** to help you. If you already have a Care Coordinator, you may call him or her directly or use the number above.

Disease Management

Disease management can help you manage your asthma, coronary artery disease, diabetes, and hypertension. We also work with teens that have depression. If you have to go to the emergency room or the hospital because of one of these conditions, you could receive health coaching for your condition. Members with diabetes who have high blood sugars or “bad” cholesterol can get support from a health coach.

Disease management is provided through our telephonic coaching and Care Coordination teams. You will be connected with a health coach or Care Coordinator. The health coach or Care Coordinator will help you create a plan to live a healthy lifestyle. This program is designed to help and encourage you. This program is offered to you at no cost.

You and your health coach or Care Coordinator will talk about:

- What has worked for you in the past
- What is holding you back
- What habits you can change
- How to create, plan and take small steps toward a healthier lifestyle



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Health coaches and Care Coordinators are available by phone. Spanish-speaking health coaches and Care Coordinators are available. If you'd like to get started, please call us on our intake line Monday through Friday, from 8 a.m. to 5 p.m. at **(505) 923-8858** or toll-free at **1-866-672-1242**.

Participation in this program is voluntary. If you ever want to stop the program, just call a Presbyterian health coach or Care Coordinator and let them know.

Member ID Cards

Every member gets an ID card. You will get your ID card in a separate mailing from the Member Handbook.

Your Presbyterian Centennial Care member ID card is for your use only. It is an important document to help you get the healthcare services you need. You should protect your ID card as you protect your driver's license, checkbook, or other personal information. If you or someone else misuses your ID card or ID number, like giving, loaning, or selling the card or the information on it, you could lose your benefits.

Keep your ID card in a safe place. If you lose your ID card, call the Presbyterian Customer Service Center ().

Other Insurance and Medicare

Make sure to tell the Presbyterian Customer Service Center and any providers you see for care if you or your family has other medical insurance or Medicare. This helps Presbyterian and your PCP know who should pay your



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medical bills. We need this information for billing, but it will not change the services that you can get.

Dual Eligibility

If you are enrolled in both Medicaid and Medicare, you are “**dual-eligible.**” This means that you use more than one benefit plan for all of your healthcare benefits.

Your enrollment with Presbyterian Centennial Care will not change your Medicare benefits. Presbyterian will work with your Medicare PCP to coordinate benefits for:

- Acute care
- Behavioral health
- Long-Term Services and Supports
- Pharmacy (drug store)
- Primary care

This coordination will be easiest if you have a Presbyterian Medicare Advantage plan. If you have questions about our Presbyterian Medicare Advantage plan for members who are dual-eligible, call the Presbyterian Customer Service Center at **(505)-923-5264** or toll-free at **1-866-757-5264**.

Claims for Healthcare Services

If you get a bill or a claim for covered services you received, please do not pay it. Presbyterian will pay the covered amount. Send the bill or claim to us at the address below:

Presbyterian Customer Service Center
P.O. Box 27489



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Albuquerque, NM 87125-7489



Please note that you may be billed for services or products not covered by Medicaid.

If you see a provider without a referral or without getting a prior authorization when it is needed and the claim is denied, you may be billed. **Presbyterian and/or your providers may bill you and/or send you to collections to collect money you owe.** However, you will not lose your Medicaid benefits if you do not pay your bill to a provider for non-covered services.



Chapter 2 – Covered Benefits

Prior Authorization and Utilization Management

Presbyterian Centennial Care wants to make sure you get the best care, in the right setting, at the right time. One way we help our members get appropriate care is with prior authorization of certain healthcare services.



Some healthcare services and medications need prior authorization from Presbyterian Centennial Care before you can get them. This means Presbyterian must approve the service before you get it. These requests are approved or denied based on your benefits and whether the service is medically necessary (needed). Your PCP or specialist will request your prior authorizations for you. Check with your PCP or specialist before you get services. We will notify you of the status of your request. If your prior authorization is not approved, you will receive a letter to let you know why and tell you about your appeal rights. See Appendix A to find out what services may need a prior authorization.

Presbyterian Health Plan does not reward or pay healthcare providers for not providing services or for not referring you for care. Your providers and Presbyterian Health Plan staff members consider these factors when making decisions about your care:

- If the service or care are covered by your health plan
- If the service or care is based on your benefits and healthcare needs



How to Contact Us with Questions About Prior Authorization

You can contact us if you need help with or have questions about a prior authorization. For more information, please call or write to the Prior Authorization (Utilization Management) department at the number or address below. We are here to help you. You can also contact the Presbyterian Customer Service Center to check the status of your prior authorization request.

Prior Authorization (Utilization Management) – Contact Information	
English and Spanish:	Inside Albuquerque: (505) 923-5200 Outside Albuquerque: 1-888-977-2333 (toll-free)
Navajo/Diné:	Inside Albuquerque: (505) 923-5157 Outside Albuquerque: 1-888-806-8793 (toll-free)
Deaf or hard of hearing:	TTY: 711
Mailing address:	Presbyterian Centennial Care Attn: Prior Authorization Dept. P.O. Box 27489 Albuquerque, NM 87125-7489
Email:	info@phs.org

Table 5. Prior Authorization Contact Information

Covered Benefits



Presbyterian Centennial Care provides a full range of **covered benefits** and services. These include physical, behavioral, and Long-Term Services and Supports. **Alternative Benefit Plan limitations** apply and 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



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hospital when medically necessary and the discharge plan for the recipient is the eventual return home. Certain covered benefits and medications may require prior authorization. Some benefits are covered only for members that meet the long-term care criteria.

Some benefits may be limited by the Medicaid program guidelines. The New Mexico Medical Assistance Division can add or delete benefits at any time.

Any covered service you get must be medically necessary (needed).



The type and amount of services you need are based on your medical condition. For example, you may need a certain number of physical therapy visits for a broken leg and a different number of physical therapy visits for a stroke. The length of time you would need to have these services may also be different. If you have a question about your Presbyterian Centennial Care benefits, please call the Presbyterian Customer Service Center ( ).

Covered benefits are listed under Appendix A and B. Non-covered benefits are listed under Appendix C.

Behavioral Health


There may be times when you need help with behavioral, emotional, or mental health, or you may need help with alcohol- or drug-related problems. Presbyterian Centennial Care includes many behavioral health services that allow you to get the services and treatment that you need. We are here to support your recovery.


There are three ways you can get behavioral healthcare:

1. Call your behavioral health provider



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2. Call your PCP. He or she will help you get the care you need
3. Call the Presbyterian Customer Service Center ( ↓). We can help you find an in-network provider to complete your assessment and treat you

If you need a ride to a behavioral health provider visit, call the Presbyterian Customer Service Center ( ↓) to arrange your transportation.

When to Seek Behavioral Healthcare

If you have any of these symptoms, you should make an appointment with a behavioral health provider:

- You want to sleep all the time
- You can't get to sleep
- You cry uncontrollably
- You have lost the desire to do the things you used to enjoy
- You feel unmanageable fears
- You are unable to concentrate for any length of time
- You feel very guilty about things that are not your fault
- You are very angry and/or you can't seem to work through your feelings
- You behave harshly with your children or others
- You fear that you have been or will become violent
- You are using alcohol or drugs, including prescription drugs – even in small amounts – to numb emotional pain
- You feel you cannot cope with what is going on in your life
- You want to escape from your life or you have had thoughts of suicide
- You see, hear, or experience things that people around you don't see or hear



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- You want to hurt yourself or others
- You think you are drinking too much
- You use drugs to cope with daily challenges

No Referral Needed



Tip

You do not need a referral from your PCP to get behavioral health services. You can go directly to a behavioral health provider for help. We urge you to tell your PCP if you are using these services. However, it is your choice to tell your PCP that you are using these services.

Behavioral Health Emergencies



Emergency

If you are having an emergency (for example, if you feel like hurting yourself or others, or if you are not able to take care of yourself), you should do one of these things:

- Call the New Mexico Crisis and Access Line (NMCAL) toll-free at **1-855-662-7474 (1-855-NMCRISIS)**
- Go to the nearest emergency facility
- Call 911

Behavioral health services covered by Presbyterian Centennial Care include:

- Accredited and non-accredited residential treatment center (ARTC and RTC) and group home services
- Applied behavior analysis (ABA)
- Assertive community treatment (ACT)
- Behavior management skills (BMS) services
- Comprehensive community support services (CCSS)
- Crisis intervention services
- Day treatment services



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- Family support services
- Inpatient hospitalization (including detoxification)
- Intensive outpatient program (IOP) services
- Medication assisted treatment for alcohol dependence and opioid use disorders, including Suboxone
- Multi-systemic therapy (MST)
- Outpatient services
- Partial hospitalization
- Peer support and community health workers
- Psychosocial rehabilitation program (adults)
- Recovery services
- Residential treatment for adults with substance use disorders only
- Respite
- School-based services
- Telehealth
- Treatment foster care (TFC)



Some services need prior authorization. See Appendix A.

Managing Your Overall Wellness

Wellness is a process of making choices that lead to good physical and behavioral health. Good physical and behavioral health are connected. If you have a chronic health condition – for example, diabetes or depression – it can affect your overall wellness. Presbyterian Centennial Care supports and promotes healthy living. We provide you with health tools and resources that can help you create a path for wellness.



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Health education tools are available at phs.org/preventive. These health education tools allow you to:

- Search for health information
- Search for information about your condition
- View wellness and prevention topics
- View health-related videos
- Manage your health
- Check your symptoms

Another resource is the Eight Dimensions of Wellness (Figure 3). Think of this as a road map to the many parts of your life that contribute to wellness. Do you have a good support system? Do you have chronic health conditions that need attention? Do you live in a healthy environment? Think about these examples as you think about the Eight Areas of Wellness in your life. Think about how you might improve your own areas and create your path for wellness.



Eight Dimensions of Wellness



Figure 1. Eight Dimensions of Wellness

Used with permission from Peggy Swarbrick, PhD, OTR, CPRP

Recovery and Wellness

Recovery is a personal journey of self-discovery and self-improvement. Recovery from mental illness and addiction is as possible as recovery from physical illness. For many, recovery is a process of developing hope, a supportive community, and identifying personal strengths. Through this change, people can improve their health and wellness. Recovery allows a person to live an independent life. It allows a person to reach his or her full potential. The ability to recover from an illness, change, or misfortune is called resiliency. This ability is an important part of overall wellness. It helps a person rebound from change and stress and go on with confidence and hope.



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Presbyterian Centennial Care wants to help you set your own goals for recovery. We can work with you to develop the tools you need to reach your wellness goals. These goals can include:

- A sense of belonging
- A safe place to live
- Days filled with purpose
- Skills to achieve wellness
- A strong voice in your own treatment and recovery
- Hope and confidence in yourself and your future

Our recovery and resiliency team help adults with serious behavioral health illnesses reach their wellness goals. We also help children and teens with behavioral health problems to learn skills to help them do well at school and at home. We want to help children and teens become healthy, happy adults. We use the ideas of recovery and resiliency described above as we provide behavioral health services to our members.

Support Services


There are over 1,000 self-help groups in the country. These groups are brought together by people with common experiences. The groups deal with physical and behavioral health issues. These include substance use disorder, domestic violence, grief and loss supports, and more. A **community wellness resource center** (CWRC) is a safe and supportive place run by and for people who live with behavioral health issues.




Self-help is a valuable part of recovery. It allows people to become more resilient and achieve wellness. Self-help can have a good effect on a person's behavioral and physical health. To find out more about self-help opportunities like peer support or CWRCs in your area, call the Presbyterian Customer



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Service Center (). **These services are available locally, often at low or no cost to you. These services are not part of your Centennial Care benefits.**

Recovery services are available. If you would like more information about how to get recovery services in your area, please call the Presbyterian Customer Service Center ().

Applied Behavior Analysis (ABA)

Applied behavior analysis (ABA) is a form of therapy used to help the families of individuals with autism spectrum disorder (ASD) in acquiring, enhancing, or maintaining social, behavioral, and living skills necessary to function successfully within the home and community setting.

Presbyterian Centennial Care covers ABA services when medically necessary and for a diagnosis of ASD, or those at risk for ASD.

If you would like to start getting these services, call the Presbyterian Customer Service Center () and tell them that you are seeking services for autism or for a child at risk for developing autism. Presbyterian Centennial Care will also help coordinate care with providers if you are currently getting these services. You may be eligible for more services beyond what you have been getting to date. Our specialized autism care team can begin to work with you on next steps.

Long-Term Services and Supports

Presbyterian Centennial Care includes Long-Term Services and Supports that may be provided in your home, a residential setting, or in an institution such as a nursing facility. To receive Long-Term Services and Supports, you




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must meet Nursing Facility Level of Care (NFLOC). These services must be **medically necessary (needed)** before you can get them. If you meet the criteria, you may be eligible to receive Community Benefits and/or nursing facility services. There is a Continuous Nursing Facility Level of Care for members who are expected to always meet Nursing Facility Level of Care and additional criteria.

Community Benefit services help you stay in your home or a community setting safely. They are Long-Term Services and Supports provided in your home or community. If you are eligible for Community Benefit services, you have the option to select the way you get these services. You can get them through Agency-Based Community Benefits (ABCB) or Self-Directed Community Benefits (SDCB).



You must get an in-home assessment by a Care Coordinator to get Long-Term Services and Supports. The assessment will identify your needs and the services that will support you in the community. If you meet the criteria, you will receive approval for one (1) year. You will need to be re-assessed every year. For more information on eligibility for Long-Term Services and Supports or Community Benefits, or how to access these services, call the Presbyterian Customer Service Center ().

Agency-Based Community Benefit (ABCB) Long-Term Services and Supports covered by Presbyterian Centennial Care include:

- Adult Day Health
- Assisted Living
- Behavior Support Consultation
- Community Transition Services



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- Emergency Response
- Employment Support
- Environmental Modifications (changes to your home) required to improve accessibility and safety in the home. (Environmental Modifications must be determined to be medically necessary (needed) and must meet certain criteria. Your Care Coordinator will help you with the process if it is decided that you meet criteria for an environmental modification)
- Home Health Aide (adults)
- Nutritional Counseling
- Personal Care Services (adults)
- Private Duty Nursing (adults)
- Respite Services
- Skilled Maintenance Therapy Services (adults)
 - Occupational Therapy for adults
 - Physical Therapy for adults
 - Speech Therapy for adults

Self-Directed Community Benefit (SDCB) Long-Term Services and Supports

If you qualify for Long-Term Services and Supports, you have the option to self-direct your care if you have been receiving Agency-Based Community Benefits for at least 120 days. This means that you or someone who you can choose can select, hire, fire, and train your long-term Community Benefit care providers. You must also manage a budget and care plan for your Community Benefits. You can direct your own SDCB services. Your Care Coordinator can give you more information and explain your options. He or she can help you decide what option is right for you. SDCB services covered by Presbyterian Centennial Care include:



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- Behavior Support Consultation
- Customized Community Supports
- Emergency Response Services
- Employment Supports
- Environmental Modifications (changes to your home) required to improve accessibility and safety in the home. (Environmental Modifications must be determined to be medically necessary (needed) and must meet certain criteria. Your Care Coordinator will help you with the process if it is decided that you meet criteria for an environmental modification)
- Home Health Aide (adults)
- Nutritional Counseling
- Private Duty Nursing (adults)
- Related Goods and Services
- Respite
- Self-Directed Personal Care (adults)
- Skilled Maintenance Therapy (adults)
- Specialized Therapies
- Start-up Goods and Services*
- Transportation (non-medical) (adults)

*New members who qualify for SDCB may use up to \$2,000 for start-up goods and services. You can use this benefit to buy items such as a computer, printer, or fax machine to begin to manage your Self-Directed Community Benefits.

There are annual limits on certain SDCB services for new members entering SDCB on or after January 1, 2019.



Dental Services

Presbyterian Centennial Care helps you take care of your teeth and gums. Make an appointment soon for routine dental exams. Starting routine dental exams now will mean better lifelong dental health for you and your children. You must choose a dentist from the Dental Care Providers section of the *Presbyterian Centennial Care Provider Directory*. You can find the provider directory on our website at <https://www.phs.org/tools-resources/member/Pages/php-directory.aspx> under Plan Documents.

- Call your dentist to make an appointment. Before making the appointment, find out if the services will be covered by Presbyterian Centennial Care
- Some exams and services are limited

Preventive Dental Services

Coverage for dental services is limited. See below for some of the limitations. Your dental care provider can tell you if services will be covered by Presbyterian Centennial Care. Preventive services include:

- **Dental cleanings:** One (1) cleaning every six (6) months for children under age 21 and for members 21 years and older who have developmental disabilities. One (1) cleaning every 12 months for members 21 years and older
- **Molar sealants:** Service is covered only for children under age 21. Only one (1) treatment per tooth every five (5) years
- **Dental Varnish:** Topical fluoride varnish treatments are covered twice per year for children between six (6) months through age 20. Treatments must be provided by either a Presbyterian Centennial Care in-network dentist or PCP



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Other Covered Dental Services (with limitations)



The services below are also covered but have limitations. Some services also need prior authorization. Your Presbyterian Centennial Care dental care provider will be able to tell you if services will be covered by Presbyterian Centennial Care. Covered services include:



- X-rays
- Emergency services
- Replacing teeth
- Oral surgery
- Extractions
- Diagnostic services such as exams, including in an emergency
- Treating the nerves and blood vessels inside the tooth, such as a root canal
- Using braces or other procedures to correct and straighten teeth (if you meet the guidelines)

Emergency Services

If you are very sick, require immediate psychiatric help, or have an injury that you believe must be treated as an emergency, call 911 or the emergency number in your area. You also can go to the emergency room.

In an emergency, you may go to any hospital or facility that provides emergency care. You do not need approval or prior authorization from Presbyterian Centennial Care or your PCP for emergency care. You should let your PCP know as soon as you can if you get emergency care.



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The provider directory lists where you can go within the Presbyterian Centennial Care network for emergency services and post-stabilization services.

Some examples of **emergencies** are:

- Broken bone
- Cut-off arm, leg, fingers, or toes
- Hard time breathing
- Injured eye
- Loss of consciousness (fainting)
- Poisoning
- Severe burns
- Uncontrollable feelings of wanting to hurt yourself or others
- Uncontrolled bleeding
- Very bad chest pain or other pain

The emergency room providers and nurses take care of people who are so sick that they could get worse or die if they don't get care right away. It's important to go to an emergency facility only for true emergencies.

If you have other symptoms that are not severe, and you are not sure if you need to go to the emergency room, follow the *Options Before the Emergency Room* guidelines below.



Options Before the Emergency Room

- **Call the PresRN nurse advice line.** The toll-free number is **1-888-730-2300**. You can speak to a local nurse 24 hours a day, seven days a week. The nurse will ask questions and tell you who to call or where to go for care. If your PCP's office is closed, the nurse can also help you decide what to do next
- **Use Video Visits.** PHP Video Visits provide access anytime to healthcare providers licensed in New Mexico. No need for an appointment. Talk with a provider day or night using your smartphone, tablet, or computer webcam. For more information on PHP Video Visits, log in to myPRES
- **Call your PCP's office.** The PCP will let you know where you should get care
- **Go to urgent care.** Urgent care clinics are for times when you need care right away but it is not an emergency. Most are open evenings and weekends. An urgent care clinic can take less time than a trip to the hospital emergency room (ER)

Table 6. Options Before the Emergency Room

Some examples of **urgent care** conditions are:

- Earache
- Flu
- Rash
- Runny nose or cold
- Sore throat
- Stomachache

You can also use PHP Video Visits anytime, anywhere in the United States. PHP Video Visits are available 24 hours a day, seven days a week (even holidays). See page 71 for more information.



Is it an emergency? How to decide

You have an emergency if you:

- Are using reasonably good judgment; **and**
- Have a severe medical or behavioral health condition (including severe pain); **and**
- Believe that your health can be seriously harmed unless you get healthcare right away; **or**
- Believe that a body function, body part, or organ can be damaged unless you get healthcare right away

More about emergency care

An emergency also can mean the health of a family member or an unborn child is at risk.

Presbyterian Centennial Care will not deny a claim for emergency services. This is true even if the emergency room workers decide that your health problem is not an emergency.

However, if the emergency provider determines your illness is not serious or life threatening, you may have to wait a long time to be seen.

Non-emergency care is defined as any healthcare service provided to evaluate and treat any medical condition such that a prudent layperson possessing an average knowledge of medicine and health determines that immediate unscheduled medical care is not required.

Follow-up Care After an Emergency

After a visit to emergency room, you may need follow-up care. This is called **post-stabilization care**. It will either keep your health steady or help improve



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or resolve your health problem. You may get post-stabilization care in a hospital or other facility. Presbyterian Centennial Care covers this care.

For other follow-up care, such as prescription drug refills or having stitches or a cast removed, go to your PCP office.

Emergency Care Outside of the Presbyterian Network



You are outside of the Presbyterian Centennial Care service area when:

- You are outside of New Mexico (but not outside of the United States)
- You see a provider who is not on our list of Presbyterian Centennial Care providers

We call this being **out-of-area**. When you are out-of-area, we will cover your emergency care **only**.

More about out-of-area care



- If you are out-of-area and have a life-threatening emergency, go to the nearest emergency service provider. Be sure to show them your Presbyterian Centennial Care member ID card
- If you are out-of-area and the care you need is not for something life-threatening, call our PresRN nurse advice line. The toll-free number is **1-888-730-2300**. The nurse will help you decide what steps to take to get care
- You can use PHP Video Visits anytime, anywhere in the United States, including nights, weekends, and even holidays

Healthcare services provided outside of the United States are not covered.



Urgent Care

If you need to treat a minor illness or injury quickly, visit an urgent care location to get the help you need. An urgent care visit is best when your medical condition is not considered an emergency but still needs care within 24 hours. Some examples include:

- Accidents and falls
- Bleeding/cuts -- not bleeding a lot but requiring stitches
- Breathing difficulties (i.e., mild to moderate asthma)
- Diagnostic services, including X-rays and laboratory tests
- Eye irritation and redness
- Fever or flu
- Minor broken bones and fractures (i.e., fingers, toes)
- Moderate back problems
- Severe sore throat or cough
- Skin rashes and infections
- Sprains and strains
- Urinary tract infections
- Vomiting, diarrhea or dehydration

You can schedule same-day urgent care appointments online at **www.phs.org/urgentcare**:

1. Select *Locations*
2. Click on *Urgent Care Clinics*
3. Click the *Schedule Now* button

Do not use online scheduling if you have a medical emergency or need immediate care. Go to the closest emergency department or call 911. If you



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are unable to make the appointment, or need to reschedule, please call the number on your appointment reminder email.

Family Planning Services



Presbyterian Centennial Care offers family planning services and reproductive health services to all of our members, including teens. You have the right to get these services when you need them. You also have the right to get these services in private. You can visit your PCP or go to any family planning center or family planning provider for these services. **You do not need a referral.**

Family planning or birth control helps you decide when you are ready to have a baby. To get help with your decision, you can see a qualified family planning provider, including an obstetrician (OB) or a representative of Planned Parenthood. **You do not need a referral from your PCP.**

Family planning services covered by Presbyterian Centennial Care include:

- Health education and counseling to help you know which birth control method is best for you
- Lab tests, if you need them, to help you decide which birth control you should use
- Follow-up care for trouble you may have from using a birth control method that a family planning provider gave you
- Family planning counseling
- Preferred birth control pills and devices, including intrauterine devices (IUDs), Depo-Provera injections, diaphragms, foams, and condoms
- Pregnancy testing and counseling
- The evaluation of sexual dysfunction or infertility



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- Tubal ligation
- Vasectomies

Women have the right to **self-refer** to a women's healthcare specialist for routine and preventive services. Women may also have a PCP who is not a women's healthcare specialist.

PresRN Nurse Advice Line (505) 923-5677 or toll-free at 1-888-730-2300

Members have access to PresRN, a local nurse advice line available 24 hours a day, seven days a week, including holidays. There is no charge to call our nurses for answers to your questions and health concerns. If you are having a medical emergency, please call 911.

What is PresRN?

PresRN is an easy way to talk with a Presbyterian Health Plan nurse if you are not feeling well and don't know what to do. Just call the phone number above. One of our qualified nurses will listen to your health concerns and give you the answers that you need to care for you and your family. Our nurses are happy to answer general health questions when you are healthy too.

Why Call PresRN?

Our nurses review your symptoms using evidence-based guidelines and give you the information you need to take care of yourself and your family.

Whether your situation requires a trip to the emergency room or self-care at home, you will know what to do.

As part of your Presbyterian Centennial care team, we let your provider, Care Coordinator and health coach know of your health concern so that you will



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have continued care and follow up. Most importantly – we are here when you need answers!

PHP Video Visits

With PHP Video Visits you can talk with a medical provider day or night using your smartphone, tablet, or computer webcam.

You can use PHP Video Visits anytime, anywhere in the United States, including nights, weekends, and even holidays. You might use Video Visits when:

- Your provider is not available on your schedule
- An urgent care facility is not available
- It's not convenient to leave your home or office
- You're traveling within or outside of New Mexico, and you need medical care

All you need is a computer, laptop or smartphone with a webcam and high-speed internet. You must also register for myPRES. This service does not cost you anything.

Important: If you have a medical emergency, call 911 or go to the nearest emergency room (ER). PHP Video Visit providers cannot prescribe narcotics or certain other types of medications. Please consult with your health plan provider for these types of medications.

Pharmacy (Prescription Drugs)

Getting Your Prescription Filled



When your PCP or other provider gives you a prescription for medicine (drugs), you will need to get your medicine at one of the pharmacies listed in

Call Presbyterian Customer Service Center:
Monday-Friday, 8 a.m. to 6 p.m.
Closed on weekends and holidays




English and Spanish: (505) 923-5200 or 1-888-977-2333
Navajo/Diné: (505) 923-5157 or 1-888-806-8793
TTY: 711

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the *Presbyterian Centennial Care Provider Directory*. **We want to let you know that these are the only pharmacies where you can get your covered medicines.**

The Centennial Care pharmacy network is made up of contracted pharmacies in the state of New Mexico and bordering counties.

You can only use an out-of-network pharmacy (drug store) when Presbyterian Centennial Care approves a request from your provider.

If you are outside the Presbyterian Centennial Care network and need to fill a prescription, call the Presbyterian Customer Service Center (↓).

How to find a pharmacy

To find a pharmacy near you, check the *Presbyterian Centennial Care Provider Directory*. You can also call the Presbyterian Customer Service Center (↓) or ask your PCP. Remember to show your Presbyterian Centennial Care member ID card when you go to the pharmacy. If you have a problem getting your prescription filled, call the Presbyterian Customer Service Center (↓).

Member Reimbursement

If you go to an out-of-network pharmacy, and they are unable to process the claim at point of service you may pay for the prescription and may request Presbyterian Centennial Care to reimburse you. A Pharmacy Specialist will review and process your request for reimbursement. If your request is approved, your reimbursement will be based on the negotiated rate. The negotiated rate for the drug may be less than what you paid the pharmacy.



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Members will not be liable to a provider for any sums owed to the provider by Presbyterian Centennial Care. Reimbursement of the prescription(s) is subject to formulary listing. Reimbursement may not be approved for prescription(s) that are not listed on the formulary or for drugs requiring prior authorization in which prior authorization has not been obtained.

The Pharmacy Specialist needs the following information to determine reimbursement amounts. Please submit a Prescription Drug Reimbursement Form and attach the itemized cash register receipt and the prescription drug detail (pharmacy pamphlet) along with the following information:

- Patient's name
- Patient's date of birth
- Name of the drug
- Quantity dispensed
- NDC (National Drug Code)
- Fill date
- Name of prescriber
- Name and phone number of the dispensing pharmacy
- Reason for the purchase (nature of emergency)
- Proof of payment

Prescription Drug Reimbursement Forms are available by calling our Presbyterian Customer Service Center, Monday through Friday from 8 a.m. to 6 p.m. at **(505) 923-5200** or toll-free at **1-888-977-2333**. Hearing impaired users may call TTY 711. Please follow the mailing instructions on the Member Reimbursement Form.




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For all new prescriptions that are covered by Presbyterian Centennial Care:

- Presbyterian Centennial Care will give you up to a 90-day supply of your medicine depending on how your provider writes the prescription
- Schedule II controlled substance medications are limited to a maximum of 34-day dispensing or formulary restrictions
- New opioid prescriptions have a seven-day limit
- Opioid prescriptions that are more than a combined total daily dose of 90 morphine milligram equivalents require prior authorization
- Specialty medications are limited to a maximum 30-day supply and are limited to the Specialty Pharmacy Network

Mail-order program

You can also use our mail-order program. This program will give you up to a 90-day supply of medication delivered to your home.

- To use the mail-order program, call the Presbyterian Customer Service Center (). We will help you register for the home delivery service, fill out a mail-order form or register online
- **Online registration:** You may register for OptumRX home delivery by using a computer with internet access to find <http://www.optumrx.com/mycatamaranrx>. Select the option to create a new a new registration and follow the step by-step instructions to set up a mail order account. You will be asked to provide your Presbyterian member ID number, an email address and to create a user ID and password. Save the user ID and password so you can use it in the future. Then, ask your doctor to send your prescriptions to OptumRx



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- **Phone:** Call OptumRx at **1-866-528-5829** to talk with a customer service representative. You will be asked to provide your Presbyterian member ID number. The OptumRX customer service representative can contact your doctor directly if you need a new prescription
- **Mail:** Complete the enclosed New Prescription Order Form. You will need to provide your Presbyterian member ID number, and your method of payment. New prescription(s) may be included with the form when you send it to OptumRx. Ask your doctor to write the new prescription for up to a three-month supply, plus refills up to one (1) year

After you are registered with OptumRx, you can also ask your doctor to send your prescriptions to OptumRx using one of the following methods: Electronic Prescription, by fax at **1-800-491-7997**, or by phone at **1-800-791-7658** (toll-free).

Prescription Drugs and Your Safety

We want your healthcare to be as safe as possible. Here are some easy ways to increase your safety:

- Play an active role in your healthcare. If your illness makes this hard, get help from someone you trust
- Always carry a list of all the medicine that you are taking. This includes prescription and over-the-counter drugs and any vitamins or supplements. Take this list to every visit you have with your providers
- When your provider writes a prescription, make sure you can read and understand (know) it before you leave. When you go to the pharmacy, make sure you get the right drug and the right dose
- If you have to measure your own medicine, ask your pharmacist to show you how to do so



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- Ask if you have any other questions about your medicine. Don't guess
- Store your medication in a safe place out of the reach of children
- Medications are prescribed for your use only, so don't share them


Concurrent Drug Utilization Review (cDUR) Program

Presbyterian Centennial Care is committed to increasing safe and effective medication use by our members. Presbyterian Centennial Care's cDUR program consists of a series of safety edits that check each member's prescription at the point of service to identify potential problems before the prescription is filled. If a prescription claim is flagged in the pharmacy claim system for a potential problem, the system sends a message to the pharmacist alerting them of a potential safety issue and requires the pharmacist to review these potential safety concerns before the member receives the medication.

Provider/Pharmacy Lock-in

Some Presbyterian Centennial Care Plan members will be assigned a PCP and/or a pharmacy lock-in. These members must:

- See their PCP to obtain necessary prescriptions
- May only fill prescriptions at a single pharmacy location for at least one (1) year

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 they are required to use. If you have any questions about this program, please call the Presbyterian Customer Service Center ().




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Presbyterian Centennial Care Formulary

A **formulary** is a list of approved prescription drugs that Presbyterian Centennial Care will cover. A formulary is also called a preferred drug list.

Our formulary is “**selectively closed.**” This means that Presbyterian Centennial Care usually only covers the drugs on the list. The formulary includes notes and limits to your coverage. Examples of limits to the coverage of drugs include quantity limits, step therapy, prior authorization, and specialty pharmacy network restrictions for specialty pharmaceuticals.

What is Prior Authorization?

Presbyterian Centennial Care must approve some prescription drugs before you fill it. If you don’t get a “Prior Authorization,” Presbyterian Centennial Care may not pay for the drug. You or your provider can ask for prior authorization by fax, phone, or email. Call the Presbyterian Customer Service Center () for help with your request.

What is Step Therapy?

You must first try certain drugs to treat a health problem before a different drug will be covered for the same health problem. For example, if Drug A and Drug B both treat your medical health problem, Presbyterian Centennial Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan may then cover Drug B.

What are Quantity Limits

A limit to the amount of drug Presbyterian Centennial Care will pay for in a period of time. Presbyterian uses medical guidelines and U.S. Food and Drug



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Administration (FDA)-approved recommendations from drug makers to set these quantity limits.

What are Specialty Pharmaceuticals?

"Specialty Pharmaceuticals" are drugs that are often used to treat complex chronic, rare diseases and/or life threatening medical health problems. Most Specialty Pharmaceuticals require a prior authorization. They must also be provided through the specialty pharmacy network. Specialty Pharmaceuticals are not available through the mail order option and are limited to a 30-day supply.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they can change include:

- New drugs are approved
- Existing drugs are removed from the market
- Prescription drugs may become available over the counter (without a prescription)
- Brand-name drugs lose patent protection and generic versions become available
- Changes based on new clinical guidelines

If a change is made to the formulary for a drug that you use, Presbyterian Centennial Care will let you know about the change. You will receive a letter at least 60 days before the change takes place.


The prior authorization process is regularly reviewed and updated. This is based on factors including evidence-based practice guidelines, medical



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trends, provider participation, state and federal regulations, and our policies and procedures.

- Continuation of therapy using any drug is dependent upon its effectiveness (to continue the covered use of a medication, there must be proof that it is working)
- Note that the prior use of free prescription medications (like samples, free goods, etc.) will not be considered in the evaluation of a member's eligibility for medication coverage

Please call the Presbyterian Customer Service Center () if you would like to learn more about the drugs on the formulary. Your providers and pharmacy (drug store) also have a copy of our formulary. You can find the formulary on our website at www.phs.org. Search for "Pharmacy Resources."

The formulary (preferred drug list) does not apply to our Native American members who get prescriptions filled at an Indian Health Service provider, Tribal Health Provider or Urban Indian provider (I/T/Us). If you go to any retail pharmacy other than an Indian Health Service or Tribal Health Center, the formulary applies and the prescription will follow the preferred drug list.

Generic drugs

Most of the drugs on the Presbyterian Centennial Care drug list are generic. A generic drug is approved by the FDA as having the same active ingredient and may use instead for the brand name drug. This means they work the same way as brand-name drugs and have the same effect. Most generic drugs cost less. Presbyterian Centennial Care covers the first-line generic drug in each therapeutic class.




Reviewing the Formulary

How we decide what is on the formulary, also known as the preferred drug list

Presbyterian Centennial Care takes special care to make sure your prescription drugs are safe and effective. A team of pharmacists and physicians meets every four (4) months to review the formulary. Some of these team members are Presbyterian Centennial Care employees. Others are from the community. The team is called the Pharmacy and Therapeutics Committee. The team looks at new drugs. They also look at new uses for existing drugs. If the drug is proven to be safe and effective compared to existing drugs used to treat the same medical condition, then they add it to the drug list. The team may decide that the drug can be used only to treat certain health problems. These restrictions are noted on the list. Experimental drugs are never added to the list.

The team also looks at drugs already on the list. Sometimes a new drug is a better treatment for a health problem than an older drug. In this case, the team may take the older drug off the list. Also, if two drugs are equally safe and effective, the more costly drug may be taken off the list.

If Your Medicine Is Not on the Formulary (drug list)

We want you to have the right prescription drugs to improve your health, even if these prescription drugs are not on our drug list. You may need a drug that is not on the drug list. Or you may need a drug that is not approved to treat your condition. In these cases, you can call the Presbyterian Customer Service Center () to request an exception. Or your provider can send a request to Presbyterian Centennial Care for an exception. We will look at your



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request and give authorization if we decide that the non-formulary drug is **medically necessary (needed)**. We usually give approval for two reasons:

- Your provider finds that a similar drug on our list is not as effective in improving your health
- Your provider finds that a similar drug on our list could be harmful to your health

To avoid problems filling your prescriptions, always ask your provider to check our formulary (drug list).

- If your provider prescribes a drug that is not on our list, your provider must have approval from Presbyterian Centennial Care before the Presbyterian Centennial Care will pay for it
- Some drugs may not be covered. Presbyterian Centennial Care will help you and your provider find a drug that works for you or find a less expensive generic drug instead of using a brand name drug

Without Presbyterian Centennial Care approval, the health plan will not pay for the prescription.

To ask for an exception to the formulary, call the Presbyterian Customer Service Center ().

Important Things to Remember About Prescription Drugs



- With prior approval, you may get a one-time vacation refill up to a 30-day supply of each medication per calendar year
- A member is allowed one (1) out of network fill per medication per calendar year
- **Copays do not apply to Native American Centennial Care members**



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- If you have both Medicare and Centennial Care, you must bring both your Medicare ID card and your Presbyterian Centennial Care ID card with you to the pharmacy. **Centennial Care will not cover copays for Medicare Part D medications**
- You may be responsible for the cost of a non-formulary drug if you get the drug without prior approval from Presbyterian Centennial Care
- In some cases, you may need a non-formulary drug quickly. In an emergency, Presbyterian Centennial Care will respond to your provider's request within 24 hours. You may use the appeals process (see page 108) if your request is denied



If you have any questions about the formulary, requesting a copy of the formulary, Presbyterian Centennial Care pharmacy services, please call the Presbyterian Customer Service Center ( ). We are here to help.

Questions about your pharmacy benefit?





Presbyterian Centennial Care has a Pharmacy Service team that is focused on answering questions from our members about their pharmacy benefits.

The team includes certified pharmacy technicians who are trained specifically to help our members with questions/issues related to their prescription drug coverage. You can call **(505) 923-5200** (and select the option for pharmacy), Monday through Friday, 8 a.m. to 5 p.m. You can also call toll-free at **1-888-977-2333**; (TTY 711).

Care for Pregnant Members



Caring for you during your pregnancy is very important to us. If you are pregnant or think you may be, call the Presbyterian Customer Service Center ( ) right away. When you call, we will:

- Help you get a Care Coordinator



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- Help you choose a primary obstetrician or certified nurse midwife for your pregnancy care (also called **prenatal care**)
- Tell you about our special programs for pregnant members such as the Home Visiting Program to support new parents and promote infant health
- Let you know about Presbyterian Centennial Care Baby Benefits (New Parent), a reward program for getting your pregnancy care (see page 27)
- Help you choose a pediatrician for your baby and a PCP for you after your checkup following the birth of your baby. **Visit your provider within 7 to 84 days after your baby is born**



Prenatal Care (care during pregnancy, before the birth of your baby)

Early and regular prenatal care is very important for the health of you and your baby. During your visits, your provider will:

- Give you information about childbirth classes
- Let you know about good nutrition, vitamins and exercise
- Help you with family planning services (including Norplant, birth control pills, condoms, IUD, and tubal ligation) for the future

Important Reminders During and After Your Pregnancy





- **While you are pregnant**, be sure to tell your provider the name of the pediatrician or family practice provider you want as your baby's PCP
- **When your baby is born**, the provider will complete a notification of birth and send it to the Human Services Department (HSD). You should follow up with your Income Support Division (ISD) caseworker to make sure that the baby is enrolled with Presbyterian Centennial Care



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- **Call** the Presbyterian Customer Service Center ( ) **if you are no longer pregnant** (because of miscarriage or abortion), and do not need the services of a primary care obstetrician (OB) or certified nurse midwife

See page 82 for information about when you should see your PCP or primary care obstetrician when you are pregnant.

Pregnancy Termination (abortion)

Presbyterian Centennial Care covers services to end pregnancy when your provider certifies that is needed for these cases:

- To save the life of the mother
- The pregnancy is a result of rape or incest
- To end an ectopic pregnancy
- Other medical reasons determined and certified by your provider

All other terminations of pregnancy are **not** covered.

Birthing Options



The Birthing Options Program is an out-of-hospital birthing option for pregnant women who are at low-risk for adverse birth outcomes. You can choose to have your baby at home or in a licensed birthing center by a certified nurse-midwife or a licensed midwife.

These services will only be covered if they are provided by eligible midwives who are enrolled in the Birthing Options Program with the Human Services Department/Medical Assistance Division and are registered as New Mexico Medicaid providers.



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If you choose a midwife to deliver your baby outside of the hospital, you have the right and the responsibility to:

- Ask the midwife if he or she has malpractice insurance. If the midwife does not have malpractice insurance, you are assuming all risks of damage and injury
- Get an informed consent or informed choice agreement from the midwife. Informed consent means that you and your midwife have discussed any complications that might come up during delivery and what the midwife's plan of care will be in case complications do happen

Health Guidelines for Pregnant Members

See your provider as soon as you think you might be pregnant. This can help you have a healthy pregnancy and a healthy baby. You will need to see your provider throughout your pregnancy. Your provider will tell you how often you should visit after your first visit. Your schedule may look similar to this:

Provider Visit Schedule During and After Pregnancy	
Before 28 weeks	Usually every month
Weeks 28 to 36	Usually every 2 weeks
Week 36 to birth	Usually weekly
After delivery	Usually 1 to 12 weeks

Table 7. Provider Visit Schedule During and After Pregnancy

Our online pregnancy guidelines will help you know what to expect during your visits with your provider. To see the preventive healthcare guidelines for pregnancy, <https://www.phs.org/tools-resources/patient/Pages/preventive-care-guidelines.aspx#Pregnancy-Guidelines>.



Transportation Benefits

Presbyterian Centennial Care provides non-emergency transportation to covered medical and behavioral health services. Our transportation partner has different types of transportation available. The type you qualify for is based on your medical need, your pickup location, and where you are going.

Transportation partner offers:

- Ambulatory vehicles for members who are able to walk around without assistance
- Public, fixed-route bus (for example, ABQ City Bus Transportation)
- Through-the-door-shared-transportation vehicle
- Wheelchair equipped vehicles

Our transportation partner will ask questions to find out what type of ride you need. They will also ask you questions about the visit to be sure that they know the location you are requesting to be transported to.

Emergency Transportation



If you need emergency transportation for a life-threatening situation, call 911 or the emergency telephone number in your area. We cover emergency transportation by ambulance, air ambulance, or specially equipped van. You should carry your Presbyterian Centennial Care member ID card with you at all times.

Same-day Transportation




You can get same-day transportation only if you need urgent healthcare services and don't have a ride. **You can't get same-day transportation if you forgot to arrange a ride for a scheduled appointment.**



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If you are sick and feel like you need to see your PCP that same day, call your PCP. He or she will help you decide if you should come in that day. The PCP may send you to an urgent care center instead. See page 68 for more information on urgent care.


How to Get Transportation

If you need a ride to your appointment, call the Presbyterian Customer Service Center Monday through Friday, 8 a.m. to 6 p.m. (). You may also call the transportation partner directly at **(505) 923-6300** or toll-free at **1-855-774-7737**.

Our transportation partner is available 24 hours a day, seven days a week. You can call at any time to schedule a ride, to check a reservation or for discharge-related requests. A 48-hour advance notice is required to schedule a ride with the exception of urgent requests, which will be verified with the provider.

You can also use your smart phone to schedule a ride. To register for this service, please visit your app store to select the **Itineris Passenger App** for free.

When to call

You should call the Presbyterian Customer Service Center () or the transportation provider at least 48 hours or more before your scheduled appointment to schedule a ride.

Advance notice is required for transportation so that the best type of service can be arranged.



Closed on weekends and holidays

Presbyterian Customer Service Center:
Monday, 8 a.m. to 6 p.m.



English and Spanish: (505) 923-5200 or 1-888-977-2333

Navajo/Diné: (505) 923-5157 or 1-888-806-8793

TTY: 711

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You will need the following information when you schedule a ride:

- Your full name and date of birth
- Your member ID number (look on your Presbyterian Centennial Care member ID card)
- Date and time of the appointment
- Provider's or facility's name, address and phone number
- Your return time
- List of your special needs, such as oxygen, wheelchair, walker, medical attendant, etc.
- Reason for the appointment, such as primary care, dental, vision appointment, behavioral health or prenatal

Our Transportation partner may call your provider to verify your appointment prior to your scheduled visit.

Qualified Attendants



If you are an adult Presbyterian Centennial Care member and need special assistance, you may request an attendant to go with you to your appointment.

To qualify as an attendant, this person must:

- Be over the age of 18
- Be able to **help you**. Someone who requires help themselves does not qualify as an attendant
- Be someone who your doctor or healthcare provider says needs to **help you** when you go to your appointment. Your doctor or healthcare provider will need to write a letter stating that an attendant is medically necessary. We don't provide transportation for others to keep you company during your visit



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Transportation to Another City or Out-of-State for Healthcare

Your healthcare provider may want you to see a provider in another city. We look at these requests on a case-by-case basis. The Presbyterian Customer Service Center (📞📍) can help you find the closest appropriate provider. If we approve the travel to another city:

- Our transportation partner will coordinate transportation in New Mexico or within 100 miles of the border (this does not include Mexico)
- Presbyterian Centennial Care will arrange for approved, out-of-state transportation that is more than 100 miles from the New Mexico border
- Transportation may be by bus, train, or air

We do not provide transportation outside of your city if you **self-refer** for services.



For transportation **out of your community**, we may require a letter from your PCP telling us why this is medically necessary (needed). We will need the letter before the trip takes place. The letter must confirm that the facility you are being referred to is the closest and most appropriate provider for the needed treatment.

Note: You may choose any available provider within the Presbyterian network, but transportation is covered only to the closest and most appropriate provider.

Through-the-Door Transportation

If you qualify for through-the-door transportation, the transportation provider will arrive within a 30-minute pick-up window. This means the driver could arrive up to 15 minutes before or 15 minutes after your requested pick-up time. Please be ready 15 minutes before your scheduled time.



For example. You may request to be picked up at 2 p.m. You must be ready to be picked up at 1:45 p.m. and the driver can arrive as late as 2:15 p.m. and still be considered on time. **Drivers will wait up to 15 minutes within your 30-minute window** before departing and potentially cancelling your service so please be ready at any time during your pick-up window.

When your appointment is over, you will need to call **our transportation partner** at **(505) 923-6300** or toll-free at **1-855-774-7737** and notify them that you are ready to be picked up. The transportation partner will notify the driver that you are ready. You may have a short wait time to be picked up because drivers maybe on another scheduled transport.

When the driver arrives, you will need to sign a form that says you are eligible for Medicaid services. You may also have to write your member ID number on the form. This number is on your Presbyterian Centennial Care member ID card. Our transportation partner will call Presbyterian, your doctor or other healthcare provider to make sure you have a scheduled visit. Your trip must be medically necessary and your appointment must be with the closest and most appropriate provider.

Locating the driver on the day of your appointment

If your driver has not arrived within the allotted 30-minute window, you can call the Where's My Ride line at 1-844-697-4337 to ask what the driver's location is and receive an estimated time that the driver will arrive.



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Canceled or Changed Appointments

You are required to call our transportation partner as soon as your appointment has been changed or canceled, or at least 24 hours before your scheduled pickup time (four (4) hours for rural areas). Our transportation partner's telephone lines are open 24 hours a day, seven days a week, and 365 days a year at **(505) 923-6300** or toll-free at **1-855-774-7737**.

Missed Transportation Appointments

If you miss three (3) or more transportation appointments in a month, a Presbyterian Customer Service Center representative will call you to explain your responsibility when you have scheduled transportation. You must cancel transportation reservations at least four (4) hours before your pickup time or as soon as you know you will not be going to the appointment. If you continue to miss your transportation appointments, you may no longer qualify for through-the-door rides. Instead, our transportation partner may offer you a different transportation option to your medical visits.

Individuals Needing Special Assistance

When you schedule your ride, please tell our transportation partner if you or your child have any special healthcare needs such as oxygen, wheelchair, walker, or medical attendant. Our transportation partner will schedule the appropriate vehicle to meet your needs. You can reach our transportation partner at **(505) 923-6300** or toll-free at **1-855-773-7737**.

Transporting Children

There are special rules that we follow when transporting children:

- A parent or legal guardian must ride with a child who is under 12 years of age



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- Transportation may be provided for a child (12 years or older) to ride without a parent or legal guardian
- For a child between the ages of 12 and 18 years to ride alone, the parent or legal guardian must sign a parental release form and provide emergency contact information
- If you are under 18 years of age, you can bring a parent/guardian with you to your appointment
- Please tell the transportation partner if your child is of age to ride alone. We will work with the transportation partner to make sure your child is transported safely and take care of any special needs provided on the Emergency Contact Sheet the transportation provider keeps on file
- Our transportation partner may also call Presbyterian Centennial Care for assistance with contacting a parent or legal guardian under certain unusual emergency circumstances

Education Classes

Transportation for physical or behavioral health classes is covered only if transportation is for a diagnosis and a treatment plan, such as diabetic classes, tobacco cessation, Twelve (12) Step meetings, nutrition classes, prenatal classes, etc., that Medicaid covers. If you request transportation to and from classes, the transportation partner will call Presbyterian Centennial Care to confirm the appointment. Presbyterian Centennial Care will also verify your treatment plan to see if transportation is covered.

Mileage Reimbursement




In limited cases, Presbyterian Centennial Care may pre-approve friends, non-household relatives, or volunteers to give you a ride to your appointment. We



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review these requests on a case-by-case basis to see if you qualify for this option.

- **You must request and be approved for mileage reimbursement (repayment) before your trip**
- The Presbyterian Customer Service Center will confirm that the transportation partner is unable to schedule transportation
- Your trip must be medically necessary and your appointment must be with the closest and most appropriate provider
- Rides to the pharmacy to pick up prescriptions or pick up of durable medical equipment are not covered
 - On a case-by-case basis, Presbyterian Centennial Care may approve a trip to the pharmacy immediately following discharge from a medical provider or correctional facility
- In most cases, we require a letter from your provider telling us why it is medically necessary (needed) to use your own vehicle. We will need the letter before we approve your request
 - If you have special needs and meet a certain medically necessary criteria identified through your care needs assessment, a prior authorization for mileage reimbursement may not be necessary
- If pre-approved, reimbursement will be made after we confirm that you kept the appointment
- To get the authorization, call the Presbyterian Customer Service Center (). You will need to have the name and address of the office where you have your appointment
- The Presbyterian Customer Service Center may call and verify that you have a valid appointment



- **Reimbursement for the transportation is not always approved. Reimbursement will be approved only if a situation meets the requirements for this option**

Food and Drink

You may not eat in the vehicles. If it is medically necessary (needed) to bring food or drink, you must tell our transportation partner when you make your reservation. If approved, you must bring the food or drink in sealed containers and the driver will find an area where you can eat outside the vehicle.

Meals and Lodging



Presbyterian Centennial Care will pay for lodging (such as a hotel) for members who must travel more than four (4) hours one-way for medical services. Unless you have an emergency, **Presbyterian Centennial Care must approve your request for lodging reimbursement before the trip.**

Presbyterian Centennial Care will pay for meals for members who must leave their home community for eight (8) hours or more for medical services. If your medical travel is for five (5) or more days, speak to the Presbyterian Centennial Care Travel Representative about your meal reimbursement options. Unless you have an emergency, **Presbyterian Centennial Care must approve the request for meals reimbursement before the trip.**

Presbyterian Centennial Care covers transportation, meals, and lodging for one attendant if the member getting medical services is younger than 18 years of age. The attendant for a member younger than 18 years of age should be the parent or legal guardian.



If the member is 18 years of age or older, the member's medical provider must put in writing that an attendant is medically necessary (needed).




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Presbyterian Centennial Care will not cover transportation, meals, or lodging for attendants under 18 years of age. Unless you have an emergency, **Presbyterian Centennial Care must approve your request to cover an attendant's meals and lodging before the trip.**

Reimbursement for Meals and, Lodging



To be reimbursed (paid back) for meals and lodging, call the Presbyterian Customer Service Center () to ask for a reimbursement form. Make copies of the original receipts and of the form and keep a copy for your records. You must send the form and original receipts within 90 days of travel to:

Presbyterian Centennial Care
Presbyterian Customer Service Center
Attn: Claims
P. O. Box 27489
Albuquerque, NM 87125-7489

The maximum amount Presbyterian pays for lodging and meals is based on the New Mexico Medicaid rate.

The items we do not pay for include, but are not limited to, in-room movies, telephone charges, room service, food delivery service, laundry, rental cars and other convenience items.


Out-of-state Transportation, Meals, and Lodging

Presbyterian Centennial Care must pre-approve all out-of-state transportation, meals, and lodging. We will approve out-of-state transportation only for approved out-of-state medical services.



Air and Ground Ambulance, In-state and Out-of-state



If you have a medical or health emergency, dial 911 or the emergency number in your area. Do not call the transportation provider. The transportation provider does not coordinate with air or ground ambulance transportation. If you need an ambulance for non-emergency transportation, you, your provider's office, or a Care Coordinator should call the Presbyterian Customer Service Center ().

Vision Services

Presbyterian Centennial Care helps you take care of your eyes. It's important to have your eyes checked regularly (often). A routine eye exam can find serious health problems. Plus, eye exams for children can find problems that can affect the way they learn and develop.

Presbyterian Centennial Care covers certain vision care services needed to diagnose and treat eye diseases and to correct vision. Medicaid has specific guidelines for when eyeglasses and contact lenses are covered.

Routine and Medically Necessary Eye Exams

Routine eye exams and eye exams for medical necessity are covered by Presbyterian Centennial Care.

- Children under 21 years of age are limited to one (1) routine eye exam in a 12-month period or when care is medically necessary (needed)
- Adults over 22 years of age are limited to one (1) routine eye exam in a 36-month period
- You must choose an eye care provider in the Presbyterian Centennial Care provider network. These eye care providers are listed in the



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Vision Care Practitioners section of your *Presbyterian Centennial Care Provider Directory*

- You do not need a referral for routine eye exams
- If you need an eye exam due to medical reasons such as diabetes, find a provider listed in the Vision Care Practitioners section of your *Presbyterian Centennial Care Provider Directory*

Eyeglasses



Medicaid has certain guidelines for when eyeglasses are covered. Your eye care provider will be able to tell you after your exam if a set of eyeglasses will be covered by Presbyterian Centennial Care. Even if the eye care provider says you need eyeglasses, the glasses may not be covered unless you meet the specific guidelines from Medicaid.

For example, you have worn eyeglasses for two years. When you have an eye exam, your vision has not changed at all or has not changed enough to meet Medicaid's guidelines. In this case, Presbyterian Centennial Care may not pay for a new set of eyeglasses.

- Coverage for children is limited to one (1) set of corrective lenses and eyeglass frames in a 12-month period (if the child meets the Medicaid guidelines) or when medically necessary (needed)
- Coverage for adults is limited to one (1) set of corrective lenses and eyeglass frames in a 36-month period (if you meet the Medicaid guidelines)
- Bifocals, tinted lenses, polycarbonate lenses, frames, medically necessary contact lenses and balance lenses are covered. Minor repairs to eyeglasses are covered



Contact Lenses



Medicaid has certain guidelines for when contact lenses are covered. You must have prior authorization to receive contact lenses. Even if Presbyterian Centennial Care would cover a set of eyeglasses, it may not cover contact lenses. Your eye care provider will be able to tell you after your exam if contacts will be covered by Presbyterian Centennial Care.

- Coverage for children is limited to one (1) pair of contact lenses in a 12-month period instead of glasses (if the child meets the Medicaid guidelines) or when medically necessary (needed)
- Coverage for adults is limited to one (1) pair of contact lenses in a 24-month period instead of glasses (if you meet the Medicaid guidelines)

Eye Prosthesis (Artificial Eye)

Presbyterian Centennial Care covers eye prostheses when medically necessary (needed).



Vision Coverage for ABP members

Vision hardware (eyeglasses or contact lenses) and routine vision care are covered for members 19-20 years of age following a periodicity schedule. A “periodicity schedule” is a schedule of screenings and assessments recommended at each well-child visit. Coverage for members under 21 years of age is limited to one (1) routine eye exam in a 12-month period.

Vision care services that are medically necessary for eye injury or the diagnosis of and treatment of disease is covered for members age 21 or older. The correction of refractive errors required by the condition are also covered. An exam for an existing medical condition such as cataracts, diabetes, hypertension, and glaucoma will be covered for required follow-up and treatment. The service limitations are:



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- Refraction or vision hardware (eyeglasses or contact lenses) is covered only following the removal of the lens from one or both eyes (aphakia)
 - One (1) set of contact lenses or eyeglasses per surgery, within 90 days following surgery
- One (1) routine eye exam in a 36-month period
- Vision services that are performed for aesthetic or cosmetic purposes are not covered
- Orthoptic assessments and treatments are only covered when specific criteria are met to assure medical necessity

New Medical Treatments

A committee of providers and managers meets often to review new technologies and procedures that are not currently listed as covered services. The Human Services Department reserves the right to add or remove benefits for new medical treatments.


Women's Health and Cancer Rights

We are here to support you in your recovery. Presbyterian Centennial Care provides benefits for mastectomy-related services related to breast cancer. These benefits may include all of the following:

- Surgery to reconstruct the breasts and to make them even in size, shape, and position
- Prostheses (artificial breasts)
- Treatment of complications that result from a mastectomy, such as lymphedema. This is a build-up of lymph fluid in the tissue under the skin



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The Women's Health and Cancer Rights Act of 1998 requires us to provide these benefits to our members. If you have any questions about these benefits, please call the Presbyterian Customer Service Center (). We are here to help.

Value Added Services

Presbyterian Centennial Care offers **value added services** in addition to the Centennial Care covered benefits and services. Value added services are not subject to the appeals process. There are limitations to some of these services.

1. **Baby Benefits new parent program:** Baby Benefits is a free program that offers rewards for attending prenatal and post-partum appointments. We want to help you enjoy and understand your pregnancy. Plus, you can earn gift card incentives just for going to your prenatal and post-partum doctor visits
2. **Baby Bonus well-baby program:** Baby Bonus is a free program that offers rewards for taking your baby to their well-child appointments. We want to help your baby remain as healthy as possible. Plus, you can earn gift card incentives for taking your baby (0-30 months of age) to their routine doctor visits
3. **Enhanced Care Coordination Meals on Wheels for Members**
Returning Home from Inpatient Admission: Meals on Wheels – an enhanced Care Coordination benefit. Eligible members returning home from an inpatient admission or members who test positive for COVID-19 and have food insecurity. Meals may be provided to the member and a natural support/caregiver as needed. Meals may be provided for a two-week duration



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4. **Enhanced Care Coordination Specialized Services:** Additional services for members in Care Coordination only (must be approved by a Care Coordinator). These services include caregiver support programs, home monitoring for high-risk members, and individualized services for members who meet criteria and as part of the member's care plan
5. **Medisafe Medication Reminder:** This is a medication reminder that you can download for free to your smartphone. It can help you manage the medications for you and/or several members of your family on one phone. It can also track all the medications for you and your family and tell you when it's time to get one or more of them refilled. It works with iPhone or those phones with Android
6. **School Sports Physicals:** A physical exam to allow children 12-18 years of age to participate in sporting activities and completion of the needed forms. This is a limited physical exam and is not the same as a routine well-child exam or regular physical
7. **Tabtime Vibe Vibrating Pill Time Reminder:** If you find it difficult to remember when to take your medication(s) as your provider prescribed, this modern version of the classic plastic pill case may help. Tabtime is available for less than \$20, and it has five (5) compartments with different alarms that vibrate when it's time to take your medicine
8. **Traditional Medicine (for Native American members only):** We know that customs are a vital part of health and wellness to Native American people. We seek to honor and support your culture. We can help you with \$300 per calendar year (January 1 to December 31) to



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help cover costs for Native American Traditional or Ceremonial Services only

9. **Wellness Classes:** Statewide community and online wellness classes for members with diabetes and/or asthma to promote healthy behaviors and improve quality of life. Offering a gift card incentive to the members who participate in and complete a program



Chapter 3 – Your Rights and Responsibilities

Member Rights and Responsibilities

As a member of Presbyterian Centennial Care, you have certain rights and responsibilities. This section lists them for you.



Presbyterian Centennial Care respects your rights. Our partnership with you will be best when we ensure your rights and you meet your responsibilities. We follow the Americans with Disabilities Act (ADA). We also follow federal and state laws as required.

We have listed below the member rights that appear on the website www.phs.org/Pages/member-rights.aspx as of the current release of this Member Handbook.

You have the right to:

- Exercise your patient rights. Understand that doing this does not cause Presbyterian and its contracted providers or HSD to treat you in a negative way
- Be treated with respect and recognition of your dignity and right to privacy
- Be told about the options open to you for your treatment
- Be told about any other choices you can make about your treatment.

You should get this information in a way that is right for your condition,



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regardless of cost or benefit coverage. You should be told in a way that you can understand

- Decide on advance directives for your healthcare as allowed by law. Please see “Advance Directives and Decisions about Your Healthcare” on page 124 for more information
- Get care that is free from discrimination
- Participate with your provider in all decisions (choice) about your healthcare. This includes your treatment plan and the right to refuse treatment. Family members and/or legal guardians or decision makers also have this right, as appropriate
- Get healthcare that is free from any form of restraint or seclusion that is used to pressure or punish you
- Ask for and get a copy of your medical records
- Choose a stand-in decision maker to be involved as appropriate. This person will be able to help with care decisions (choices)
- Give informed consent for healthcare services
- File a grievance or appeal about Presbyterian Centennial Care or the care that you had. You have the right to file a grievance with Presbyterian Centennial Care and HSD without fear of retaliation (punishment)
- Choose a provider from the Presbyterian Centennial Care network. A referral or prior authorization may be needed to see some providers
- Get information about Presbyterian Centennial Care. This includes our services, how to access them, your rights and responsibilities, and the providers available for your care
- Be free from harassment by Presbyterian Centennial Care or its network providers about contractual disputes between Presbyterian and its providers



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- Seek family planning services from any provider. This includes providers outside of the Presbyterian network. Presbyterian Centennial Care members can learn about their family planning rights through the Member Handbook, the website, and the online member portal. They also can learn through education and outreach programs. At the least, this includes counseling on HIV and other sexually transmitted infections (STIs). It covers things you can do to lower your risk for STIs. It also covers birth control pills and devices (including Medicaid Plan B). It includes information on how to get family planning services. You can seek these services no matter what your age or sex is
- Female members: Self-refer to a women's health specialist in the Presbyterian Centennial Care network. This applies to covered care needed for women's routine and preventive healthcare services. This is in addition to the care your primary care provider (PCP) provides if he or she is not a women's health specialist
- Private medical and financial records. This is in agreement with current law. These are the records kept by Presbyterian and your provider
- See your medical and financial records. This is in agreement with any laws and regulations that apply. You have the right to confidential (private) records. Your records will be released only with your written consent. Your legal guardian may also give consent. Your records may be released as otherwise allowed by law
- Ask that the use or disclosure of your protected health information (PHI) be restricted (see page 117)
- Get confidential communications of your PHI from Presbyterian Centennial Care
- Get and inspect a copy of your PHI as allowed by law
- Ask for an amendment (addition to) your PHI if, for example, you feel the information is incomplete or wrong



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- Get an accounting of PHI disclosures
- Ask for a paper copy of the official Privacy Notice from Presbyterian Centennial Care. This is your right even if you have already agreed to receive electronic privacy notices
- File a complaint if you believe Presbyterian is not following the Health Information and Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information
- Make recommendations about the Presbyterian Centennial Care Member Rights and Responsibilities policy
- Get any information in a different format in compliance with the ADA

You have the responsibility to:

- Freely exercise your rights. Understand that doing this does not cause Presbyterian and its contracted providers or HSD to treat you in a negative way
- Give your complete health information. This will help your provider give you the care you need. This includes providing childhood immunization (shot) records for members up to age 21
- Follow your treatment plans and instructions for medications, diet, and exercise as agreed upon by you and your provider
- Keep your appointment. If you cannot keep it, call your provider to reschedule or cancel no later than 24 hours before your appointment
- Tell the provider if you don't understand his or her explanation about your care. Ask the provider questions. Talk to the Presbyterian Customer Service Center about any suggestions or problems you may have
- Respect your providers, Care Coordinator and other healthcare employees. Treat them with courtesy



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- Act in a way that supports the care other patients get
- Act in a way that supports the general functioning of the facility
- Refuse to let any other person use your name, identity or Presbyterian member ID card
- Tell Presbyterian right away if you lose your member ID card, or if it is stolen
- Know what could happen if you give Presbyterian information that is wrong or incomplete
- Tell the New Mexico Human Services Department and Presbyterian Centennial Care when your phone number, address, or family status changes
- Tell your providers that you have Presbyterian Centennial Care at the time of service. You may have to pay for services if you don't tell your provider that you have Presbyterian coverage
- Protect the privacy of your own care and of other patients' care
- Ask about any arrangements Presbyterian has with its providers. This applies to monetary policies that might limit referrals or treatment. It also applies to policies that might limit member services
- Change your PCP according to the rules described in this Member Handbook

Ombudsman Program

Presbyterian has an ombudsman program to help you understand your rights and responsibilities. Below are a few additional ways the Ombudsman can help:

- Help research your issues or problems and try to resolve them
- Help you learn how the Presbyterian Centennial Care system works
- Help you with referrals and resources (aid)



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- Refer you to Care Coordination

To contact the Presbyterian Centennial Care Ombudsman:

Phone: (505) 923-5780

Fax: (505) 923-8159

Email: ombudsman@phs.org

Address: Attention Ombudsman Presbyterian Centennial Care
9521 San Mateo Blvd. NE
Albuquerque, NM 87113

Abuse, Neglect and Exploitation

It is important to report suspected abuse, neglect or exploitation. Anyone can report abuse, neglect or exploitation to the police, a Care Coordinator, or by contacting the resources listed here. You may also call the Presbyterian Customer Service Center if you need assistance. For emergencies, call 911.

- Adult Protective Services Statewide Central Intake toll-free at **1-866-654-3219** or by fax to **(505) 476-4913**
- Child Protective Services toll-free at **1-855-333-7233** or by fax to **(505) 841-6691**

Grievances and Appeals

A grievance is an official notice of your dissatisfaction with your care or services. If you are not satisfied with your healthcare, you should talk about the problem with your PCP or the service provider. If you still have concerns after talking with your PCP or the provider, call the Presbyterian Customer Service Center

(). The Presbyterian Customer Service Center can help you if you have



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a specific complaint about your physical healthcare, behavioral healthcare, Long-Term Services and Supports, or Presbyterian Centennial Care or other services. They can also help you if you have concerns about your health plan. See the phone numbers on the bottom of each page in this handbook.

The Grievance Process



- You may file a grievance by phone, in person or in writing
- If you need help filing a grievance, please call the Presbyterian Customer Service Center. We can also help you translate the grievance into English if you speak another language. You can send your grievance in writing to:



Presbyterian Centennial Care
Grievance Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489

- You may also send your grievance in an email to **gappeals@phs.org**

We will send you a letter to let you know we got your grievance. The letter will be sent within five (5) business days. We will resolve your grievance within 30 calendar days.

If we cannot resolve your grievance within the 30-day period, we may ask for an extra 14 calendar days. Also, you have the right to ask for a 14-day extension. The HSD must approve any 14-day extension. If we ask for the extension, we will send you a letter that explains why we asked for the extension. We will send you the letter within two (2) business days of the extension request.



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When we resolve your grievance, we will send you a letter. The letter will explain what information we used to resolve your grievance and how it was resolved. The letter will also state that we have finished working on the grievance.

We will not tell anyone about your grievance without your permission or unless we are required to by law, or unless they are involved in your grievance. We will still give you the physical healthcare that you need, even if you file a grievance. You will not be punished for filing a grievance with Presbyterian Centennial Care. Presbyterian keeps copies of all filed grievances. You may ask for copies of your grievances at any time. Please use the contact information above to see your grievances.

The Appeals Process

Presbyterian Centennial Care wants you to have the care you need. We are very careful to make sure that the healthcare you get is the right kind and right amount of care. **Value added services** are not subject to the appeals process.

You have the right to disagree with any of Presbyterian Centennial Care's decisions (choices) or actions that affect your healthcare. For example, you can disagree with us if:


- A service that you or your provider asks for is limited or denied
- A service that you have already been authorized to get is limited or denied
- Presbyterian Centennial Care decides not to pay for all or part of a service
- Presbyterian Centennial Care does not give you good service or does not respond to your complaints



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- Presbyterian Centennial Care does not complete a prior authorization for routine care within seven business days or for urgent care within 24 hours

If you disagree with a decision or action that affects your healthcare, you may file an appeal with Presbyterian Centennial Care. An appeal is an official notice of your disagreement and a request for review of our decision or action.

- If you decide to file an appeal, you must do so within 60 calendar days of the date that you got notice of the decision
- You may file an appeal orally (on the phone or in person) or in writing
- If you need help filing an appeal, please call the Presbyterian Customer Service Center (). Presbyterian Customer service can also help you translate the appeal into English if you speak another language. You can call or write to Presbyterian Centennial Care. Call **(505) 923-5200** or toll-free at **1-888-977-2333**. Ask to file an appeal, or you can write to:



Presbyterian Centennial Care
Appeals Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489

You may also send your appeal in an email to **gappeals@phs.org**.

Presbyterian keeps copies of all filed appeals. You may ask for copies at any time. Contact the Appeals Coordinator to get copies of your appeal.



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If you or your provider files an appeal within 10 calendar days of getting notice of our decision, and you ask for an extension of the benefit, we will continue the healthcare service until:

- The appeal is withdrawn
- Ten (10) days have passed after mailing a resolution of the appeal letter and there is no further disagreement
- The time period or limits of the authorized service have expired

You may have to pay for services you got if the appeal is resolved in favor of Presbyterian Centennial Care.

After getting your appeal, we will send you a letter within five (5) business days to let you know that we got your appeal. The letter will state when we expect to resolve your appeal. We will resolve your appeal within 30 calendar days.

We can ask HSD to approve a 14-day extension if we need more time to resolve your appeal. You can also ask for a 14-day extension. If we ask for an extension, we will send you a letter that explains why we asked for the extension. We will send you the letter within two (2) business days of the extension request.

During the appeals process, you will be able to explain why you disagree with Presbyterian Centennial Care.

- You will be able to show evidence to us
- You will be able to look at your medical records and files
- If you want, someone else involved in your healthcare can speak for you



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At the end of the appeal, we will send a letter to you and to your practitioner. The letter will state our decision and the date of the resolution. If the decision is not in your favor, the letter will also tell you how to continue your disagreement by asking for a fair hearing through HSD.

Quick Decisions on Appeals



If you feel that your health may be seriously harmed by waiting for the regular appeals process, you may ask for a quick decision on your appeal. Most of the time, we will process an appeal within 30 calendar days. However, if it is an emergency, we will handle it right away. If you need a quick decision on your appeal, please tell us. Be sure to say that it is because you feel that your health may be seriously harmed if you have to wait for the regular appeals process. We will work to resolve a quick appeal as soon as possible. Please note that HSD allows up to three (3) working days to resolve a quick appeal.

Fair Hearing Process

You may ask for a **fair hearing** through HSD after you finish the internal appeal process with Presbyterian Centennial Care. If you want a fair hearing, you must request one (1) within 90 calendar days of getting notice of Presbyterian Centennial Care's final decision. To ask for a fair hearing, write to:

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

Or call **(505) 476-6213** or, if you live outside of Santa Fe, you can call toll-free. Dial **1-800-432-6217**, and then **press 6**.



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If you ask for a fair hearing within 10 calendar days of our decision to deny or limit a healthcare service, and you request an extension of the benefit, Presbyterian will continue the service and wait for the outcome of the fair hearing. You may have to pay for services you got if the fair hearing is resolved in favor of Presbyterian Centennial Care.

You can speak for yourself at the hearing. You may have a friend, relative, spokesperson, or attorney speak for you. You can also ask the Fair Hearings Bureau to show you your file.

We will not tell anyone about your appeal or fair hearing without your permission or unless we are required to by law. We will still give you the healthcare that you need, even if you do not agree, file an appeal, or ask for a fair hearing. You will not be punished for not agreeing with Presbyterian Centennial Care, filing an appeal, or requesting a fair hearing.

Fraud and Abuse

Fraud and abuse increases the cost of healthcare for everyone. Presbyterian Centennial Care cooperates with government, regulatory, and law-enforcement agencies to report suspicious activity. This includes both provider and member activity.



If you think a provider or member has committed fraud or abuse, you have a responsibility to report it. If you get suspicious phone calls from companies not associated with Presbyterian Centennial Care, do not give out any information. This includes your member number, date of birth, Social Security number, or name and address. Presbyterian Centennial Care has a hotline for




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members to call to report suspicious activity. Please call **(505) 923-5959** or toll-free at **1-800-239-3147**.

Examples of Suspicious Provider Activity You Should Report

- Being charged for services that you did not get
- Being billed more than one time for the same service
- Being billed for one type of service but receiving another type

From time to time, you may get a letter from us asking you about a service you received. If you did not receive the service or if the information about the service does not look right, please follow the instructions in the letter and call the Presbyterian Customer Service Center () if you need help.

Examples of Suspicious Member Activity You Should Report

- Forging or selling prescriptions
- Falsifying enrollment information
- Using the transportation benefit for non-medical-related trips
- A member is sharing his or her ID card with someone else
- Submitting Self-Directed Care timesheets for care that you did not get

By preventing fraud and abuse, Presbyterian Centennial Care can continue to focus on improving the health of individuals, families, and communities.

Reporting Critical Incidents

Presbyterian Centennial Care members should be able to live a life that is free from harm. Harmful incidents (or events) should be reported to Presbyterian Centennial Care.



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Incidents include, but are not limited to: abuse, neglect, exploitation, emergency services, death, environmental hazards, law enforcement intervention, or a missing person.

Who May Report?

- Members who get Home and Community Based Services including Personal Care Services (PCS) and Self-Directed benefit services
- Members who get behavioral health services
- Your representative may also report a critical incident

Good faith incident reporting of the allegation of abuse, neglect, or exploitation is free from any form of retaliation.

To report an incident, contact your Presbyterian Centennial Care Care Coordinator or you may call or email the Presbyterian Customer Service Center at:

Phone (English and Spanish): (505) 923-5200 or toll-free at 1-888-977-2333;
TTY: 711

Phone (Navajo/Diné): (505) 923-5157 or toll-free at 1-888-806-8793;
TTY: 711

Hours: Monday – Friday, 8 a.m. to 6 p.m.

Email: info@phs.org

The Presbyterian representative will file a report about the incident. The report will then be filed with HSD.



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Protecting Your Privacy

Presbyterian Centennial Care is serious about protecting your privacy. We know you trust us to use your personal information to improve your health. We do not share your private information with anyone. However, if we have your permission, or if we are allowed to or required to by law, we can share it.

Protected Health Information (PHI)

Protected health information (PHI) is any health information about you that we send, get, or keep as part of our daily work to improve your health. This includes information sent, received, and kept by electronic, written, and oral means. If we have health information that clearly identifies you or that could be used to identify you and your health needs, we call this PHI. Medical records and claims are two examples of PHI.

Use and Disclosure

Use occurs when PHI is shared among Presbyterian Centennial Care employees.

Disclosure occurs when PHI is shared by two or more organizations. For example, your PCP discloses PHI to Presbyterian Centennial Care.

Your Privacy Rights

As a Presbyterian Centennial Care member, you have the right to:

- Inspect and get a copy of your PHI
- Ask for restrictions on certain uses and disclosures of your PHI
- Get confidential communications about your PHI from Presbyterian Centennial Care
- Ask for an amendment or addition to incorrect or incomplete PHI



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- Get an accounting of your PHI disclosures
- Get a paper copy of the official Privacy Notice from Presbyterian Centennial Care upon request (even if you already agreed to get electronic privacy notices)

There are a few exceptions. You do not have the right to access PHI that contains:

- Psychotherapy notes
- Information gathered in reasonable expectation of, or for use in, a civil, criminal, or administrative action or proceeding, such as information that is protected by attorney-client privilege
- PHI maintained by Presbyterian Centennial Care that is subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) 42 USC 263a, to the extent the provision of access to the member would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988 (CLIA), pursuant to 42 CFR 493.3(a)(2)

To ask for access to inspect and get a copy of your PHI, you must ask for it in writing. Send your request to:

Presbyterian Centennial Care
Attn.: Director, Presbyterian Customer Service Center
P.O. Box 27489
Albuquerque, NM 87125-7489

Presbyterian Centennial Care will act on this request no later than 30 days after getting it. If we cannot complete your request within 30 days, we may



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take up to 30 more days. However, we must give you a written reason for any delay. Also, we must tell you by what date we will act on your request.

Requesting Restrictions of Use and Disclosure

Presbyterian Centennial Care uses and discloses information only to deliver healthcare products and services to our members according to our contracts or to meet legal requirements. A list of specific purposes includes, but is not limited to:

- Billing
- Claims payment
- Coordination of care
- Data collection
- Early detection and disease management programs
- Fraud and abuse prevention
- Meeting state and federal requirements
- Performance measurements
- Preventive health services
- Quality assessment and measurement, including member surveys
- Research for accreditation
- Research of complaints and grievances
- Responding to member requests for information, products, or services
- Treatment
- Utilization management

You have the right to request that use or disclosure of your PHI is restricted to:

- Presbyterian Centennial Care treatment, payment, and healthcare operations



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- Persons involved in your care (e.g., family member, other relative, close personal friend, or any other person you name)
- Notification of your location, general condition, or death
- A public or private entity assisting in disaster relief

By law, Presbyterian Centennial Care may deny any requests to restrict its use of PHI. If we do agree to a restriction on the use of your PHI, Presbyterian Centennial Care still must disclose that information as required by law. Or Presbyterian Centennial Care may exercise the right to use that information as otherwise permitted by law. You may make your request in writing, or we will document your verbal request.

Requesting an Amendment (addition to) PHI



You have the right to ask for an amendment, or addition to your PHI. This may be the case if, for example, you feel it is incomplete or inaccurate. This right lasts for as long as we keep the information. **You do not have the right to delete PHI.**

Send your written amendment request to the Presbyterian Customer Service Center. The request must include a reason for the amendment. By law, Presbyterian Centennial Care may deny your request. We must approve or deny your request no later than 60 days after receipt of your request. We must send you written notice of our decision.

Requesting an Accounting of PHI Disclosures

You have the right to ask for an accounting of PHI disclosures. For each disclosure, the accounting must include:



- The date of the disclosure



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- The name and address (if known) of the entity or person who received the PHI
- A brief description of the disclosed PHI
- A brief statement that explains why the information was disclosed or a copy of the written disclosure request



To make a request, please call the Presbyterian Customer Service Center ( ).

Use of Consents and Authorizations





Written authorization is required for disclosure of PHI except as otherwise permitted or required by law. A member's legal guardian, custodial parent, or legal representative may also sign an authorization as allowed by law.

All participating providers, practitioners, and facilities must follow federal and state laws and keep patient information confidential (private). This includes a patient's HIV/AIDS status, behavioral health, sexually transmitted infection history, or alcohol/drug use.

Presbyterian Centennial Care will not disclose your PHI without your permission, except as permitted or required by law. Please note that you give limited consent or authorization when you sign your enrollment form. You allow Presbyterian Centennial Care and its authorized agents, regulatory agencies, and affiliates to access your PHI.



To request a release of information form, please call the Presbyterian Customer Service Center ( ) or access the HIPAA Release Form, titled "Authorization for Use or Disclosure of Health Information" from the Member



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Download Library at www.phs.org/Pages/privacy-security.aspx. We will keep authorization forms in your medical record or enrollment file.

Members Who Are Unable to Give Consent or Authorization

Sometimes courts or doctors (or other healthcare providers) decide that certain members do not understand enough to make their own healthcare decisions. These members cannot legally give consent or authorization. For these members, a legal guardian or other legal representative must sign the form.

Keeping Information Private and Safe

Presbyterian Centennial Care follows strict confidentiality (privacy) policies. All PHI is kept in a physically secure location. Only Presbyterian Centennial Care employees and other authorized persons have access to PHI. In addition, all employees must:

- Use PHI only if it is essential to job-related tasks
- Not discuss PHI unless it is essential to job-related tasks
- Keep reports and other PHI from the view of other patients, members, and employees who do not need the information for a job-related task
- Get signed confidentiality statements from volunteers
- Get signed confidentiality agreements from organizations that have a business relationship with Presbyterian Centennial Care to ensure that PHI is handled properly
- Sign a confidentiality agreement

If a Presbyterian employee violates these rules, he or she may be dismissed immediately.




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Information Collected by Our Website, www.phs.org

Presbyterian enforces security measures to protect PHI that is maintained on our website, network, software, and applications. We collect two types of information from visitors to our website:

- **Website traffic**, including where visitor traffic comes from, how traffic flows within the website and what kind of browser people use. Traffic statistics help us improve the website and find out what visitors find interesting and useful
- **Personal Information.** If you fill out a form on the Presbyterian website, you might give us personal information like your name, address, billing information, and health plan member status

We use your personal information to reply to your concerns. We save this information as needed to keep responsible records and handle inquiries.

We never sell, trade, or rent your personal information to other companies or partners. If you have questions, call the Presbyterian Customer Service Center ().

Disclosure to Government Agencies and Other Organizations

Presbyterian does not disclose PHI to anyone without your permission. We must disclose PHI if we are allowed to or required to by law.

In some cases, it is legal for us to disclose PHI to certain government agencies or accrediting organizations. These agencies and organizations make sure we comply with applicable laws and standards.




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Use of Measurement Data

Presbyterian sometimes uses member health data to learn more about the illnesses that affect our membership. The data helps to improve the overall care that Presbyterian Centennial Care providers give to members. This is not the same as PHI. No names are given in the data. The data cannot be used to identify you or your health needs.

Questions About Our Privacy Practices

If you have any questions about our privacy practices, please call the Presbyterian Customer Service Center (). You may also refer to our website, **www.phs.org**, for our official *Joint Notice of Privacy Practices*.

Advance Directives and Decisions (choices) About Your Healthcare

An advance directive is a legal document about your healthcare decisions. It is only used when you are unable to speak for yourself. It also includes information about the person you want to make healthcare decisions on your behalf as well as the medical services you do and do not want. You complete these documents in advance and can share with your provider or person who will speak on your behalf. Sharing your advance directives with your healthcare team helps make your wishes clear. You can create an Advance Directive at our Presbyterian Website at **<https://www.phs.org/tools-resources/patient/Pages/advance-directive.aspx>**.


If you can't express your healthcare wishes, a court may appoint someone to make decisions for you. This person is called a guardian. However, the best way to have your healthcare wishes carried out is to write very clear directions about the kind of care you want.



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Presbyterian Centennial Care has a booklet called Advance Healthcare Directives. This booklet has information that lets you create a plan for your care if you can no longer make decisions for yourself. You can find information and forms on our website: www.phs.org/Pages/member-rights.aspx.

For the Advance Directive for Mental Health Treatment form, go to:
<http://www.nrc-pad.org/images/stories/PDFs/newmexicopadform.pdf>.

You may also call the Presbyterian Customer Service Center () for a copy of any of these forms.

Types of advance directives include:

- Living will: This lets you define the treatments (care) you want and do not want if you can't speak for yourself or make decisions (choices). A living will can tell a caregiver if you want to be fed or given fluids through tubes. It can also tell the healthcare providers if you want them to make special efforts to save your life. To avoid problems with state and federal laws about provider care, make sure you clearly say what you want and don't want
- Durable power of attorney for healthcare: This gives the person(s) you choose the power to make medical decisions for you if you can't do it yourself
- Advance directive for mental healthcare (psychiatric advance directive): A mental health advance directive offers a clear written statement of a person's mental health treatment preferences or other expressed wishes or instructions. A mental health advance directive does not indicate (mean) the member has a mental illness. It can also




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be used to assign decision-making authority to another person who can act on that person's behalf when that person cannot say what treatment he or she wants because of a mental illness. This kind of advance directive:

- Promotes a person's independence during recovery from mental illness;
- Improves communication between individuals and their families, friends, healthcare providers, and other professionals;
- Protects persons from getting ineffective, unwanted or possibly harmful treatments or actions; and
- Helps prevent crises. It also helps prevent the use of treatment or safety interventions that the patient does not want, including restraint or seclusion



Make sure to give copies of your advance directive to your provider, inpatient and outpatient healthcare team and those you name as power of attorney. You have the right to change these directions. If you make changes, make sure everyone has a new copy of the statements.

Presbyterian Centennial Care cannot help you prepare written directions. The Presbyterian Customer Service Center () can give you the contact information for agencies that can help you write directions about your healthcare decisions.

If you have any concerns about Presbyterian Centennial Care's compliance or noncompliance with Advance Directive requirements, please contact HSD.



Chapter 4 – Other Important Information

Consumer Advisory Board

We know you have important things to say to us. We want to make sure your voice is heard. Join the Presbyterian Centennial Care Consumer Advisory Board to share your ideas about Presbyterian Centennial Care. Board members:



- Talk about current issues
- Make suggestions to fix service issues or concerns
- Provide input to member communications or Presbyterian Centennial Care services or processes
- Celebrate our successes



The benefits of being a board member include:

- You can make a difference
- Everyone at the meeting gets payment for their time and travel
- We serve lunch or a light snack at our board meetings
- If you need a ride, we will have someone pick you up and drop you off

We listen carefully to what our Consumer Advisory Board members have to say. You can help Presbyterian Centennial Care become even better. Our board meets four (4) times a year. If you have an idea on how we can serve you better, this is your chance to share ideas. Please call the Presbyterian Customer Service Center (📞) if you are interested in joining. You may also email us at info@phs.org.



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How to Switch to Another Managed Care Organization (MCO)



If you are not satisfied with Presbyterian Centennial Care and want to switch to a different MCO, members may choose a different MCO one time during the first three (3) months of their enrollment.


If you leave and then return to Presbyterian Centennial Care, you will need to stay with Presbyterian Centennial Care for 12 months. This “lock in” period of 12 months is part of the Medicaid program guidelines. A member may request to be switched to another MCO for cause, even during a lock-in period.

Examples of “cause” include, but are not limited to:

- Maintaining continuity of care
- Allowing family members to all belong to the same MCO
- Correcting a clerical error that caused the member to be enrolled with the wrong MCO
- Traveling a reasonable distance for primary healthcare

You will need to send a written request to the HSD, or you may submit an oral request by calling the New Mexico Medicaid Call Center toll-free at **1-888-997-2583**, to switch to another MCO during the lock-in period. HSD will approve or deny the request. They will tell you and Presbyterian Centennial Care about their decision. Send your written request to:

HSD Communication and Education Bureau
P.O. Box 2348
Santa Fe, NM 87504-2348

If you need help with your request, please call the Presbyterian Customer Service Center ().



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If HSD approves your request to switch to a different MCO, Presbyterian Centennial Care will help you transfer your care to the new MCO. We will work to make this transfer as smooth as possible.

At the end of the 12-month lock-in period, you will be told by mail that you may choose to stay with Presbyterian Centennial Care or switch to a different MCO.

If you lose Medicaid eligibility for two (2) months or less at the same time as the 12-month lock-in period, you will automatically be re-enrolled in Presbyterian Centennial Care. You can switch to another MCO at the end of your 12-month lock-in period.

If you lose eligibility for Medicaid and the end of the 12-month lock-in period occurs, you may switch to another MCO if you become eligible for Medicaid at a later time.

How to Disenroll From Presbyterian Centennial Care

You have the right to disenroll from Presbyterian Centennial Care or switch to a different Centennial Care MCO. You can do this even during a lock-in period if you have a good reason to do so, such as:

- Presbyterian Centennial Care will not cover a healthcare service for moral or religious reasons
- You need related healthcare services to be done at the same time and:
 - There is no network provider who can do this; and
 - Another provider has determined that you would be at risk if you received the services separately





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- Other reasons such as:
 - Receiving poor quality of care
 - Problems getting covered services
 - Problems finding a provider who has experience dealing with your health needs



A written request for disenrollment must be sent to HSD for review, or you may call the New Mexico New Medicaid Call Center toll-free at **1-888-997-2583**. HSD must review and approve or deny the request no later than at least 60 days before the start of each enrollment period. For example, if a request is sent on June 14, then HSD must approve or deny the request no later than August 1. If HSD does not respond in time, then the request is approved. Send your written request to:

HSD Communication and Education Bureau
P.O. Box 2348
Santa Fe, NM 87504-2348

For help with disenrollment, call the Presbyterian Customer Service Center ( ).

If HSD denies your disenrollment request, then you may ask for a fair hearing. See page 113 for more information on fair hearings.



Chapter 5 – Health Information and Screenings

Preventive Services

Preventive services help you stay healthy. They include regular checkups, screenings, tests, and immunizations (shots). Preventive healthcare guidelines are based on expert advice from providers for keeping children and adults healthy. Our preventive healthcare guidelines list the regular check-ups, screening tests and shots you and your family should have and at what ages you should have them. The current version of our preventive healthcare guidelines, are online at <https://www.phs.org/tools-resources/patient/Pages/preventive-care-guidelines.aspx>.

Keeping Children Healthy

Children are special to Presbyterian Centennial Care. To be sure your child gets good care, we are part of a Federal program called EPSDT (Early and Periodic Screening, Diagnostic and Treatment services). EPSDT includes **Tot-To-Teen Healthchecks (well-baby, well-child checkups)**. Tot-to-Teen Healthchecks include immunizations (shots) and other preventive care for children and young people under the age of 21. **Preventive healthcare and routine well-child checkups may help avoid serious illness.** Your child's provider will deliver these services.



Tip



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At the Tot-To-Teen Healthcheck, your child's provider will:

- Ask you and your child questions about your child's health and development history
- Assess your child's physical and behavioral health and development
- Do a physical exam
- Be sure your child's shots are up to date
- Order or do tests and screenings that are right for your child

Bright Futures and the American Academy of Pediatrics recommends provider visits for your child at these ages:

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

We will send you a reminder when it's time for your child to have a checkup. You can then call your child's PCP to make an appointment.

Immunizations (shots) for Your Child

Talk to your child's PCP to make sure that your child's shots are up to date to avoid illness. Take your child's shot records to each visit.

The most current health and immunization information is available to you online. Visit these websites to learn more:

Online Health Information About Children	
Check-ups and Screenings	https://brightfutures.aap.org/families/Pages/Well-Child-Visits.aspx
Immunization Schedules	https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

Table 8. Online Health Information About Children



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Schedule a visit with your PCP for you and your child within six (6) months of enrolling in Presbyterian Centennial Care.



Routine Well-Child and Well-Care Visits

Talk to your PCP for tips on how your children can stay healthy. Take charge of healthcare for you and your children!

Keeping Yourself Healthy

Adult preventive care includes scheduled visits with your PCP. These visits may include:

- A review of your medical, social, and behavioral health history
- Education and review of recommended immunizations
- Tests and screenings that are right for you such as blood pressure, weight, depression, cancer, infections, intimate partner abuse, osteoporosis
- Counseling or referrals for unhealthy alcohol use, substance use, tobacco cessation, depression, healthy weight, healthy activity

To find a specific preventive healthcare information for yourself visit these online sites:

Online Health Information About Adults	
Presbyterian Adult Preventive	https://www.phs.org/tools-resources/patient/Pages/preventive-care-guidelines.aspx
Immunization Schedules	https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

Table 9. Online Health Information About Adults



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Smoking and Tobacco Cessation

When you are ready to quit smoking and tobacco, we offer many options.

1. Our dedicated Quit Line may be reached at **(505) 923-5231** or toll-free at **1-866-742-7095**, 24 hours a day, every day to help you get started
2. Face-to-face individual and group counseling. These services do not require prior authorization. These are provided by your healthcare provider, but if you need help providing options, our Quit Line can assist you
3. The following nicotine replacement therapies (covered when you have a prescription):
 - Bupropion
 - Chantix
 - Nicotrol inhaler
 - Nicotrol nasal spray
 - Nicotine gum
 - Nicotine lozenge
 - Nicotine patch
4. Free access to the evidence-based Clickotine app which is available on Google Play or the Apple Store. Clickotine includes:
 - Personalized messaging
 - Controlled breathing exercises
 - Real-time social support from peers
 - Money-saved tracker
 - Health-recovered tracker
 - Journaling your personal experience

Clickotine is 100% cost-free and can be used on an unlimited basis. It may be accessed with Medicaid Code **4FAE18** at <https://try.clickotine.com>.



135 Appendix A – Covered Benefits

Appendix A – Covered Benefits

Centennial Care provides the following services to members only when they are medically necessary (needed). Please read carefully since some benefits may have limits or may require your healthcare provider to get approval first. Services provided to those who qualify for Long-Term Services and Supports can never exceed the cost of care if it were provided in a skilled nursing facility.

This is not a complete list. Some services listed are not covered for all members.

Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Accredited Residential Treatment Center Services	Services are provided in an accredited facility that provides 24-hour care in a residential setting. The services are monitored by medical personnel under the direction of a psychiatrist, with a structured treatment program and staff available 24 hours a day. They are for members under 21 years of age with a severe emotional disturbance or a substance use disorder who, as a result of their psychiatric disorder are a	Yes	Yes	Yes



136 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>significant danger to themselves or others.</p> <p>Limitation: Services are only available to members under age 21. The need for services must be identified in the Tot-to-Teen Healthcheck or other diagnostic evaluation completed through a health check referral.</p>			
Adult Psychosocial Rehabilitation Services	These services are for individuals diagnosed with a serious mental illness. The services focus on the strengths of individuals to help them manage their illness. The services also help individuals to develop a supportive environment. The assessment and care plans are designed to reduce symptoms and restore basic skills the member needs to function independently.	Yes	Yes	No
Allergy testing and injection	A skin or blood test done in a provider's office. It helps find what things you eat, touch or breathe that may trigger an allergic reaction. Treatment options may include injections.	Yes	Yes	No
Ambulatory surgical center services (Outpatient surgery)	Healthcare facilities where surgical procedures not	Yes	Yes	Yes, surgery may require authorization



137 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	requiring an overnight hospital stay are performed.			but facility does not
Annual physical exam and consultation	Includes a health appraisal exam, laboratory and radiological tests, and early detection procedures.	Yes	Yes	No
Applied Behavior Analysis (ABA)	Applied behavior analysis (ABA) is a form of therapy used to assist individuals with autism spectrum disorder (ASD) in acquiring, enhancing, or maintaining social, behavioral, and living skills necessary to function successfully within the home and community setting. Presbyterian Centennial Care covers ABA services when medically necessary and for a diagnosis of ASD, or those at risk for ASD.	Yes	Yes	Yes
Assertive Community Treatment (ACT) services	These are therapies for people who have a severe mental illness and who have not done well in traditional outpatient treatment. The therapies are: <ul style="list-style-type: none"> • Strength-based and focused on promoting symptom stability • Increasing the person's ability to cope and relate to others • Enhancing the highest level of functioning in 	Yes	Yes	No



138 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	the community, including learning, working, recreation, and making informed choices Services must be provided by a certified ACT provider.			
Autism spectrum disorder	Covers speech, occupational and physical therapy, and applied behavioral analysis.	Yes	Yes	No
Bariatric surgery	No limitation on number of surgeries, as long as medical necessity is met. Limitation for ABP: Limited to one (1) per lifetime. Criteria may be applied that considers previous attempts by the member to lose weight BMI and health status.	Yes	Yes	Yes
Behavior management skills development services	Services for members under 21 years old who need behavior management intervention. Services are to improve certain unhealthy behaviors and to reduce emotional or behavioral problems. The services also help increase social skills.	Yes	Yes, for members age 19 up to 21	No
Behavioral health professional services: outpatient Behavioral Health and substance abuse services	These include evaluations, therapy, and tests by licensed practitioners.	Yes	Yes	No



139 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Cancer Clinical Trials	This is a course of treatment provided to a patient for the purpose of prevention of reoccurrence, early detection or treatment of cancer.	Yes	Yes	Yes
Cardiovascular rehabilitation	ABP Limitation: Limited to short-term therapy (two consecutive months) per cardiac event.	Yes	Yes	No
Care coordination	See page 40.	Yes	Yes	No
Chemotherapy	Chemotherapy is the use of chemical agents in the treatment or control of disease.	Yes	Yes	No
Community health workers	See page 42.	Yes	Yes	No
Community Interveners for the Deaf and Blind	Medically necessary services provided to members who are deaf and blind. The Community Intervener works one-on-one with an individual who has deaf-blindness and who is five-years of age or older to provide critical connections to other people in his or her environment.	Yes	Not Covered	Yes
Comprehensive Community Support Services (CCSS)	These are services for members under 21 years of age who are experiencing a serious emotional problem or have a chronic substance use disorder. They are also for adults with severe mental illness. CCSS coordinates and	Yes	Yes, for members age 19 up to 21	No



140 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	provides services and resources to the member and the member's family when needed to promote recovery, rehabilitation, and resiliency. CCSS identifies and addresses the barriers that slow down the development of skills needed for independence, as well as strengths that may help the member and/or family recover. CCSS activities are provided as part of the approved service plan. CCSS also includes the support of a member and/or family in crisis situations. CCSS offers individual interventions to help a member make informed and independent choices.			
Day Treatment Services	Day treatment is a mental health service that primarily addresses the therapeutic needs of children and adolescents who are severely emotionally disturbed (SED). Day treatment for a child or adolescent is conducted in a minimum of four (4) hour/day program, two (2) to five (5) days a week based on the acuity of the	Yes	Yes, for members age 19 up to 21	Yes



141 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	clinical need of the member and family.			
Dental services	See page 62.	Yes	Yes, for members age 19 up to 21 and limits for age 21 and older	Yes, for select services and dental procedures
Dental services (Anesthesia)	Covered when necessary for dental procedures.	Yes	Yes, with limitations. See page 62.	Yes, for select services and dental procedures
Diabetes treatment, including diabetic shoes, medical supplies, equipment and education	This covers office visits, diabetes education and diabetic supplies including diabetic shoes, Insulin and diabetic oral agents for controlling blood sugar. Diabetic supplies used on an inpatient basis, applied as part of treatment in a practitioner's office, outpatient hospital, residential facility, or a home health service, are covered when separate payment is allowed in these settings.	Yes	Yes	Yes, for select services
Diagnostic imaging	Technology that looks at internal body structures to diagnose or rule out a disease. Prior authorization is required for advance imaging such as MRI, CT Scan, and PET Scan.	Yes	Yes	Yes, for select services



142 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Diagnostic imaging and Therapeutic radiology services	Covered services include medically necessary (needed) imaging exams and radiology services ordered by doctors or other licensed providers. Chemotherapy and radiation therapy are covered. Chemotherapy is the use of chemical agents in the treatment or control of disease. Some examples of these services are X-ray, ultrasound, magnetic resonance imaging (MRI), and computerized tomography (CT) scans, sleep studies, cardiac stress test, physical measurements, performance testing and pathology.	Yes	Yes	Yes, for select services
Dialysis services	<p>Medicaid covers medically necessary (needed) dialysis services and supplies furnished to members receiving dialysis at home as well as services received from a contracted provider.</p> <p>Limitation: Members with a need for permanent dialysis will be enrolled in the Medicare program for ongoing coverage.</p>	Yes	Yes	No



143 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Disease Management	A program that helps teach you how to understand and manage a disease.	Yes	Yes	No
Drug/alcohol dependency treatment services	Services include outpatient detoxification, therapy, partial hospitalization	Yes	Yes	No, for outpatient services Yes, for partial hospitalization after 45 days
Durable Medical Equipment (DME) and supplies	<p>This is equipment that is medically necessary (needed) for treatment of an illness or accidental injury. DME is designed for repeated use. It includes medical equipment, medical supplies, orthotic appliances and prosthetic devices, including repair or replacement.</p> <p>ABP Limitation: Requires a provider's prescription. DME is limited to a periodicity schedule and must be medically necessary. Disposable medical supplies are limited to diabetic and contraceptive supplies. Foot Orthotics, including shoes and arch supports, are covered only when an integral part of a leg brace, or are diabetic shoes.</p>	Yes	Yes, with limitations	Some services may require prior authorization



144 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Early and Periodic Screening Diagnostic and Treatment (EPSDT)	See page 131.	Yes	Yes, services include routine dental and vision care for individuals age 19 up to 21	Yes, for select services
Electroconvulsive therapy	ECT is a medical treatment for severe mental illness in which a small, carefully controlled amount of electricity is introduced into the brain and is used to treat a variety of psychiatric disorders, including severe depression.	Not Covered	Yes	Yes
Emergency services	See page 63. Includes emergency room visits, emergency transportation, psychiatric emergencies, and emergency dental care.	Yes	Yes	No
EPSDT personal care services	These are medically necessary (needed) age-appropriate tasks for a member's physical or cognitive function. The goal of this care is so the member can avoid being hospitalized and keep his or her function. Basic personal care services consist of bathing; care of the teeth, hair, and nails; help with	Yes	Yes, for members age 19 up to 21	Yes



145 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>dressing; help with toileting activities, and help with eating and other nutritional activities when medically necessary (needed) and age-appropriate.</p> <p>Limitation: Only available to those members identified as requiring assistance with two (2) or more Activities of Daily Living. (ADLs)</p>			
EPSDT private duty nursing	These private-duty nursing services include activities, procedures, and treatment for a physical condition, illness, or chronic disability for members who are under the age of 21 who may need direct nursing care at home.	Yes	Yes, for members age 19 up to 21	Yes
EPSDT rehabilitation services	These include speech, physical, and occupational therapy services for members under 21 years of age. Presbyterian Centennial Care covers evaluations, individual therapy, and group therapy in an outpatient setting.	Yes	Yes, for members age 19 up to 21	Yes
Experimental or Investigational Procedures, Technology or Non-Drug Therapies	Limitation: Experimental and investigational procedures, technologies or therapies are only available to the extent specified in MAD 8.325.6.9 or its successor regulation.	Not Covered	Not Covered	Yes



146 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	Limitation: Experimental and investigational procedures, technologies or therapies are only covered as determined by MAD (8.310.2.12).			
Family planning	See page 69. ABP Limitation: Includes reproductive health services and devices, pregnancy termination and contraceptives and insertion and/or removal of contraceptive devices. Sterilization reversal is not covered. Infertility treatment is not covered.	Yes	Yes	No
Family support (Behavioral Health)	Family support services allow the behavioral health team to focus on the family of a member with a serious behavioral health problem. The team does this through a variety of actions that help the families and the member to develop patterns of interaction that promote wellness and recovery over time. These services are for children, youth, and dependent adults with severe emotional disturbances, severe mental illness, or chronic substance use disorder.	Yes	Not Covered	No



147 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Federally Qualified Health Center (FQHC) services and Rural Health Center (RHC) services	These are federally licensed facilities that provide outpatient services for doctor, radiology, laboratory, nurse practitioners, midwife, preventive, pharmacy, dental, and case management services.	Yes	Yes, with limitations	No
Genetic Evaluation and Testing	ABP Limitation: Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness. Does not include random genetic screening.	Yes	Yes, with limitations	Yes
Habilitative and Rehabilitative Services	Services, including physical, speech and occupational therapy. ABP Limitation: Short-term therapy (two consecutive months) per condition.	Yes	Yes, with limitations	No
Hearing aids and related evaluations	Routine hearing screenings and evaluations are covered without authorization when services are done by your PCP. Hearing aids and their accessories and supplies need prior authorization. ABP Limitation: Hearing aids and hearing aid testing by an audiologist or hearing aid dealer are not covered,	Yes	Yes, with limitations. See Not Covered under the Description.	No



148 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	except for recipients age 19 up to age 21. The ABP does not cover audiology services.			
Home health services	<p>These cover services that are skilled and medically necessary (needed). Services must be ordered by the member's attending doctor and included in the care plan established by the member's attending doctor. The plan of care must be reviewed, signed, and dated by the attending doctor. Covered services:</p> <ul style="list-style-type: none"> • Skilled nursing services • Home health aide services • Physical and occupational therapy services • Speech therapy services <p>ABP Limitation: 100 visits per year. A visit cannot exceed four (4) hours.</p>	Yes	Yes	Yes
Hospice services	These inpatient and in-home hospice services are designed to keep you comfortable if you are terminally ill. An approved hospice program must provide these services	Yes	Yes	Yes, a Prior Authorization is not required for members who reside in a Long-Term Care (LTC) nursing facility



149 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>during a hospice benefit period.</p> <p>Hospice services require prior authorization. You must be a covered member throughout your hospice benefit period.</p> <p>The hospice benefit period is defined as follows:</p> <ul style="list-style-type: none"> Beginning on the date your provider certifies that you are terminally ill with a life expectancy of six (6) months or less Ending six (6) months after it began, unless you require an extension of the hospice benefit period below, or upon your death <p>If you need an extension of the hospice benefit period, the hospice must provide a new treatment plan. Your provider also must reauthorize your medical condition to us. We will not authorize more than one (1) additional hospice benefit period.</p>			



150 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	If the hospice recipient requires Nursing Facility Level of Care, the recipient will have to meet the requirements for receiving Nursing Facility care.			
Hospital inpatient (including detoxification services)	Hospital stays must be provided under the direction of the member's PCP or a consulting provider referred to the member by his PCP. All cases and treatment must be medically necessary (needed). Acute medical detoxification benefits are covered under inpatient services.	Yes	Yes	Yes
Hospital Outpatient	Outpatient hospital services are Emergency or Observation services, which may include an overnight stay in the hospital. Services may also include same-day surgery or diagnostic testing billed by the hospital.	Yes	Yes	Yes, for an observation stay greater than 24 hours
Immunizations	Helps protect against certain diseases. Immunizations may also be referred to as vaccinations. All preventative vaccines are covered according to CDC/ACIP recommendations. Vaccines for children 18 years and younger must be administered in a provider's	Yes	Yes, with limitations	No



151 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>office through Vaccines for Children program.</p> <p>Exceptions: Travel vaccines are not a covered benefit.</p>			
Inpatient Hospitalization in Freestanding Psychiatric Hospitals	<p>Acute Inpatient Psychiatric Hospitalization is offered in a 24-hour, safe, guarded inpatient unit of a general hospital. It may also be offered in a psychiatric hospital. It is for members who are a danger to themselves and to others. These members are acutely and greatly disabled as a result of a psychiatric (mental) health problem. This means they may not be able to go about their normal daily lives. Members needing this level of care get the highest level of psychiatric care, such as:</p> <ul style="list-style-type: none"> • Exams and testing needed to treat grave mental or drug use disorder problems • Regular counseling and therapy <p>ABP Limitation: Includes services in a psychiatric unit of a general hospital and inpatient substance abuse detoxification. Free-</p>	Yes	Yes	Yes



152 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	standing psychiatric hospitals (or Institutions for Mental Disease) are not covered under the ABP or ABP-exempt benefit package, except for recipients age 19 up to 21.			
Inpatient hospitalization in freestanding psychiatric hospitals	<p>These services include necessary evaluations and psychological testing for treating severe emotional or substance use disorder. They also include regularly (often) scheduled structured counseling and therapy sessions.</p> <p>ABP Limitation: These services are only for individuals under 21 years of age.</p>	Yes	Yes, with limitations	Yes
Intensive Outpatient Program (IOP) services	This is a structured substance use disorder treatment program that can also address co-occurring mental health disorders. These programs typically offer group and individual services of 10-12 hours per week for a period of 3-6 months.	Yes	Yes	No
Intravenous (IV) outpatient services	Hospital outpatient care includes the use of intravenous (IV) infusions, catheter; changes first aid for IV associated injuries, laboratory and radiology	Yes	Yes	No. Some medications may require prior authorization.



153 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>services, and diagnostic and therapeutic radiation, including radioactive isotopes. A partial hospitalization in a general hospital psychiatric unit is considered an outpatient service.</p> <p>ABP Limitation: Home health care is limited to 100 visits per-year. A visit cannot exceed four (4) hours.</p>			
Laboratory services	<p>These are medically necessary (needed) lab services ordered by doctors or other licensed providers. They are performed by ordering providers or are done under their supervision in an office lab. They also can be performed by a clinical lab.</p> <p>This includes laboratory genetic testing to specific molecular lab tests such as BRCA1 and BRCA2 and similar tests used to determine appropriate treatment. Does not include random genetic screening.</p> <p>ABP Limitation: Limited to Triple Serum Test and genetic testing for the</p>	Yes	Yes	Yes, for select services



154 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	diagnosis or treatment of a current illness. Does not include random genetic screening.			
Maternity care, including delivery and inpatient maternity services non-hospital births and pre and postnatal care	Routine vaginal delivery with a hospital stay of 48 hours or less and a c-section with a hospital stay 96 hours or less no authorization required for mother and well-baby. Please note that the 48- and 96-hour time frames are from date and time of delivery, not date and time of admission. See Care for Pregnant members on page 82.	Yes	Yes	Yes
Medication Assisted Treatment (MAT) for opioid dependence	This service is treatment for addiction that includes the use of medication along with counseling and other support.	Yes	Yes	Yes, for some medications only. Not for office visits.
Midwife services	See page 85.	Yes	Yes	No
Multi-Systemic Therapy (MST) services	This service provides intensive home/family and community based treatment for an individual age 10-18 who has been diagnosed with a serious emotional disturbance and who are at risk of out-of-home placement or are returning home from placement. Specialized therapeutic and rehabilitative interventions are used to address specific	Yes	No	No



155 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	areas of need such as substance use disorder, delinquency, and violent behavior. Services are primarily provided in the home, but may also be provided at school and in other community settings.			
Non-accredited residential treatment centers and group homes	<p>Services are provided in a facility that provides 24-hour care in a residential setting. They are monitored by medical personnel under the direction of a psychiatrist. There is a structured treatment program with staff available 24 hours a day. The care is for members under 21 years of age with severe emotional disturbance or a substance use disorder that, as a result of their psychiatric disorder, are a significant danger to themselves or others.</p> <p>Limitation: Services are only available to members under age 21. The need for services must be identified in the Tot-to-Teen Healthcheck or other diagnostic evaluation completed through a health check referral.</p>	Yes	Yes, for members ages 19-20	Yes



156 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Nursing facility services (Institutional)	<p>Presbyterian Centennial Care covers room and board and other necessary services furnished by a skilled nursing facility. We also cover physical, occupational, and speech therapy services provided to a member in a nursing facility. See page 58 for more information.</p> <p>Limitation: Member must qualify for Nursing Facility Level of Care if they will live there permanently.</p>	Yes	Not Covered	Yes
Nursing facility services (Skilled Nursing)	<p>Presbyterian Centennial Care covers room and board and other necessary services furnished by a skilled nursing facility. We also cover physical, occupational, and speech therapy services provided to a member in a nursing facility. See page 58 for more information.</p>	Yes	Not Covered	Yes
Nutritional services	<p>These are based on scientifically validated nutritional principles and interventions that are consistent with the member's physical and medical condition.</p> <p>Covered services include:</p>	Yes	Yes, for members age 19 up to 21	No



157 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<ul style="list-style-type: none"> Nutritional assessments for all eligible pregnant women and for members under 21 years old under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program. Nutritional assessment is the evaluation of the nutritional needs of a person based on appropriate medical and dietary data to determine nutrient needs. It includes recommendations on appropriate nutritional intake Nutritional counseling to or on behalf of members under 21 years old who have been referred for a nutritional need Nutritional counseling to members over age 21 who meet the Nursing Facility Level of Care and have been identified with a nutritional need 			
Occupational therapy/services	These promote fine motor skills, coordination, and integration of the senses. They help the member use adaptive equipment or other technology.	Yes	Yes	No



158 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	ABP Limitation: Short-term therapy only for a two-month period from the initial date of treatment. Short-term therapy beyond the initial two (2) months may be extended for one (1) period of up to two (2) additional months.			
Outpatient hospital-based psychiatric services and partial hospitalization	These services are medically necessary (needed) for the diagnosis and/or treatment of a mental illness, as indicated by the member's condition. Services and stabilization must be for the purpose of diagnostic study or be expected to improve the member's condition.	Yes	Yes	No, outpatient services provided in a hospital setting. Yes, for partial hospitalization after 45 days.
Outpatient and partial hospitalization in freestanding psychiatric hospital	These services include: <ul style="list-style-type: none"> • Needed evaluations and psychological testing for the development of the treatment plan • Regularly (often) scheduled counseling and therapy sessions for members, groups, families or multi-family groups based on individual needs 	Yes	Yes	No, for outpatient. Yes, for partial hospitalization after 45 days.
Outpatient healthcare professional services	These cover outpatient assessments, evaluations, testing, and therapy.	Yes	Yes	No, for evaluations and testing.



159 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
				Some therapies may require prior authorization.
Pharmacy services	<p>See page 71. Certain over-the-counter drugs are covered, such as prenatal drug items (examples – vitamins, folic acid; iron), low dose aspirin as preventative for cardiac conditions; contraception drugs and devices, and items for treating diabetes.</p> <p>ABP Limitation: Over the counter items may be considered for coverage only when the item is considered more medically or economically appropriate than a prescription drug, contraceptive drug or device, or for treating diabetes.</p>	Yes	Yes, with limits	Yes, for select medications
Physical health services	These include primary and specialty health services provided by a licensed provider performed within the scope of practice.	Yes	Yes	No
Physical therapy	These services promote gross and fine motor skills, help with independent functioning and prevent progressive disabilities.	Yes	Yes	No



160 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	ABP Limitation: Short-term therapy only for a two-month period from the initial date of treatment. Short-term therapy beyond the initial two (2) months may be extended for one (1) period of up to two (2) additional months.			
Physician visits	These are provider services required by members to maintain good health. They include but are not limited to periodic exams and office visits provided by licensed providers.	Yes	Yes	No
Podiatry services	<p>These are only medically necessary (needed) podiatric services given by providers, as required by the member's condition.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Routine foot care when there is evidence of a systemic condition, circulatory distress, or areas of diminished sensation in the feet demonstrated through physical or clinical exam • Routine foot care, nonsurgical and surgical correction of a subluxated foot structure 	Yes	Yes, with limits	No



161 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<ul style="list-style-type: none"> Treatment of warts on the feet Treatment of asymptomatic nails with a fungal infection may be covered <p>Orthopedic shoes and other supportive devices only when the shoe is an integral part of a leg brace or therapeutic shoes furnished to diabetics.</p> <p>ABP Limitation: Covered when medically necessary due to malformations, injury, acute trauma or diabetes.</p>			
Pregnancy termination procedures	See page 84.	Yes	Yes	No
Preventive services	See page 131.	Yes	Yes	No
Prosthetics and orthotics	Prosthetics and orthotics supplied by providers are covered only when certain requirements or conditions are satisfied. Prosthetic devices are replacements or substitutes for a body part or organ, such as an artificial limb or eye. Orthotic devices support or brace the body, such as trusses, compression custom-made stockings, and braces.	Yes	Yes	Yes, for select prosthetics and orthotics



162 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	ABP Limitation: Foot orthotic, including shoe and arch supports, are only covered when an integral part of a leg brace or diabetic shoes.			
Psychosocial rehabilitation services	These services are for individuals diagnosed with a serious mental illness. The services focus on the strengths of individuals to help them manage their illness. The services also help individuals to develop a supportive environment. The assessment and care plans are designed to reduce symptoms and restore basic skills the member needs to function independently.	Yes	Yes	No
Radiology facilities	Facilities where diagnostic imaging and therapeutic radiology services are provided.	Yes	Yes	No, but certain tests require authorization
Recovery services (Behavioral Health)	Recovery services are peer-to-peer support. This is done in a group setting. The group setting helps develop and enhance wellness and healthcare practices. The service will focus on individual wellness, recovery, and resiliency. The service will also focus on relapse	Yes	Health Plan Peer Support Specialists only	No



163 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	prevention and disease management. These services are for members with serious mental illness or chronic substance use disorder. See Managing Your Overall Wellness and Recovery and Wellness on page 56.			
Rehabilitation Option Services	Services are limited to assessment, treatment planning, and other specific services which restore basic skills necessary to remain in member's home and community.	Yes	Yes, for members age 19 up to 21	No, for most services, Except: Partial hospitalization does not require a prior authorization for the first 45 days. Prior authorization is required for 46 days or more.
Rehabilitation Services Providers	For services such as addiction counseling, peer recovery, psychosocial rehabilitation, crisis intervention, and Assertive Community Treatment.	Yes	Yes, for members age 19 up to 21	No
Reproductive health services	See page 69.	Yes	Yes	No
Respite-Behavioral Health	Behavioral Health respite is available to members up to 21 years of age who are diagnosed with a serious emotional or behavioral health disorder. The service	Yes	Not Covered	No



164 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>involves the supervision and/or care of children and youth living at home to provide rest and relief to the person and/or their primary caregivers.</p> <p>Limitation: Respite services are limited to a maximum of 720 hours or 30 days at which time prior authorization must be acquired for additional respite care.</p>			
Rural Health Clinic (RHC) services	<p>These include the following:</p> <ul style="list-style-type: none"> • Medically necessary (needed) diagnostic and therapeutic services, supplies and treatment of medical conditions, including family planning services • Lab and diagnostic imaging services for diagnosis and treatment • Surgical procedures, emergency room physician services, and inpatient hospital visits furnished at different facilities • Visiting nurse services • Vision services, including exams and eyeglasses 	Yes	Yes	Services provided by RHC will have same requirements as other providers



165 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<ul style="list-style-type: none"> Hearing aids and hearing evaluations Psychological services Rural health drug, pharmacy, and dental services 			
School-based services	<p>These are for members under 21 years old for treatment of a medical or behavioral health condition. Medically necessary (needed) services are performed in a school setting.</p> <p>Limitation: Behavioral health counseling, evaluation, and therapy are not covered when part of an individual education plan (IEP).</p>	Yes	Not Covered	No
Smoking Cessation Services	<p>Dedicated Presbyterian Centennial Care Quit Line, 24 hours a day. Group and individual counseling, including classes and pharmacotherapy covered when offered by an in-network provider.</p> <p>Clickotine – A smartphone app to help you quit smoking. Available on Google Play Store or Apple App Store—a no cost message app to help quit</p>	Yes	Yes	No



166 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>smoking. Go to try.clickotline.com and enter Medicaid code: 4FAE18</p> <p>Tobacco/smoking cessation pharmacotherapy is prescription drugs/medications prescribed by your provider for a 30-day supply up to the maximum dose recommended by the manufacturer. You can get these medications at a pharmacy.</p>			
Speech and language therapy	<p>The services must be provided by speech and language pathologists, physical therapists, and occupational therapists. Services must be prescribed or ordered by the member's PCP (primary care provider) or other provider.</p> <p>ABP Limitation: Short-term therapy only for a two-month period from the initial date of treatment. Short-term therapy beyond the initial two (2) months may be extended for one (1) period of up to two (2) additional months.</p>	Yes	Yes	No



167 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Swing Bed Hospital Services	Inpatient Skilled Nursing Services may be provided in a Hospital Swing Bed setting in lieu of a Skilled Nursing Facility.” Prior Auth is required. ABP Limitation: Subject to the 100-visit home health limit when provided through a home health agency.	Yes	Yes	Yes
Telemedicine services	The use of electronic information, imaging and communication technologies (including interactive audio, video and data communications as well as store-and-forward technologies) to provide and support healthcare delivery, diagnosis, consultation, treatment, transfer of medical data and education.	Yes	Yes	No
Tot-to-Teen Healthchecks (Preventive Healthcare Guidelines)	See page 131.	Yes	Yes, for members age 19 up to 21	No
Transplant services	These include hospital, provider, laboratory, outpatient surgical, and other covered services needed to perform a transplant. Services are covered if not considered	Yes	Yes	Yes



168 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	experimental or investigational. ABP Limitation: Two (2) per lifetime.			
Transportation services	<p>Non-emergency transportation to Medicaid-covered services</p> <ul style="list-style-type: none"> • Transportation includes public transportation, taxicab, handicap van, and ground or air ambulance • Travel, meals and lodging for members who must travel more than four (4) hours one-way for medical services when approved in advance by Presbyterian Centennial Care 	Yes	Yes, for medical only	Yes
Treatment Foster Care I and II	<p>These services are available to children and adolescents under age 21 who are diagnosed with a severe emotional disturbance. Services are provided by placing the child/adolescent in a 24-hour community-based supervised, trained, surrogate family through a FCT placement agency. These are covered when</p>	Yes	Yes, for members age 19 up to 21	Yes



169 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	<p>included in individualized treatment plans that are designed to help members develop skills needed for successful reintegration into the natural family or transition into the community.</p> <p>Limitation: Services are only available to members under age 21. The need for services must be identified in the Tot-to-Teen Health check or other diagnostic evaluation completed through a health check referral.</p>			
Vision Care services	<p>The diagnoses and treatment of eye diseases and the correction of vision problems. Certain types of glasses are not covered. See the Non-covered Benefits list.</p> <p>ABP Exclusion: Refraction for visual acuity and routine vision care are not covered, except for recipients age 19-20.</p> <p>ABP Limitation: Eyeglasses and contact lenses are only Covered following the removal of the lens from one or both eyes</p>	Yes	Yes	Some services require prior authorization



170 Appendix A – Covered Benefits

Covered Service	Description	Covered for Standard Centennial Care?	Covered for Centennial Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
	(aphakia). Coverage of materials is limited to one (1) set of contact lenses or eyeglasses per surgery, within 90 days following surgery. Vision hardware is covered for recipients age 19 up to 21 following a periodicity schedule.			



171 Appendix A – Covered Benefits

Agency Based and Self-Directed Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
Adult Day Health	<p>Structured therapeutic, social, and rehabilitative services provided by a licensed adult day health facility where certain medically necessary (needed) health services may be provided.</p> <p>Limitation: Available to individuals age 18 and older. At least two (2) hours per day for one or more days per week. Only for those who qualify for Nursing Facility Level of Care and select Agency Based Community Benefits</p>	Yes	Not Covered	Yes
Assisted Living	<p>A residential service that includes individualized services such as assistance with activities of daily living services, companion services, medication management, 24-hour on-site response capability to meet scheduled or unpredictable needs of the member, and to provide supervision, safety, and security services to the member. Coverage does not include 24-hour skilled care or</p>	Yes	Not Covered	Yes



172 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<p>supervision or the cost of room and board.</p> <p>Limitation: The following services will not be provided to recipients in assisted living facilities: personal care, respite, environmental modifications, emergency response or adult day health. The Assisted Living Program is responsible for all of these services at the assisted living facility and they are included in the cost of room and board. Only for those who qualify for Nursing Facility Level of Care and select Agency Based Community Benefits.</p>			
Behavioral Support Consultation	<p>A Behavioral Support Consultation is a licensed professional as specified by applicable State laws and standards. BSC services assist the member and his or her family as well as the direct support professionals (DSP). BSC services for the member include:</p> <ul style="list-style-type: none"> • Assessments; • Evaluations; • Treatments; • Interventions; and • Follow-up services and 	Yes	Yes	Yes



173 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	assistance with challenging behaviors and coping skill development. Services for the parents, family members and DSPs include training in dealing with challenging behaviors and assistance with coping skill development at home and in the community			
Community Transition Services	<p>These are one-time set-up expenses for individuals moving from institutions to community settings, or to a living arrangement in a private home where the person is directly responsible for his or her own living expenses.</p> <p>Limitation: Limited to \$3,500 per person every five (5) years. To be eligible, a person must have a nursing facility stay of at least 90 days before transition to the community. Only for those who qualify for Nursing Facility Level of Care and select Agency Based Community Benefits.</p>	Yes	Not Covered	Yes
Customized Community Supports	Services that are designed to offer certain members flexible supports that are related to the participant's qualifying condition or disability, and must be	Not Covered	Yes	Yes



174 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<p>specified on the Care Plan. Services may include participation in congregate community day centers, adult day habilitation, adult day health, and other day support models.</p> <p>Limitation: Provided at least four (4) or more hours per day, one or more days per week and cannot duplicate community direct support services, employment support services, or any other Long-Term Service and Supports. Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.</p>			
Emergency Response Services	<p>This provides an electronic device that lets a member get help in an emergency at home and avoid moving to an institution. This may include a portable “help” button that is connected to the member’s phone.</p> <p>Limitation: Member must have a cell phone or land-line phone. Only for those who qualify for Nursing Facility Level of Care.</p>	Yes	Yes	Yes
Employment Supports	This includes job development, job seeking,	Yes	Yes	Yes



175 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<p>and job-coaching support after other vocational rehabilitation support has already been tried.</p> <p>Limitation: Payment shall not be made for incentive payments, subsidies, or unrelated vocational training expenses. Only for those who qualify for Nursing Facility Level of Care and have already used services through the Department of Vocational Rehabilitation (DVR).</p>			
Environmental Modifications (\$5,000 limit every five years)	<p>These include the purchase and/or installation of equipment to help an individual stay in their home. These include making physical changes to a member's home that are necessary to ensure the member's health, welfare, and safety or improve his independence.</p> <p>Limitation: These services are limited to \$5,000 every five (5) years. Only for those who qualify for Nursing Facility Level of Care.</p>	Yes	Yes	Yes
Home Health Aide	Services provide total care or help a member in all activities of daily living. The home health aide services	Yes	Yes	Yes



176 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<p>help the member in a way that promotes an improved quality of life and a safe environment. Home health aide services can be provided outside the member's home. Home health aide services must be given under the supervision of a registered nurse or other appropriate professional staff. Nurses must visit the member's home at least every two (2) weeks to see if goals are being met.</p> <p>Limitation: Only for those who qualify for Nursing Facility Level of Care.</p>			
Nutritional Counseling	<p>These services include:</p> <ul style="list-style-type: none"> • Assessment of a member's nutritional needs • Development and/or revision of the member's nutritional plan • Counseling and nutritional intervention • Observing and helping the member implement the nutritional plan <p>Limitation: For those who qualify for Nursing Facility Level of Care and select Self-Directed Community</p>	Yes	Yes	Yes



177 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<p>Benefits and Agency-Based Community Benefit members.</p> <p>ABP Limitation: Dietary evaluation of counseling as medical management of a documented disease, including obesity.</p>			
Personal Care Services (Consumer Directed and Consumer Delegated)	<p>These are medically necessary (needed) tasks relating to a member's physical or cognitive function. The goal of these services is to help the member avoid institutionalization and maintain his level of function. A member may direct who provides their personal care services.</p> <p>This benefit is for members 21 years of age or older who meet eligibility for Community Benefit services. A member under 21 years of age must access PCS through the EPSDT program.</p> <p>Limitation: These services will not be provided 24 hours per day. Only for those who qualify for Nursing Facility Level of Care (members who needs assistance with two (2) or</p>	Yes	Not Covered	Yes



178 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	more activities of daily living) and select Agency Based Community Benefits.			
Private Duty Nursing for Adults	<p>These services include activities, procedures, and treatment for conditions or illnesses for members who are 21 years of age or older with off-and-on or extended direct nursing care in the member's home.</p> <p>Limitation: Only for those who qualify for Nursing Facility Level of Care.</p>	Yes	Yes	Yes
Related Goods (annual limits may apply)	<p>Related goods are equipment, supplies, fees, and memberships. Related goods must address a need identified in the member's care plan. This includes improving and maintaining the member's opportunities for full membership in the community. The goods must meet the following requirements:</p> <ul style="list-style-type: none"> • Be responsive to the member's qualifying condition or disability • Help the member with household management • Help with normal daily activities 	Not Covered	Yes	Yes



179 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<ul style="list-style-type: none"> Promote personal safety and health Help the member reach greater independence Advance the desired outcomes in the member's care plan <p>Related goods will be monitored carefully to avoid abuses or inappropriate use.</p> <p>Limitation: Experimental or prohibited treatments and goods are excluded. Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits</p>			
Respite (annual limits may apply)	<p>Respite is a limited leave of absence for a primary caregiver in order to reduce stress, accommodate caregiver illness, or meet a sudden family crisis or emergency. Respite services may be provided in the member's home, in the respite provider's home and in the community.</p> <p>Limitation: Respite services are limited to a</p>	Yes	Yes	Yes



180 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	maximum of 300 hours per Care Plan year.			
Self-Directed Personal Care (formerly Homemaker)	Limitations: Members may not access assisted living services and Self-Directed Personal Care services at the same. Members must be 21 years of age or older to access this benefit. Self-Directed Personal Care services should not take the place of home health aide services. This benefit is only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.	Not Covered	Yes	Yes
Skilled Maintenance Therapy Services	This includes physical therapy (PT), occupational therapy (OT) or speech and language therapy (SLT) for members 21 years and older. These services are an extension of therapy services provided for acute and temporary conditions that are provided with the expectation that the member will improve greatly in a reasonable and generally predictable time. They focus on maintenance, community integration, socialization, and exercise. They also	Yes	Yes	Yes



181 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<p>enhance support and normal function of family relationships.</p> <p>Limitation: A signed therapy referral for treatment must be obtained from the recipient's PCP. The referral will include frequency, estimated duration of therapy, and treatment/procedures to be rendered. Only for those who qualify for Nursing Facility Level of Care.</p>			
Specialized Therapies (annual limits may apply)	<p>These are non-experimental therapies or techniques that have been proven effective for certain conditions. A member may include specialized therapies in his care plan when the services will help the member improve his ability to be included in community activities and avoid being admitted into a hospital or other institution. To be covered, services must:</p> <ul style="list-style-type: none"> • Be related to the member's disability or condition • Ensure the member's health and welfare in the community 	Not Covered	Yes	Yes



182 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	<ul style="list-style-type: none"> Supplement rather than replace the member's natural supports and other community services for which the member may be eligible <p>Limitation: Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits. \$2,000 annual limit for those transitioning to SDCB for the first time after January 1, 2019.</p>			
Transportation for NFLOC and SDCB (non-medical) (annual limits may apply)	<p>Services that are offered in order to enable participants to gain access to certain long-term care benefits and other community services, activities and resources, as specified in the Care Plan.</p> <p>Exclusions: Not to be used for transportation to medical appointments, etc. and not to be used for purposes of vacation. SDCB-\$1,000 annual limit for those transitioning to SDCB for the first time after January 1, 2019. Only mileage and bus/taxi pass are allowed.</p>	Not Covered	Yes	No



183 Appendix A – Covered Benefits

Covered Service	Description	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
	Limitation: Only for those who qualify for Nursing Facility Level of Care and select Self-Directed Community Benefits.			



Appendix B – Non-Covered Benefits

This section lists services that are not covered under Presbyterian Centennial Care.

- Activity therapy, group activities, and other services that are mostly recreational
- Acupuncture (may be available to Self-Directed Community Benefit [SDCB] members only*)
- Anti-scratch, anti-reflective, or mirror coatings on eyeglasses
- Artificial insemination
- Barbiturate hypnotic drugs used to induce sleep
- Biofeedback (may be available to SDCB members only*)
- Bioidentical hormone replacement therapy (BHRT), also known as bioidentical hormone therapy or natural hormone therapy including “all-natural” pills, creams, lotions and gels
- Some compounded drugs (bulk powder drugs)
- Chiropractic services (may be available to SDCB members only*)
- Cognitive rehabilitation therapy (may be available to SDCB members only*)
- Cosmetic dental services
- Cosmetic items, such as drugs for aging skin and for hair loss
- Cosmetic plastic surgery
- Drug items used to treat sexual dysfunction
- Prescription drugs/medications that are identified by Drug Efficacy Study Implementation (DESI) as less-than-effective (LTE) drugs
- Drug replacement or other items that have been lost, stolen, destroyed, and or misplaced
- Drugs used for traveling out of the United States



185 Appendix B – Non-Covered Benefits

- Educational or vocational services related to traditional academic subjects or vocational training
- Elective procedures to end pregnancy, abortions (see Pregnancy section for exceptions)
- Experimental or investigational procedures, prohibited treatments, technologies or non-drug therapies and related services including medicines, devices, or diagnostic genetic testing (except for cancer trials) are not covered

Experimental or Investigational medical, surgical, diagnostic genetic testing, other healthcare procedures or treatments, including drugs. As used in this Agreement, “Experimental” or “Investigational” as related to drugs, devices, medical treatments or procedures means:

- The drug or device cannot be lawfully marketed without approval of the Federal Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished; or
- Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy, or its efficacy as compared with the standard means of treatment or diagnosis; or
- Reliable evidence shows that the consensus of opinion among experts regarding the drug, medicine, and/or device, medical treatment, or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, or its efficacy as compared with the standard means of treatment or diagnosis; or



186 Appendix B – Non-Covered Benefits

- Except as required by state law, the drug or device is used for a purpose that is not approved by the FDA; or
 - Testing is covered when medically proven and appropriate, and when the results of the test will influence the medical management of the patient and if approved by the FDA. Routine genetic testing is not covered; or
 - For the purposes of this section, “reliable evidence” shall mean only published reports and articles in the authoritative medical and scientific literature listed in state law; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device or medical treatment or procedure; or the written informed consent used by the treating facility or by another facility studying substantially the same drug, device or medical treatment or procedure; or
 - As used in this section, “experimental” or “investigational” does not mean cancer chemotherapy or other types of therapy that are the subjects of on-going phase IV clinical trials
- Eyeglass cases
 - Eyeglass or contact lens insurance
 - Hearing aids (**not covered for ABP members**)
 - Hearing aid checks
 - Herbal or alternative medicine and holistic supplements
 - Hippotherapy (may be available to SDCB members only*)
 - If the surgery is not covered, then the anesthesia is not covered
 - Dental implants and implant-related services
 - Immunizations for the purpose of foreign travel, flight or passports
 - In-vitro fertilization
 - Laser vision correction, unless it is medically necessary (needed)



187 Appendix B – Non-Covered Benefits

- Low-vision aids
- Massage therapy (may be available to SDCB members only*)
- Mastique® or veneer procedures
- Medical services provided to a person who is an inmate of a public institution
- Medication supplied by state mental hospitals to members on convalescent leave from the center
- Medical marijuana
- Milieu therapy
- Naprapathy (may be available to SDCB members only*)
- Occlusal adjustments, disking, overhang removal or equilibration
- Oral preparations, including topical fluorides dispensed to a member for home use
- Oral or injectable medications used to help you get pregnant
- Orthoptic assessment and treatment
- Orthotic supports for the arch or other supportive devices for the foot, unless they are essential parts of a leg brace or therapeutic shoes for diabetics
- Over-the-counter (OTC) drugs, unless listed on our formulary or listed as covered for ABP members
- Permanent fixed bridges
- Personal care items such as non-prescription shampoo and soap
- Personal care items, like toothbrushes and television sets in hospital rooms
- Photographic procedures, such as fundus or retinal photography and external ocular photography (except for diabetic retinopathy screening)
- Play therapy (may be available to SDCB members*)
- Polycarbonate lenses other than for prescriptions for high acuity



188 Appendix B – Non-Covered Benefits

- Procedures for desensitization, re-mineralization, or tooth bleaching
- Procedures, appliances, or restorations solely for aesthetic or cosmetic purposes
- Progressive lenses
- Prosthetic devices or implants used mostly for cosmetic purposes
- Removable unilateral cast metal partial dentures
- Reversal of voluntary sterilization (tubal ligation or vasectomy)
- Routine foot care (unless medically justified in the medical record)
- Services beyond an initial evaluation that are given without prior authorization
- Services for surrogate mothers
- Services not included in written plans of care established by providers in consultation with the home health agency staff
- Services performed or prescribed under the direction of a person who is not a healthcare provider
- Services provided by non-licensed counselors, therapists, or social workers
- Services that are not in the member's approved treatment plan and that don't have prior authorization
- Services that were not prior authorized
- Services outside the United States
- Sexual dysfunction treatment (treatment for sexual dysfunction, including medication, counseling, and clinics are not covered)
- Skilled nursing services that are not supervised by registered nurses (RNs)
- Some adult dental services
- Some durable medical equipment
- Sterilization reversals



189 Appendix B – Non-Covered Benefits

- Tinted or photochromic lenses, oversize frames, and oversize lenses, except in cases of documented medical necessity
- Traditional Medicine for Native American members
- Transportation for a companion (a child under age 18 or other family member or friend who is not a qualified attendant)
- Treatment of mental retardation alone
- Treatment of temporomandibular joint (TMJ) disorders, bite openers, and orthotic appliances
- Trifocals
- Ultraviolet (UV) lenses
- Vaccinations, drugs and immunizations for the primary intent of medical research or non-medically necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, or functional capacity examinations related to employment
- Weight-loss drugs

*SDCB refers to a member who meets Nursing Facility Level of Care and chooses Self-Directed Community Benefits. The benefit above will only be covered if specified in the member's care plan.



Appendix C – Acronyms

Term	Definition
ABCB	Agency-Based Community Benefit
ABA	Applied Behavioral Analysis
ABP	Alternative Benefit Plan
ACIP	Advisory Committee on Immunization Practice
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ARTC	Accredited Residential Treatment Center
ASD	Autism Spectrum Disorder
ATV	All-terrain vehicle
BMI	Body mass index
BMS	Behavior Management Services
BSC	Behavior support consultation
CATS	Clovis Area Transportation Services
CCSS	Comprehensive Community Support Services
CHIP	Children's Health Insurance Program
CHR	Community Health Representative
CHW	Community Health Worker
CLIA	Clinical Laboratory Improvement Amendments of 1988
CNA	Comprehensive Needs Assessment
CPR	Cardiopulmonary resuscitation
CT	Computerized tomography
CWRC	Community Wellness Resource Center
DBO	Done By One
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
FCT	Foster care treatment



191 Appendix C – Acronyms

FQHC	Federally Qualified Health Center
HIV	Human immunodeficiency virus
HMO	Health Maintenance Organization
HRA	Health Risk Assessment
HSD	New Mexico Human Service Department
I/T/U	Indian Health Service/Tribal health providers/Urban Indian providers
IEP	Individual education plan
IOP	Intensive outpatient program
ISD	Income Support Division
IUD	Intrauterine device
IV	Intravenous
LTSS	Long-term Services and Supports
MAD	Medical Assistance Division
MCO	Managed Care Organization
MRI	Magnetic resonance imaging
MST	Multi-systemic therapy
NMCAL	New Mexico Crisis and Access Line
OT	Occupational therapy
OTC	Over-the-counter
PCP	Primary Care Provider
PHI	Protected Health Information
PT	Physical therapy
RHC	Rural Health Clinic
RTC	Residential Treatment Center
SBHC	School-based Health Centers
SDCB	Self-Directed Community Benefit
SLT	Speech and language therapy



192 Appendix C – Acronyms

SSI	Social Security Income
STI	Sexually transmitted infections
UV	Ultraviolet
WDI	Working disabled individual



193 Appendix D – Telephone Numbers and Websites

Appendix D – Telephone Numbers and Websites

Telephone Numbers	
Name	Phone Number
Birthing Options Program	1-866-672-1242 (toll-free)
Care Coordination	(505) 923-8858 or 1-866-672-1242 (toll-free)
Presbyterian Customer Service Center (English and Spanish)	(505) 923-5200 (In Albuquerque) 1-888-977-2333 (toll-free) (Outside Albuquerque)
Presbyterian Customer Service Center (Navajo/Diné)	(505) 923-5157 (in Albuquerque) 1-888-806-8793 (toll-free) (Outside Albuquerque)
Presbyterian Customer Service Center (Deaf or hard of hearing)	TTY: 711
Emergency Services	911
Fraud and Abuse Hotline	(505) 923-5959 (in Albuquerque) 1-800-239-3147 (toll-free) (Outside Albuquerque)
Human Services Department Fair Hearing Bureau	(505) 476-6213 (in Santa Fe) 1-800-432-6217 (toll-free), option 6 (Outside Santa Fe)
New Mexico Crisis and Access Line	1-855-662-7474 (1-855-NMCRISIS) (toll-free)
New Mexico Immunization Hotline	1-800-232-4636 (toll-free)
New Mexico Human Services Income Support Division	1-800-283-4465 or 1-855-309-3766 (toll-free)
Ombudsman	(505) 923-5780
Performance Improvement Department	(505) 923-5017 or 1-866-634-2617 (toll-free)
PresRN Nurse Advice Line	1-888-730-2300 (toll-free)
Smoking/Tobacco Cessation Quit Line	(505) 923-5231 or 1-866-742-7095 (toll-free)
Transportation Provider	(505) 923-6300 or 1-855-774-7737 (toll-free)

Call Presbyterian Customer Service Center:
Monday-Friday, 8 a.m. to 6 p.m.
Closed on weekends and holidays



English and Spanish: (505) 923-5200 or 1-888-977-2333
Navajo/Diné: (505) 923-5157 or 1-888-806-8793
TTY: 711

194 Appendix D – Telephone Numbers and Websites

Websites	
Name	URL
Advance Directive for Mental Health Treatment Form	http://www.nrc-pad.org/images/stories/PDFs/newmexicopadform.pdf
Childhood Immunization Schedule	https://www.cdc.gov/vaccines/schedules/index.html
Formulary	www.phs.org/centennialcare <ol style="list-style-type: none"> 1. On left menu, scroll down to Plan Documents 2. Choose Drug Formulary – By Drug Class
Income Support Division County Office Locator (New Mexico Human Services Department)	https://www.hsd.state.nm.us/lookingforassistance/field_offices_1/
Member Rights & Responsibilities	www.phs.org/Pages/member-rights.aspx
Patient Rights	www.phs.org/Pages/patient-rights.aspx
Presbyterian Centennial Care Website	www.phs.org <ol style="list-style-type: none"> 1. Select HEALTH PLANS tab from the top menu 2. Select Centennial Care Medicaid Plans
Privacy and Security Policies and Guidelines	www.phs.org/Pages/privacy-security.aspx
Provider Directory	www.phs.org/centennialcare <ol style="list-style-type: none"> 1. On left menu, scroll down to Plan Documents 2. Choose Provider Directory for the current year



Notice of Nondiscrimination and Accessibility

Discrimination is Against the Law

Presbyterian Healthcare Services is committed to equitable healthcare and exists to improve the health of patients, members and the communities we serve. We value diversity and inclusion and strive to treat all individuals with respect. We do not discriminate on the basis of race; color; ancestry; national origin (including limited English proficiency); citizenship; religion; sex (including pregnancy, childbirth or related medical conditions); marital status; sexual orientation; gender identity or expression; veteran status; military status; family care or medical leave status; age; physical or mental disability; medical condition; genetic information; ability to pay; or any other protected status. Presbyterian will provide reasonable accommodations and language access services for our patients, members, and workforce.

Presbyterian Healthcare Services:

- Provides free aids and services to people with disabilities to communicate effectively with use, 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 the Presbyterian Customer Service Center at (505) 923-5420, 1-855-592-7737, TTY 711.

If you believe that Presbyterian Healthcare Services has failed to provide these services or discriminated against you in another way, you can file a grievance with Presbyterian by calling 1-866-977-3021, TTY 711, fax (505) 923-5124, or

<https://ds.phs.org/ewcm/frmExample.do?m=complaintentry&complainttype=customer>.

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:

Address: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201

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

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

Multi-Language Interpreter Services

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 505-923-5420, 1-855-592-7737 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 505-923-5420, 1-855-592-7737 (TTY: 711).
Navajo	Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih 505-923-5420, 1-855-592-7737 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 505-923-5420, 1-855-592-7737 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 505-923-5420, 1-855-592-7737 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 505-923-5420, 1-855-592-7737 (TTY: 711)。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم: 505-923-5420, 1-855-592-7737 رقم هاتف الصم والبكم (TTY: 711).
Korean	주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 505-923-5420, 1-855-592-7737 (TTY: 711) 번으로 전화해 주십시오.
Tagalog-Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 505-923-5420, 1-855-592-7737 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。505-923-5420、1-855-592-7737 (TTY: 711) まで、お電話にてご連絡ください。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 505-923-5420, 1-855-592-7737 (ATS: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 505-923-5420, 1-855-592-7737 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 505-923-5420, 1-855-592-7737 (телетайп: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 505-923-5420, 1-855-592-7737 (TTY: 711) पर कॉल करें।
Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 505-923-5420، 1-855-592-7737 (TTY: 711) تماس بگیرید.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 505-923-5420, 1-855-592-7737 (TTY: 711).

OUR PRIVACY PRACTICES AND YOUR RIGHTS: JOINT NOTICE OF PRIVACY PRACTICES

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.

The privacy practices of Presbyterian Healthcare Services ("Presbyterian") and certain organizations that participate in an organized health care arrangement ("OHCA") with Presbyterian are described in this *Joint Notice of Privacy Practices* ("Notice"). Health information about you is contained in our records, but the information in those records belongs to you. This Notice will help you understand how we protect the privacy of your health information and how to complain if you believe your privacy rights have been violated. The terms "we" and "our" used in this Notice refer to Presbyterian and the members of our OHCA that share this Notice and agree to abide by its terms.

HOW WE PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

Whenever possible, Presbyterian uses or shares health information that doesn't identify you. We have policies and procedures to protect the privacy of health information that does identify you. We have a training program to educate our employees and others about our privacy policies. Your health information is only used or shared for our business purposes or as otherwise required or allowed by law. When a service involving your health information is being performed by a third party, we require a written agreement with them to protect the privacy of your health information.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy of your health information.
- We are required to provide patients, except inmates, with this Notice that describes our legal duties and privacy practices regarding protected health information.
- We have a legal duty to notify you, and you have a right to know when your protected health information has been inappropriately accessed, used, or disclosed as a result of a breach.
- We must follow the terms of the most current *Joint Notice of Privacy Practice*, and are required to ask you for a written acknowledgement that you received a copy.

YOUR HEALTH INFORMATION RIGHTS

You have rights with respect to your protected health information. For more information on how to exercise these rights, see the *How to Make a Request* section of this Notice. The health information rights described in this Notice also apply to a person with legal authority to make health care decisions for a child or other person (for example, a parent or legal guardian). There are exceptions. For example, in New Mexico some health care services can be provided to a minor without the consent of a parent, guardian or other person. In these cases, the minor has the rights described in this Notice for health information related to the health care service provided. Some of the rights described here are subject to certain limitations and conditions.

Right to See and Get a Copy of Health Information. You have the right to see and get a copy of your health information. Usually, this information is contained in medical and billing records. You must make a request in writing to see or get a copy of your health information in our designated record set.

Right to Amend Incorrect or Incomplete Health Information. We strive to ensure that health information kept in our records is accurate and complete. However, occasionally a mistake can occur. You have the right to request that we change incorrect or incomplete health information in our records. We may deny your request if appropriate.

Right to Request Confidential Communications. You have the right to request that we deliver health information to you in a certain way or at a certain location. We must agree to a reasonable request or may deny your request if it is against the law or our policies.

Right to Request Restrictions of the Use or Disclosure of Your Health Information. You have the right to request that your health information is not used or shared for certain purposes. We are not required to agree to your request except if required by law, or if you request restriction to disclosure of your protected health information to the health plan and you pay Presbyterian for those services or health care items in full. We must tell you if we cannot agree to your request.

Right to Request an Accounting of Disclosures. You have the right to request an *Accounting of Disclosures*. This report will show when your health information was shared by us outside of our organization without your written authorization.

Right to Receive a Paper Copy of this Notice. You have a right to receive a paper copy of this Notice, even if you also agreed to receive it electronically.

WHEN HEALTH INFORMATION CAN BE USED OR SHARED WITHOUT A WRITTEN AUTHORIZATION

For Treatment. We use and share your health information to provide medical treatment to you by our health care providers.

For Payment. We use and share your health information in order to receive or facilitate payment for the treatment and services provided to you.

For Health Care Operations. We use and share health information in order to operate our business and deliver quality care and services to our patients.

Required by Law. We will use and share your health information when required by federal, state or local law.

Emergency Situations. We will use professional judgment to decide if sharing your health information is in your best interest during a health emergency or if you are incapacitated.

Public Health Activities. We share your health information with public health authorities to ensure the public welfare.

Health Oversight Activities. Your health information may be shared with health oversight agencies that have authority to monitor our activities.

Legal and Administrative Proceedings. Your health information may be shared as part of an administrative or legal proceeding.

Law Enforcement. If a law enforcement official requests, we may share only very limited health information.

Coroners, Medical Examiners and Funeral Directors. The health information of a deceased person may be shared with coroners, medical examiners and funeral directors so they can carry out their duties.

Organ and Tissue Donation. Your health information may be shared with organizations that obtain, store or transplant human organs and tissues.

Public Safety. Your health information may be shared to prevent or lessen a serious and immediate threat to the health or safety of anyone or the general public.

Special Government Functions. Your health information may be shared with federal officials for national security purposes authorized by law.

Correctional Institutions. If you are an inmate, your health information may be shared with correctional institutions or law enforcement officials in order to protect your health, or the health and safety of others.

Worker's Compensation. Your health information may be used or shared as required by worker's compensation laws.

Change of Ownership. If Presbyterian or any member of the OHCA that shares this Notice is sold or merged with another organization, records that contain your health information will become the property of the new owner.

Secretary of Health and Human Services. We are required by law to share health information with the Secretary of the U.S. Department of Health and Human Services (HHS) when HHS requests the health information to determine our compliance with privacy law.

WHEN A WRITTEN AUTHORIZATION IS REQUIRED TO USE OR SHARE HEALTH INFORMATION

We will not use or share your health information without your written authorization unless required by law or as described in this *Joint Notice of Privacy Practices*. You may cancel an authorization in writing at any time, except to the extent we have already taken action according to the authorization.

Marketing. We do not use or share your health information for marketing purposes without a written authorization from you. There are two exceptions that are permitted: when we have a face-to-face conversation with you or when we give you a promotional gift of little or no monetary value. If a marketing activity would involve any direct or indirect remuneration to us from a third party, the written authorization you would be asked to sign will state that fact.

Research. With your written authorization, we may share your health information with researchers conducting research that has been approved by Presbyterian's Institutional Review Board or another research/privacy board.

Sale of Protected Health Information. We do not sell your health information to anyone.

WHEN YOU MAY RESTRICT OR OPT OUT OF THE USE OR SHARING OF YOUR HEALTH INFORMATION

Facility Directory. Unless you object, we will use your name, your location in our facility, your general medical condition and your religious preference as directory information. Directory information may be shared with members of the clergy of your faith.

Notification and Communication with Family or Others Involved in Your Care. Unless you tell us that you object, we may share your health information with a person involved in your healthcare. If we do so, we may only share the information directly related to that person's involvement in your care or payment for your care.

Disaster Relief Activities. Unless you tell us that you object, we may use and share your health information with a public or private organization legally authorized to assist in disaster relief efforts so that your family can be notified about your condition, status and location.

Fundraising. We may contact you to raise funds for Presbyterian. The money raised is used for health care services and educational programs we provide to the community. Fundraising materials will describe your right to opt out of future fundraising. For more information, see the *How to Make a Request* section of this Notice.

PREBYTERIAN'S RIGHT TO CHANGE THIS PRIVACY NOTICE

Presbyterian reserves the right to change the privacy practices described in this *Joint Notice of Privacy Practices* at any time. If the terms of this Notice should change, we will publish a new Notice and post it in our facilities and on our web site. It will be given to you upon request and as required by law. The terms described in the new Notice will apply to all health information maintained by Presbyterian and all members of the OHCA that share this Notice. You may obtain an electronic copy of this Notice from our web site at **www.phs.org**.

OTHER PARTICIPANTS IN OUR ORGANIZED HEALTH CARE ARRANGEMENT (OHCA)

The law allows members of an OHCA to share your health information with each other for certain purposes: for treatment, to receive payment for services, or for the health care operations of the OHCA. The following OHCA members have agreed to follow the privacy practices described in this *Joint Notice of Privacy Practices*:

- Presbyterian Healthcare Services – All facilities
- All facilities and clinics operated, leased or managed by Presbyterian
- Hospital-based physicians and groups who agree with Presbyterian to be subject to this Notice.
- Presbyterian Home Healthcare Services – All divisions

Presbyterian is also a member of an OHCA with Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc., which have their own Notice.

HOW TO MAKE A REQUEST: To request a copy of, an amendment to, or an *Accounting of Disclosures* of your health information from Presbyterian, you may contact Health Information Management at (505) 841-1740 or outside Albuquerque at 1-866-352-1528. To request that Fundraising materials not be sent to you, contact: Presbyterian Healthcare Foundation at (505) 724-6580. To file a complaint about our privacy practices, contact the Presbyterian Privacy Official at (505) 923-6176 or the Secretary of HHS, Office for Civil Rights, Region VI, 1301 Young Street, Suite 1169, Dallas, TX 75202. You will not be retaliated against for filing a complaint. For further information, contact Presbyterian's Compliance Dept. at (505) 923-8544.

Effective as of amendment date – August 1, 2013

NUESTRAS PRÁCTICAS REFERENTES A LA PRIVACIDAD Y SUS DERECHOS: NOTIFICACIÓN CONJUNTA DE LAS PRÁCTICAS REFERENTES A LA PRIVACIDAD

Esta notificación describe la manera en que se puede utilizar y divulgar su información médica y cómo usted puede conseguir dicha información. Sirvase repasarla con cuidado.

Las prácticas referentes a la privacidad del Presbyterian Healthcare Services ("Presbyterian") y de ciertas organizaciones que participan en un Acuerdo Organizado de Atención Clínica [OHCA, las iniciales en inglés] con el Presbyterian se describen en esta *Notificación Conjunta de las Prácticas Referentes a la Privacidad* ("notificación"). La información sobre su salud se guarda en nuestros expedientes, sin embargo la información que se contiene en dichos expedientes pertenece a usted. Esta notificación le ayudará a entender cómo protegemos la privacidad de la información sobre su salud y cómo puede presentar una reclamación si usted cree que se han infringido sus derechos a la privacidad. Los términos "nosotros" y "nuestro/a/os/as" que se utilizan en esta notificación se refieren al Presbyterian y a los integrantes de nuestro Acuerdo Organizado de Atención Clínica [OHCA, las iniciales en inglés] que participan en esta notificación y que aceptan cumplir los términos de la misma.

CÓMO PROTEGEMOS LA PRIVACIDAD DE LA INFORMACIÓN SOBRE SU SALUD

Dentro de lo posible, el Presbyterian divulga la información sobre la salud que no le identifica a usted directamente. Tenemos normas y procedimientos para proteger la privacidad de la información sobre la salud que le identifique directamente. Tenemos un programa de capacitación para nuestros empleados y para otras personas con respecto a nuestras prácticas de privacidad. Sólo se utiliza o divulga la información sobre su salud para nuestros fines comerciales o según lo requiera la ley. Si un tercero lleva a cabo un servicio que involucra la información sobre su salud, requerimos que dicho tercero acepte un acuerdo con el fin de proteger la confidencialidad de la información sobre su salud.

NUESTRAS RESPONSABILIDADES

- Por ley, se requiere que protejamos la privacidad de la información sobre su salud.
- Se requiere que proporcionemos a los pacientes, con excepción de los que estén encarcelados, esta notificación que describe nuestras obligaciones legales y nuestras prácticas referentes a la privacidad en lo que se refiere a la información sobre su salud.
- Es nuestra obligación legal avisarle, y usted tiene derecho a saber, si una persona o una entidad ha obtenido acceso inapropiado a la información protegida sobre su salud o si se ha utilizado o divulgado dicha información a causa de una infracción de los medios de protección.
- Debemos cumplir con los términos de nuestra *Notificación Conjunta de las Prácticas Referentes a la Privacidad* más reciente y se requiere que le pidamos que nos firme un acuse de recibo de la copia de dicha notificación.

SUS DERECHOS CON RESPECTO A LA INFORMACIÓN SOBRE SU SALUD

Usted tiene derechos con respecto a la información protegida sobre su salud. Si usted desea recibir más información sobre cómo ejercer esos derechos, consulte la sección de esta notificación sobre *Cómo presentar una petición*. Los derechos referentes a la información sobre la salud que se describen en esta notificación también corresponden a la persona que cuenta con la autoridad legal de tomar decisiones sobre la atención médica de un menor o de otra persona (por ejemplo, los padres o el tutor). Hay excepciones. Por ejemplo, en Nuevo México se pueden prestar algunos servicios de atención médica a los menores sin el consentimiento de los padres, del tutor o de otra persona. En esos casos el menor tiene los derechos que se describen en esta notificación con respecto a la información sobre la salud correspondiente al servicio de atención médica que se haya prestado. Algunos de los derechos que se describen más abajo están sujetos a ciertas restricciones y condiciones.

El derecho a consultar o recibir una copia de la información sobre su salud. Usted tiene derecho a consultar y recibir una copia de la información sobre su salud. Por lo general, esa información se guarda en nuestros expedientes médicos y de cobros. Usted deberá presentar una petición por escrito para consultar o recibir copia de la información sobre su salud que conste en el conjunto de expedientes que se hayan designado.

El derecho a enmendar información sobre su salud que esté incorrecta o incompleta. Nos empeñamos en asegurar que la información sobre la salud que guardamos en nuestros expedientes sea correcta y completa. Sin embargo, ocasionalmente se puede cometer un error. Usted tiene derecho a pedir que modifiquemos la información sobre su salud si está incorrecta o incompleta en nuestros expedientes. Podemos denegar su petición con tal que sea apropiado hacerlo.

El derecho a pedir que las comunicaciones sean confidenciales. Usted tiene el derecho a pedir que le entreguemos la información sobre su salud de una manera específica o en un lugar específico. Debemos aceptar el cumplimiento de una petición razonable o podemos denegar su petición si va en contra de la ley o de nuestras normas.

El derecho a pedir restricciones con respecto a cómo se utiliza o divulga la información sobre su salud. Usted tiene derecho a pedir que la información sobre su salud no se utilice ni se divulgue para ciertos fines. No se nos exige aceptar su petición a menos que se requiera por ley o si usted pide que se restrinja la divulgación de la información protegida sobre su salud al plan de seguro médico con tal que usted pague, en su totalidad, al Presbyterian por esos servicios o los artículos médicos. Deberemos informarle si no podemos aceptar su petición.

El derecho a pedir un informe de las divulgaciones. Usted tiene derecho a solicitar un *Informe de las Divulgaciones*. Ese informe mostrará cuándo divulgamos la información sobre su salud a entidades fuera de nuestra organización sin su autorización escrita.

El derecho a recibir una copia impresa de esta notificación. Usted tiene derecho a recibir una copia impresa de esta notificación, aún si usted aceptó recibirla de forma electrónica.

CUÁNDO SE PUEDE UTILIZAR O DIVULGAR LA INFORMACIÓN SOBRE SU SALUD SIN SU AUTORIZACIÓN POR ESCRITO

Para fines de tratamiento. Utilizamos y divulgamos la información sobre su salud a fin de que nuestros proveedores de servicios médicos le puedan proveer tratamientos médicos.

Para fines de pagos. Utilizamos y divulgamos la información sobre su salud con el fin de recibir pagos por tratamientos o servicios que se le hayan proporcionado o para facilitar los pagos por los mismos.

Para fines de las diligencias de los servicios médicos. Utilizamos y divulgamos la información sobre su salud para poder operar el elemento de negocios de nuestra organización y ofrecerles atención clínica y servicios médicos de alta calidad a nuestros pacientes.

Cuando lo requiera la ley. Utilizaremos y divulgaremos la información sobre su salud cuando así lo requieran las leyes federales, estatales o locales.

Para situaciones de emergencia. Utilizaremos nuestro criterio profesional para decidir si la divulgación de la información sobre su salud es lo mejor para usted en caso de una emergencia médica o si usted se encuentra incapacitado(a).

Para las actividades de salubridad pública. Divulgamos la información sobre su salud a las autoridades de salubridad pública con fines de asegurar el bienestar público.

Para las actividades de supervisión de organizaciones que prestan servicios clínicos. La información sobre su salud se puede divulgar a agencias que tengan autoridad para vigilar nuestras actividades.

Para los procedimientos legales y administrativos. La información sobre su salud se puede divulgar como parte de un procedimiento administrativo o legal.

Para el cumplimiento de la ley. Si así lo pide un funcionario del orden público, podemos divulgar sólo una porción muy limitada de la información sobre su salud.

Para los médicos forenses, los investigadores médicos y los directores de funerarias. La información clínica de una persona fallecida se puede divulgar a los médicos forenses, los investigadores médicos y los directores de funerarias a fin de que puedan llevar a cabo sus obligaciones.

Para la donación de órganos y tejidos. Se puede divulgar la información sobre su salud a organizaciones que obtengan, conservan o trasplantan órganos y tejidos humanos.

Para la seguridad pública. Se puede divulgar la información sobre su salud para prevenir o atenuar un peligro grave y urgente a la salubridad o a la seguridad de una persona específica o del público en general.

Para las diligencias especiales del gobierno. Se puede divulgar la información sobre su salud a funcionarios federales para fines de seguridad nacional conforme a las leyes.

A las instituciones penales. Si usted está preso, la información sobre su salud se puede divulgar al personal de las instituciones penales o a los funcionarios del orden público a fin de proteger su salud, o la salud y la seguridad de los demás.

A la división de compensación laboral. Se puede utilizar o divulgar la información sobre su salud conforme a las leyes de compensación laboral.

Si hay un cambio de propietario. Si el Presbyterian o un integrante del OHCA que participa en esta notificación se vendieran o fusionaran con otra organización, los expedientes que contienen información sobre su salud pasarían a ser propiedad del nuevo dueño.

Al Secretario de Salubridad y Servicios Humanos. Se requiere por ley que divulguemos la información sobre la salud al Secretario del Departamento de Salubridad y Servicios Humanos de los Estados Unidos [U.S. Department of Health and Human Services, HHS] si dicha entidad gubernamental pide la información sobre la salud para verificar si estamos cumpliendo con la ley de la privacidad.

CUÁNDO SE REQUIERE LA AUTORIZACIÓN POR ESCRITO PARA UTILIZAR O DIVULGAR LA INFORMACIÓN SOBRE LA SALUD

No utilizaremos ni divulgaremos la información sobre su salud sin su autorización escrita a menos que se requiera por ley o según se explica en esta *Notificación Conjunta de las Prácticas Referentes a la Privacidad*. Usted puede cancelar una autorización por escrito en cualquier momento, exceptuando el punto hasta el cual hayamos ya tomado acción conforme a dicha autorización.

Para el mercadeo. No utilizamos ni divulgamos la información sobre su salud con fines de mercadeo sin que usted lo autorice por escrito. Hay dos excepciones que se permiten: si conversamos en persona con usted acerca de eso o para darle un regalo de promoción cuyo valor monetario sea mínimo o nulo. Si una actividad de mercadeo requiere que se nos haga un pago directo o indirecto por parte de terceros, la autorización que se le pedirá que firme deberá indicar ese hecho.

Para las investigaciones. Con su autorización por escrito, podemos divulgar la información sobre su salud a los investigadores que estén llevando a cabo estudios aprobados por la Junta de Revisión Institucional del Presbyterian o por otra junta de investigaciones o de privacidad.

La venta de la información protegida sobre su salud. No vendemos a nadie la información sobre su salud.

CUÁNDO SE PERMITE QUE USTED RESTRINJA LA MANERA EN QUE SE UTILIZA O DIVULGA LA INFORMACIÓN SOBRE SU SALUD O PARA OPTAR POR NO PARTICIPAR EN ESAS ACTIVIDADES

En la guía del centro clínico. A menos que usted nos diga que no está de acuerdo, utilizaremos su nombre, su localización en nuestro centro clínico, su estado médico general y su preferencia religiosa como parte de la información que consta en nuestra guía. La información que contiene la guía se puede divulgar a los clérigos de su fe.

Para avisar y comunicarnos con los familiares y otras personas que participen en su atención médica.

A menos que usted nos avise que se opone, podemos divulgar la información sobre su salud a las personas que participen en su atención médica. Si así lo hacemos, sólo podremos divulgar la información que corresponda directamente a la participación de esa persona en su atención médica o para que pague por la misma.

Para las actividades de recuperación en caso de desastre. A menos que usted nos avise que se opone, podemos utilizar y divulgar la información sobre su salud a una organización particular o pública que tenga autoridad legal para ayudar en esfuerzos de recuperación en caso de desastre a fin de avisar a sus familiares acerca de su afección médica, su estado de salud y su localización.

Para las campañas de recaudar fondos. Tal vez nos comuniquemos con usted a fin de recaudar fondos para el Presbyterian. Los fondos que se recauden se utilizan para prestar servicios médicos y para los programas educativos que ofrecemos a la comunidad. Los materiales de la campaña explican cómo usted puede solicitar que no se le envíen ese tipo de materiales en el futuro. Si usted desea conseguir información más detallada sobre eso, consulte la sección de *Cómo presentar una petición de esta notificación*.

EL PRESBYTERIAN TIENE DERECHO A CAMBIAR ESTA NOTIFICACIÓN DE LAS PRÁCTICAS REFERENTES A LA PRIVACIDAD

El Presbyterian se reserva el derecho a cambiar las prácticas referentes a la privacidad que se explican en esta *Notificación de las Prácticas Referentes a la Privacidad* en cualquier momento. Si cambian los términos de esta notificación, se publicará una nueva notificación y se publicará en nuestros centros clínicos y en nuestro sitio web. Se le proporcionará a usted la nueva notificación si nos la pide y según lo requiera la ley. Los términos que se describan en la nueva notificación se aplican a toda la información sobre la salud que guarda tanto el Presbyterian como todos los integrantes del OHCA que participen en esta notificación. Usted puede obtener una copia electrónica de esta notificación en nuestro sitio web en la dirección:

www.phs.org.

OTRAS ENTIDADES QUE PARTICIPAN EN NUESTRO ACUERDO ORGANIZADO DE ATENCIÓN CLÍNICA Y EN NUESTRA NOTIFICACIÓN CONJUNTA [OHCA, las iniciales en inglés]

La ley permite que los integrantes de un Acuerdo Organizado de Atención Clínica [OHCA, las iniciales en inglés] compartan entre sí la información sobre su salud para ciertos fines: para tratamientos, para recibir pagos por servicios que se hayan prestado o para las diligencias de atención médica del OHCA. Los integrantes del OHCA que se enumeran a continuación han aceptado cumplir con las prácticas de privacidad que se describen en esta *Notificación Conjunta de las Prácticas Referentes a la Privacidad*:

- Presbyterian Healthcare Services: todos los centros clínicos
- Todos los centros clínicos y las clínicas que el Presbyterian opera, arrienda o administra
- Los médicos individuales y los grupos de médicos radicados en los hospitales que aceptan, junto con el Presbyterian, cumplir con lo que se establece en esta *Notificación Conjunta de las Prácticas Referentes a la Privacidad*.
- Los servicios de atención médica en casa que ofrece el Presbyterian: todas las divisiones

El Presbyterian también es integrante de un OHCA junto con el Presbyterian Health Plan, Inc. y el Presbyterian Insurance Company, Inc., que tienen sus propias notificaciones.

CÓMO PRESENTAR UNA PETICIÓN: Si usted desea solicitar del Presbyterian una copia de la información sobre su salud, o para pedir una enmienda a la misma, o para pedir un Informe de las Divulgaciones de la información sobre su salud, usted se puede comunicar con Health Information Management [la administración de la información sobre la salud] al (505) 841-1740 o fuera de Albuquerque al 1-866-352-1528. Para pedir que no se le envíen los materiales de recaudación de fondos, comuníquese con el: Presbyterian Healthcare Foundation al (505) 724-6580. Si usted desea presentar una reclamación sobre las prácticas referentes a la privacidad, comuníquese con el funcionario del Presbyterian encargado de las cuestiones de privacidad [Presbyterian Privacy Official] al (505) 923-6176 o con el Secretary of HHS [Secretario del HHS], Office for Civil Rights [la oficina de derechos civiles], Region VI, 1301 Young Street, Suite 1169, Dallas, TX 75202. No se tomarán represalias contra usted por haber presentado una reclamación. Si desea recibir más información, comuníquese con el Presbyterian's Compliance Dept. [Departamento de cumplimiento del Presbyterian] al (505) 923-8544.

Entra en vigor a partir de la fecha de la enmienda: 1º de agosto de 2013