



MEMBER HANDBOOK

PRESBYTERIAN
Turquoise Care

TURQUOISECARE

TRUSTED CARE
TURQUOISE CARE PLAN
· NM ·
LOCAL CARE



Presbyterian Turquoise Care Member Handbook

Esta información está disponible de manera gratuita en otros idiomas. Sírvase 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 Turquoise 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.

Presbyterian Turquoise Care is the managed care organization supporting most of New Mexico's children in state custody (CISC). We aim to make a significant, positive impact offering hope and opportunities for a brighter future. Together with community-based organizations who serve youth, we can make a difference in the lives of all children across New Mexico.

This handbook will help you learn how to use your Presbyterian Turquoise 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 Turquoise Care

The next few pages of this handbook will introduce you to your plan. You can find the full table of contents on page 9.

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*.

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.

A Quick Guide to Your Presbyterian Turquoise 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 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 21 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 Care Services and Supports
   - 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 Turquoise 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 15 for more information.

5. **Sign up for myPRES MEMBERConnect**, our secure member site and select your communication and language preferences. See page 4 for more information.

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

4 Introduction

Your Healthcare Coverage

Your Presbyterian Turquoise 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 include physical health, 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
- 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, they should refer you to another provider in the Presbyterian Turquoise 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 Turquoise 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 or call the Presbyterian Customer Service Center (☎↓).

Please see Appendix A – Covered Benefits on page 95 for a full list of covered benefits.

myPRES

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

Services Available through myPRES	
• Look up your benefit plan information • Request a new Turquoise Care Member ID Card • Send a question to the Presbyterian Customer Service Center • View your claims	• Select language preferences • 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

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.

myPRES App

We made the myPRES app so you can take it on the go. You can have all the great myPRES features on your mobile device. Download the app now by searching for “myPRES” on the Google Play store for Android and App Store for Apple.

MyChart

myPRES is also home to MyChart, a direct communication tool for members seen by Presbyterian Medical Group (PMG) providers.

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.

Download on the App Store

GET IT ON Google play



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 Turquoise Care. We are open [Monday through Friday, 8 a.m. to 5 p.m. We are closed on weekends and holidays.] You can call us at one of the numbers below (☎↓).

Presbyterian Customer Service Center Phone Numbers	
Name	**Phone Number**
English and Spanish	Inside **Albuquerque: (505) 923-5200** or Outside **Albuquerque: 1-888-977-2333** (toll-free)
Navajo/Diné	Inside **Albuquerque: (505) 923-5157** or Outside **Albuquerque: 1-888-806-8793** (toll-free)
Deaf or hard of hearing	**TTY:** 711
Children in State Custody (CISC) Members	Inside **Albuquerque: (505) 923-8417** or Outside **Albuquerque: 1-844-233-4887** (toll-free)

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 grievance
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
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:

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

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

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

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 MEMBERConnect. You can also view a copy of the latest directory on the Turquoise Care page online at **www.phs.org/Medicaid**.

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 Turquoise 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 Center 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 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.

Presbyterian Structure and Operations

If you would like to obtain information about Presbyterian's structure, operations, and physician's or senior staff's incentive plans, please call the Presbyterian Customer Service Center (☎↓).

Table of Contents

Presbyterian Turquoise Care Member Handbook..... 1

Symbols 2

A Quick Guide to Your Presbyterian Turquoise Care Health Plan 3

New Member Checklist 3
Your Healthcare Coverage..... 4
myPRES 4
How to Register for myPRES.....5
MyChart 5
Presbyterian Customer Service Center..... 5
Provider Directory 7
Online With myPRES and www.phs.org 7
Call to Request a Copy 7
Translation and Interpreter Services 7
Presbyterian Structure and Operations..... 8

Chapter 1 – Who We Are..... 15

What Is Presbyterian Turquoise Care? 15
How Presbyterian Turquoise Care Works..... 15
New Member Welcome Call and Health Risk Assessment.....15
Member Eligibility.....16
Children In State Custody (CISC) 16
Alternative Benefit Plan.....16
Alternative Benefit Plan Limitations.....17
Alternative Benefit Plan Benefit Year 17
Let Us Know if You Move.....18
Member Rewards..... 18
How to Redeem Your Reward Points 18
Start Tracking and Spending Your Points 19
Presbyterian Turquoise Care Pregnancy Passport (New Parent) Program 19
Presbyterian Turquoise Care Well Baby Bonuses 20

Your Primary Care Provider (PCP) 21
Choosing Your PCP 21
Choosing a Specialist as a PCP 22
A PCP Close to Home 22
If You Need to Contact Your PCP After Hours 23
How to Change Your PCP 23
If Your Primary Care Provider (PCP) Leaves Our Network 24
Making Appointments with Your Primary Care Provider (PCP) 24
Canceling or Changing an Appointment 24
Specialists and Referrals 24
Patient Centered Medical Home 26
Seeing an OB/GYN for Routine Care 26
If You Are Pregnant 26
Second Opinion 27
Continuing Your Medical Care 27
Limitations to Out-of-Network Care: 28
Managing Your Health 28
Care Coordination 28
Disease Management 32
Member ID Cards 32
Other Insurance and Medicare 33
Dual Eligibility 33
Claims for Healthcare Services 33
Chapter 2 – Covered Benefits 35
Prior Authorization and Utilization Management 35
How to Contact Us with Questions About Prior Authorization 35
Covered Benefits 36
Behavioral Health 36
When to Seek Behavioral Healthcare 37
No Referral Needed 38
Behavioral Health Emergencies 38
Managing Your Overall Wellness 39
Recovery, Resilience and Wellness 40
Self-help and Recovery Services 41

Applied Behavior Analysis (ABA) 42
Long-Term Services and Supports 42
Self-Directed Community Benefit (SDCB) Long-Term Services and Supports ... 43
Dental Services 43
Preventive Dental Services 43
Other Covered Dental Services (with limitations) 44
Emergency Services 44
Is it an Emergency? How to Decide 45
More About Emergency Care 46
Follow-Up Care After an Emergency 46
Emergency Care Outside of the Presbyterian Network 46
Urgent Care 47
Family Planning Services 48
PresRN Nurse Advice Line (505) 923-5677 or toll-free at 1-888-730-2300 48
What is PresRN? 49
Why Call PresRN? 49
PHP Video Visits 49
Pharmacy (Prescription Drugs) 50
Getting Your Prescription Filled 50
Prescription Drugs and Your Safety 52
Concurrent Drug Utilization Review (cDUR) Program 52
Prescription Drug Refill Dispensing Limits 53
Provider/Pharmacy Lock-in 53
Presbyterian Turquoise Care Formulary 53
Reviewing the Formulary 55
Important Things to Remember About Prescription Drugs 56
Questions about Your Pharmacy Benefit? 56
Care for Pregnant Members 57
Health Guidelines for Pregnant Members 57
Prenatal Care (care during pregnancy, before the birth of your baby) 58
Important Reminders During and After Your Pregnancy 58
Pregnancy Termination (abortion) 58
Birthing Options 59
Transportation Benefits 59

Emergency Transportation....60
Same-Day Transportation....60
How to Get Transportation....60
Qualified Attendants....61
Transportation to Another City or Out-of-State for Healthcare....61
Through-the-Door Transportation....62
Canceled or Changed Appointments....62
Missed Transportation Appointments....62
Individuals Needing Special Assistance....63
Transporting Children....63
Education Classes....63
Mileage Reimbursement....63
Food and Drink....64
Meals and Lodging....64
Reimbursement for Meals and Lodging....65
Out-of-State Transportation, Meals and Lodging....65
Air and Ground Ambulance, In-State and Out-of-State....65

Vision Services....66

Routine and Medically Necessary Eye Exams....66
Eyeglasses....66
Contact Lenses....67
Eye Prosthesis (Artificial Eye)....67
Vision Coverage for ABP Members....67

New Medical Treatments....68
Women's Health and Cancer Rights (WHCRA)....68
Value Added Services....68

CISC Value Added Services....69

Chapter 3 – Your Rights and Responsibilities....70

Member Rights and Responsibilities....70
Ombudsman Program....72
Abuse, Neglect and Exploitation....73
Grievances and Appeals....73

The Grievance Process....74
The Appeals Process....75
Quick Decisions on Appeals....76
Continuation of Benefits....77

Fair Hearing Process 77
Fraud and Abuse 78
Examples of Suspicious Provider Activity You Should Report 78
Examples of Suspicious Member Activity You Should Report 79
Reporting Critical Incidents 79
Who May Report? 79
Protecting Your Privacy 80
Protected Health Information (PHI) 80
Use and Disclosure 80
Your Privacy Rights 80
Requesting Restrictions of Use and Disclosure 81
Requesting an Amendment (addition to) PHI 82
Requesting an Accounting of PHI Disclosures 82
Use of Consents and Authorizations 82
Members Who Are Unable to Give Consent or Authorization 83
Keeping Information Private and Safe 83
Information Collected by Our Website, www.phs.org 83
Disclosure to Government Agencies and Other Organizations 84
Use of Measurement Data 84
Questions About Our Privacy Practices 84
Advance Directives and Decisions (choices) About Your Healthcare ... 84
Chapter 4 – Other Important Information 87
Turquoise Care Member Advisory Board Meetings 87
Native American Member Advisory Board Meetings 87
Behavioral Health Advisory Committee 88
How to Switch to Another Managed Care Organization (MCO) 88
How to Disenroll From Presbyterian Turquoise Care 89
Chapter 5 – Health Information and Screenings 91
Preventive Services 91
Keeping Children Healthy 91
Immunizations (shots) for Your Child 91
Routine Well-Child and Well-Care Visits 92
Keeping Yourself Healthy 92
Smoking and Tobacco Cessation 93

Appendix A – Covered Benefits 94
Appendix B – Non-Covered Benefits 101
Appendix C – Acronyms 105
Appendix D – Telephone Numbers and Websites 107

List of Tables

Table 1. Services Available through myPRES 4
Table 2. Presbyterian Customer Service Center Telephone Numbers 6
Table 3. How the Presbyterian Customer Service Center Can Help You 6
Table 5. PCP Distance From Your Home 22
Table 6. Prior Authorization Contact Information 36
Table 7. When to Seek Behavioral Healthcare 38
Table 8. Preventive Dental Services 44
Table 9. Options Before the Emergency Room 45
Table 10. Provider Visit Schedule During and After Pregnancy 57
Table 11.Online Health Information About Children 92
Table 12. Online Health Information About Adults 92

List of Figures

Figure 1. Eight Dimensions of Wellness 40

Chapter 1 – Who We Are

What Is Presbyterian Turquoise Care?

Presbyterian Turquoise Care is a **Managed Care Organization** (MCO). Presbyterian Turquoise Care has a contract with the State of New Mexico Health Care Authority. 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.

In our continuous effort to address the evolving needs of our community, we are proud to introduce a new priority within our organization. Presbyterian Turquoise Care is the single managed care organization supporting children in state custody (CISC). We recognize the unique challenges and vulnerabilities these children face, and we are committed to ensuring they receive the utmost care, protection and resources necessary to thrive.

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 Turquoise Care, please call the Presbyterian Customer Service Center (☎↓), or go to our website, **www.phs.org**, and select **Health Plans/Turquoise Care Medicaid Plans**.

How Presbyterian Turquoise 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 assessment that helps us learn how we can best meet your healthcare needs. Clinical support staff, Community Health Workers (CHWs) and Community Health Representatives (CHRs) 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.



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**.

Member Eligibility

The state determines if you are eligible for Medicaid. If your family size changes, your Medicaid eligibility and your Presbyterian Turquoise 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.

Children In State Custody (CISC)

Presbyterian Turquoise Care is the managed care organization supporting most of New Mexico's Children in State Custody (CISC). This means children in state custody will be automatically enrolled with us (with the exception of Native American members). CISC members and their support team will have access to the Family Navigation Guide and other CISC specific information. CISC members have the same benefits and coverage, with some additional Value Added Services. See page 68 for more information on CISC Value Added Services.

Presbyterian Turquoise Care is committed to supporting each child in foster care. This support extends to the biological and foster families. Together with the Children, Youth & Families Department (CYFD), we will:

- Teach all parties about their rights and responsibilities
- Help connect children with medical services, counseling, substance use treatment, and other supports tailored to each family's needs
- Ensure that care coordination is in place

For more information on member rights and responsibilities for Children In State Custody (CISC) please see page 70.

Presbyterian Turquoise Care will remain active with CYFD and families to ensure that the child's well-being and long-term stability is maintained.

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.
2. **Alternative Benefit Plan Exempt.** This means you qualify for ABP benefits but have certain health issues that make you eligible to get standard Turquoise 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. We 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 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.



Please see Appendix A Covered Benefits on page 95 for ABP Limitations.

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.

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 Health Care Authority 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 Health Care Authority Income Support Division offices toll-free at **1-800-283-4465** or **1-855-309-3766**.

You can also update your address on the YesNM website: <**https://yes.nm.gov/nmhr/s/?language=en_US**>. You can simply and easily update your address using the chat function on the site.

If you lose your Medicaid coverage, you may still qualify for no-cost or low-cost health insurance. You can find answers to all your renewal questions at **renew.hsd.nm.gov** or call **1-800-283-4465**.

Member Rewards

The Turquoise Rewards program is part of New Mexico's Turquoise Care. As a member, you are automatically enrolled in Turquoise Rewards! Turquoise Rewards allows you to earn points for completing certain health activities. You can use your reward points to shop for hundreds of fun, healthy items in the Turquoise Rewards catalog!

For example, you can earn reward points for:

- Attending an annual checkup with your primary care provider
- Getting a flu shot
- Completing health screenings, like a mammogram, cervical cancer screening, and others
- Keeping up to date on your children's immunizations
- And many more!

Visit **www.turquoiserewards.com** to see all the eligible activities.

How to Redeem Your Reward Points

Spend your reward points online at **www.turquoiserewards.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.

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. Exclusions and restrictions apply. Reward points cannot be used to purchase alcohol or tobacco. These services are provided in part by the State of New Mexico.

Start Tracking and Spending Your Points

Most reward points are awarded within three 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.

Presbyterian Turquoise Care Pregnancy Passport (New Parent) Program

Pregnancy Passport is a no cost 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
- 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
- Digital health education for before, during, and after pregnancy (in partnership with Onward by NeuroFlow)

You can enroll in the Presbyterian Turquoise Care Pregnancy Passport Program in **one** of these ways:



Online at **www.phs.org/myPRES**



Print and fill out enrollment form at **www.phs.org/health-plans/turquoise-care-medicaid/pregnancy-well-baby-programs**



Mail your enrollment form:
Presbyterian Turquoise Care
Attn: Performance Improvement Department
P.O. Box 27489
Albuquerque, NM 87125-7489



Call us at **(505) 923-5017 or toll free at 1-866-634-2617**



Fax **(505) 843-3018**

When you join the program, you can earn rewards and exchange for healthy items for you and your baby.

If you have questions, please contact the Presbyterian Performance Improvement Department Monday through Friday (except holidays), between 8 a.m. and 4:30 p.m.

(505) 923-5017 or toll-free at **1-866-634-2617;** TTY: **711**

Performanceimp@phs.org

Presbyterian Turquoise Care Well Baby Bonuses

Well Baby Bonuses is a program offered at no cost with 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 eight 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 hours, seven days a week
- Transportation services to and from your provider visits
- Help with making your provider appointments

By attending these visits, you and your baby'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 Turquoise Care Baby Bonuses well-child visit program in **one** of these ways:

Call us at **(505) 923-5017**

Print and fill out enrollment form at **www.phs.org/health-plans/turquoise-care-medicaid/pregnancy-well-baby-programs**

Mail your enrollment form:

Presbyterian Turquoise Care
Attn: Performance Improvement Department
P.O. Box 27489
Albuquerque, NM 87125-7489

When you join the program, you can earn rewards and exchange for healthy items.
If you have questions, please contact Presbyterian Performance Improvement Monday through Friday (except holidays), between 8 a.m. and 4:30 p.m.

(505) 923-5017 or toll-free at **1-866-634-2617;** TTY: **711**

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.
- 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 they can't see you that day.

Choosing Your PCP



Your PCP must be in the Presbyterian Turquoise Care network. PCPs that are in the Presbyterian Turquoise Care 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 Turquoise 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 them.**

**Presbyterian Medicare Advantage plans include Presbyterian Senior Care (HMO) / (HMO-POS) and Presbyterian Dual Plus (HMO D-SNP).*

If you do not choose a PCP within 15 days of enrolling with Presbyterian Turquoise 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 them. 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

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 Turquoise Care and the specialist agree to this.**

A PCP Close to Home

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

PCP Distance From Your Home	
Within 30 Miles	Bernalillo, Doña Ana, Los Alamos, and Santa Fe counties
Within 45 miles	Chaves, Curry, Eddy, Grant, Lea, Luna, McKinley, Otero, Roosevelt, Sandoval, San Juan, Taos, and Valencia
Within 60 Miles	Catron, Cibola, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Rio Arriba, San Miguel, Sierra, Socorro, Torrance, and Union counties

Table 5. PCP Distance From Your Home

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. If you are sick and not sure if you need to see your PCP or if your PCP is closed, you can also call our local PresRN nurse advice line 24 hours a day, seven days a week. 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.

You can also use a Presbyterian Health Plan (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 49 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 Turquoise 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/Medicaid** 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.

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 Turquoise 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.

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

Making Appointments with Your Primary Care Provider (PCP)

You will need to call your PCP's office to make an appointment before they 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. PCP offices open at different times because they set their own hours. When you call, always tell the office staff that you are a Presbyterian Turquoise Care member. Also, say why you need an appointment.

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 44 of this handbook.)

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 our transportation partner 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:

- 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 Turquoise Care. Your PCP will help you get the care you need. They 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 them the 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 Turquoise Care network. You will need to get a referral from your PCP to see a specialist.



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 Turquoise Care network.

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 them 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

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

- If you are pregnant on the date you become a Presbyterian Turquoise Care member, please let the Presbyterian Customer Service Center (☎↓) know as soon as possible.
- If you are in your first trimester of pregnancy when you become a Presbyterian Turquoise Care member and your provider is not part of the Presbyterian Turquoise Care network, you will be able to continue your care with your prenatal care provider for up to 60 days or until we can reasonably transfer your care to a network provider without disruption.
- If you are in your second or third trimester of pregnancy, you can continue seeing your prenatal care provider through the postpartum period without any form of prior approval.

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. We will help you find a qualified provider to give you a second opinion. In most cases, the provider will be in the Presbyterian Turquoise 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 Turquoise Care 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 Turquoise 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
- Care coordination
- Chemotherapy
- Diabetes care
- Dialysis
- Home health services
- Long-term services and supports
- Medical equipment
- Out-of-area care that has already been scheduled
- Pain control
- Pregnancy care
- Radiation
- Services for children with special needs
- Surgery that has already been scheduled
- Ventilator care

Let us know if you:

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

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



- If you have an emergency (see page 44), 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 are exempt.
- Some transition-of-care services are exempt.
- Federally Qualified Health Centers (FQHCs) are exempt.

Limitations to Out-of-Network Care:

- You can only see providers who are contracted with Presbyterian Turquoise Care.
- Presbyterian Turquoise Care must approve out-of-network services in advance.
- 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.
- When you are out-of-area, we will cover your emergency care **only**.
- You can only use an out-of-network pharmacy (drug store) when Presbyterian Turquoise Care approves a request from your provider.
- 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 Turquoise Care to reimburse you. See page 50 for more information.

Managing Your Health

Care Coordination

Care coordination is a service Presbyterian Turquoise Care 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, or complex, physical or behavioral health needs. The level of care coordination you receive depends on your healthcare needs.

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, rehabilitation center, residential treatment center, or treatment foster care home, 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.

Our Care Coordination team works with biological parents and foster families to ensure that children in state custody receive assistance with each child's specific needs including trauma responsive care, behavioral management techniques, and understanding special education services. Care coordinators provide continuous support and education to promote the health and well-being of each child. Each child's progress is carefully evaluated by our clinical team in alignment with the Individual Planning Process Team members' recommendations as we work together to ensure safety and permanency.

Who Might Benefit from 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
- They have physical, social and/or behavioral 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
- May need more help getting healthcare and related services. This may include 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.
- 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 Turquoise Care 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 lived through experience in navigating behavioral health related needs and is in recovery. Because of this, they understand what their peers who are also experiencing behavioral health related needs 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 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
- Promoters (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 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 need care coordination and agree to participate, 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
- Intellectual Developmental delay
- Functional limitations
- Inpatient Admission
- Organ Transplant
- High emergency room use
- High-risk pregnancy
- CARA referral (Comprehensive Addiction and Recovery Act)
- Medically fragile or frail
- Out of state medical placement
- Involved with the justice system
- Reside in a nursing home
- Readmitted to a hospital within 30 calendar days of discharge
- Behavioral health diagnosis including mental health or substance use disorder that negatively impacts areas of your life
- Child in state custody

We recognize that children in state custody have a range of needs due to their unique experiences. Meeting these needs is crucial for their well-being and development. Children and youth in state custody will have a specially trained Care Coordination team. That team uses their expert knowledge to help CISC members meet their healthcare needs and coordinate with the various systems supporting the youth. Some of these details are included in the Family Navigation Guide. This is an easy-access toolkit with information on:

- How to access the provider directory.
- The availability of high-fidelity wraparound (HFW).
    - High-Fidelity Wraparound is an intensive care coordination approach. It uses a team-based process to maximize strengths and address underlying needs. A HFW team is grown through the guidance and choice or discretion of the youth and family. It should include natural, informal, and formal supports. Examples of natural, informal and formal supports are a family member (natural), a pastor (informal), and a protective service worker (formal).
- How to access care coordination services through Presbyterian Turquoise Care.
- How to request services.
- Contact information for Presbyterian Customer Services Center, our transportation partner, PresRN (nurse advise line), and other helpful resources.

You will receive a Family Navigation Guide from your care coordinator.

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 them directly or use the number above.



Disease Management

Disease management can help you manage your asthma, heart disease, diabetes, and high blood pressure. 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 sugar 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

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 Turquoise Care 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. You can also access your ID card online through myPRES MEMBERConnect.

Your Presbyterian Turquoise 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 us and your PCP know who should pay your 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 Turquoise Care will not change your Medicare benefits. Presbyterian Turquoise Care 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**.

**Presbyterian Medicare Advantage plans include Presbyterian Senior Care (HMO) / (HMO-POS) and Presbyterian Dual Plus (HMO D-SNP).*

Claims for Healthcare Services

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

Presbyterian Customer Service Center
P.O. Box 27489
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. **Providers may bill you or you may be sent to collections to collect money you owe them or your health plan.** Your provider cannot bill you for a denied claim if they failed to follow Presbyterian Turquoise Care's program rules. 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 Turquoise 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 Turquoise Care before you can get them. This means we 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

Children in State Custody (CISC) Members	Inside **Albuquerque: (505) 923-8417** or Outside **Albuquerque: 1-844-233-4887** (toll-free)
Mailing address:	Presbyterian Turquoise Care Attn: Prior Authorization Dept. P.O. Box 27489 Albuquerque, NM 87125-7489
Email:	**info@phs.org**

Table 6. Prior Authorization Contact Information

Covered Benefits



Presbyterian Turquoise 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 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 Turquoise Care benefits, please call the Presbyterian Customer Service Center (☎↓).

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

Behavioral Health

There may be times when you need help to improve or maintain your mental health, social or emotional well-being, or you may need help with alcohol- or drug-related issues. Presbyterian Turquoise 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 four ways you can get behavioral healthcare:

1. Call your behavioral health provider.
2. Call your PCP. They 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.
4. Visit **www.phs.org/virtual-pres** and select the **Virtual Talk Therapy** tile for Talk Therapy and Medication Management options.

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

You know yourself best, but there are some common signs that you might need help with mental health or your use of drugs or alcohol. If these apply to you and you would like help to address these needs, you should make an appointment with a behavioral health provider:

Feelings	Connecting with people
• Very worried, afraid, sad, or down • Much angrier or irritated than you normally are • Big mood changes, including highs and lows • Very tired or low energy, or uninterested in doing things you enjoy	• Having trouble understanding or relating to the people in your life • Avoiding friends and family—and social activities • Changing friends often in a short time
Thoughts	**Signs of needing help in children**
• Thoughts about suicide (including escaping from life or not wanting to be alive anymore). **Call or text 988, or chat online at https://988lifeline.org/chat, to talk with a trained counselor any time day or night** • Thoughts about harming yourself or someone else • Thoughts that seem "mixed up" • Having a difficult time focusing or remembering things	If you're concerned about a young child, here are some signs to look for: • Changes in how they're doing in school • Too much worrying or anxiety • Being unusually fearful and clingy • Frequent nightmares • Acting hyperactive • Often not following directions from adults - or getting aggressive • Frequent temper tantrums • Needing a great deal of comfort

• All of your thoughts are about one thing or an idea you can't stop thinking about (like how you look, drinking, that something bad will happen to you) • Thoughts that are not real or possible to be real • Can only focus on getting and using alcohol or drugs • Can't cope with your everyday life	
Body changes	**Behavior**
• Times you felt sick and didn't know why (headaches, stomachaches, and aches and pains that keep coming back) • Changes in how you sleep • Changes in your eating • Needing to use drugs or alcohol more and more often to keep from getting sick or feeling pain	• Not taking care of yourself (bathing, having a clean/safe living space, or skipping visits with your healthcare provider) • Having consequences from your behavior (like having issues at work, losing friendships, or forgetting your commitments) • Becoming involved with the legal system because of changes to your mental health or using drugs or alcohol • Using prescription medications for ways you don't want to tell your provider or loved ones about

Table 7. When to Seek Behavioral Healthcare

No Referral Needed



You do not need a referral from anyone to get behavioral health services. You can go directly to a behavioral health provider for help. Behavioral healthcare is healthcare, and we urge you to tell your PCP if you are using these services.

Behavioral Health Emergencies



If you or a loved one are having an emergency or experiencing any kind of emotional crisis, mental health or substance use concern (for example, if you feel like hurting yourself or others, or if you are not able to take care of yourself), you

can find help 24 hours a day, seven days a week. Please do one of these things to get immediate help:

- Call or text the New Mexico Crisis and Access Line (NMCAL) at **988** or chat online at **https://988lifeline.org/chat**
- Go to the nearest emergency facility
- Call **911**

Some services need prior authorization. See Appendix A.

Managing Your Overall Wellness

Managing your wellness is a process of making choices that support good overall health – including physical, social/emotional, and mental health. Part of making decisions that support your wellness is having the understanding about how things like physical and behavioral health are connected to your overall quality of life. For instance, if you have a chronic health condition like diabetes or depression, it can affect your overall wellness, especially if they are not being addressed. Presbyterian Turquoise Care supports and promotes healthy living. We provide you with health tools and resources that can help you create a path for wellness.

Health education tools are available at **www.phs.org/HealthWellness**. 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

For health education materials on tools, resources, and support programs, please visit the Wellness and Health Information page at **www.phs.org/HealthWellness**. For additional health literacy Information, please visit **www.phs.org/health-plans/understanding-health-insurance**.

Another resource is the Eight Dimensions of Wellness (Figure 1). 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.



Figure 1. Eight Dimensions of Wellness
Used with permission from Peggy Swarbrick, PhD, OTR, CPRP

Recovery, Resilience and Wellness

Recovery, resiliency, and wellness are foundational pillars in our journey towards a balance and fulfilling life. Recovery is the process of reclaiming balance and well-being after facing challenges, emphasizing the strength and courage it takes to overcome obstacles. Resiliency, closely linked to recovery, refers to our ability to adapt to difficulties, bounce back from adversity, and reemerge stronger and more resourceful. Wellness focuses on maintaining an optional state of health and wellness, integrating mental, physical, and emotional health practices into our daily lives. Together, these principles guide us in building a supportive community where every member is empowered to pursue their path to health, demonstrating that through perseverance, support, and self-care, we can achieve a state of harmony and thrive in all aspects of live.

Recovery for children in state custody is a journey of healing and growth, marked by compassionate care and tailored support. It recognizes the unique challenges these children face and emphasized the importance of creating a nurturing environment that fosters resilience, trust, and emotional well-being. Through consistent, dedicated efforts from care givers, therapists, and community members, children are guided towards overcoming past traumas, building positive relationships, and developing a sense of security and belonging. Our

approach ensures that every child receives the individualized attention and resources necessary to thrive, embodying our commitment to their recovery and overall success.

Some key supports children in state custody may require include:

- Stable and safe environment where they can feel safe and protected from harm
- Physical and mental health services tailored to their needs
- Education supports to address any learning gaps or special education needs
- Life skills training to prepare them for independent living, including financial literacy, job readiness and daily living skills
- Legal advocacy to navigate the legal system and ensure their rights are protected
- Support for those aging out of the system and transitioning into adulthood

Presbyterian Turquoise Care want to help you with setting your own goals for recovery and resilience. We will 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 is here to help adults with serious and persistent behavioral health needs reach their wellness goals. We also help children and teens with needs related to their behavioral health learn skills to help them do well at school and at home. We want to help children and teens achieve their best lives. We use the ideas of recovery and resiliency described above as we provide behavioral health services to our members.

Self-help and Recovery Services

Self-help 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 Service Center (☎↓). **These services are available locally, often at low or no cost to you. These services are not part of your Turquoise 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 Turquoise 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 Turquoise 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 Turquoise 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 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 year. After you're approved, your care coordinator will visit your home at least yearly to be re-assessed. 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 Turquoise Care can be found in Appendix A page 101.

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. They can help you decide what option is right for you. SDCB services covered by Presbyterian Turquoise Care Can be found in Appendix A page 99.

*New members who qualify for SDCB may use up to $2,000 for start-up goods and services. You can use this benefit and exchange for 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 Turquoise 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 and physical health for you and your children. You must choose a dentist from the Dental Care Providers section of the *Presbyterian Turquoise Care Provider Directory*. You can find the provider directory on our website at **https://www.phs.org/health-plans/turquoise-care-medicaid** under Plan Documents.

- Call your dentist to make an appointment. Before making the appointment, find out if the services will be covered by Presbyterian Turquoise 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 Turquoise Care. Preventive services include:

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

Table 8. Preventive Dental Services

Other Covered Dental Services (with limitations)



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

- Diagnostic services such as exams, including in an emergency
- Emergency services
- Extractions
- Oral surgery
- Replacing teeth
- 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)
- X-rays

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 Turquoise Care or your PCP for emergency care. You should let your PCP know as soon as you can if you get emergency care.

The provider directory lists where you can go within the Presbyterian Turquoise 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 including holidays. The nurse will ask questions and tell you what you need to do or where to go for care.
Use Video Visits	PHP Video Visits provide access anytime to healthcare providers licensed in New Mexico. There is 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 9. Options Before the Emergency Room

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 life-threatening or at risk of long-term medical problems.

Presbyterian Turquoise 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 will need follow-up care with your PCP. This is called **post-stabilization care**. It will either keep your health steady or help improve or resolve your health problem. You may get post-stabilization care in a hospital or other facility. Presbyterian Turquoise 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's office.

Emergency Care Outside of the Presbyterian Network

You are outside of the Presbyterian Turquoise 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 Turquoise 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 Turquoise 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
- Physical injury like shoulder injuries when the arm cannot be used
- Severe sore throat or cough
- Skin rashes and infections
- Sprains and strains
- Urinary tract infections
- Vomiting, diarrhea or dehydration

Some examples not needing **urgent care** conditions are:

- Runny nose or cold
- Sore throat
- Stomachache

You can schedule same-day, in-person urgent care appointments online at **www.phs.org/locations/urgent-care**:

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

For virtual urgent are options, go to **www.phs.org/virtual-pres** and select the **Virtual Urgent Care** tile.

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

Family Planning Services



Presbyterian Turquoise 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.

Family planning services covered by Presbyterian Turquoise 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
- 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 registered 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 local Presbyterian Health Plan registered 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 Turquoise Care team, we let your provider, care coordinator and health coach know of your health concern so that you will 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 the *Presbyterian Turquoise Care Provider Directory*. **We want to let you know that these are the only pharmacies where you can get your covered medicines.**

The Presbyterian Turquoise 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 Turquoise Care approves a request from your provider.

If you are outside the Presbyterian Turquoise 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 Turquoise Care Provider Directory*. You can also call the Presbyterian Customer Service Center (☎↓) or ask your PCP. Remember to show your Presbyterian Turquoise 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 Turquoise 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. Members will not be liable to a provider for any sums owed to the provider by Presbyterian Turquoise 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 online at **phs.org/Medicaid** under More Forms and Documents. You may also call [Monday through Friday from 8 a.m. to 5 p.m. at **(505) 923-5200** (choose option for pharmacy) or toll-free at **1-888-977-2333**.] Hearing impaired users may call TTY **711**. Please follow the mailing instructions on the Prescription Drug Reimbursement Claim Form.

For all prescriptions that are covered by Presbyterian Turquoise Care:

- Get 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
- In order for your prescription claims to be covered, your prescriber must be enrolled in the New Mexico Medicaid program

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: Register for Costco Mail Order by using a computer with internet access to go to **rx.costco.com**. Click the **Register** link to create a new account 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 provider to send your prescriptions to Costco Pharmacy Mail Order.

Phone: Call Costco Mail Order at **1-866-528-5829** to talk with a customer service representative. You will be asked to provide your Presbyterian member ID number. The Costco Mail Order customer service representative can contact your provider directly if you need a new prescription.

After you are registered with Costco Mail Order, you can also ask your provider to send your prescriptions to Costco using one of the following methods: Electronic Prescription, by fax at **1-877-258-958**, or by mail to Costco Pharmacy, 260 Logistics Ave., Suite B, Jeffersonville, IN 47130.

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.
- 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 Turquoise Care is committed to increasing safe and effective medication use by our members. Presbyterian Turquoise 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.

Prescription Drug Refill Dispensing Limits

Refills of a prescription drug will not be covered until the member is reasonably due for a refill. Refills will be allowed based on the prescription drug being taken at the prescribed dose and interval. The number of days supply the member has remaining based on previous fills cannot exceed the dispensing limits.

Provider/Pharmacy Lock-in

Some Presbyterian Turquoise 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 until the lock-in period is lifted

A Presbyterian Care Coordinator informs the members and/or their representative of the intent to lock in and to select the pharmacy of choice. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information. Members of this program will receive a letter with the name of the pharmacy or provider they are required to use. Members are given Presbyterian's grievance process. If you have any questions about this program, please call the Presbyterian Customer Service Center (☎↓).

Presbyterian Turquoise Care Formulary

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

Our formulary is **"selectively closed."** This means that Presbyterian Turquoise 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 Turquoise Care must approve some prescription drugs before you fill it. If you don't get a "Prior Authorization," Presbyterian Turquoise 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 Turquoise 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 Turquoise Care will pay for in a period of time. Presbyterian Turquoise Care uses medical guidelines and U.S. Food and Drug Administration (FDA)-approved recommendations from drug makers to set these quantity limits.

What is Non-Extended Day Supply (NEDS)?

Some formulary drugs have a limit on the day supply allowed. Drugs with a Non-Extended Day Supply indicator are limited to a 30-day supply.

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 Turquoise 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 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

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 Turquoise 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 Turquoise 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 Turquoise Care takes special care to make sure your prescription drugs are safe and effective. A team of pharmacists and physicians meets every three months to review the formulary. Some of these team members are Presbyterian Turquoise 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 Turquoise Care for an exception. We will look at your request and give authorization if we decide that the non-formulary drug is **medically necessary (needed)**. We usually give approval for two reasons:

1. Your provider finds that a similar drug on our list is not as effective in improving your health
2. 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 Turquoise Care before the Presbyterian Turquoise Care will pay for it.
- Some drugs may not be covered. Presbyterian Turquoise 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 Turquoise 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 out of network fill per medication per calendar year.
- If you have both Medicare and Presbyterian Turquoise Care, you must bring both your Medicare ID card and your Presbyterian Turquoise Care ID card with you to the pharmacy. Presbyterian Turquoise 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 Turquoise Care.



- In some cases, you may need a non-formulary drug quickly. In an emergency, Presbyterian Turquoise Care will respond to your provider's request within 24 hours. You may use the appeals process (see page 75) if your request is denied.

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." You can also call to request a copy from our Presbyterian Customer service center at **(505) 923-5200.**

Questions about Your Pharmacy Benefit?



If you have questions regarding your pharmacy benefit, 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.
- Help you choose a primary obstetrician, licensed midwife 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 and our digital health education tools for managing pregnancy.
- Help you access Onward by NeuroFlow, a digital tool that offers tailored wellness journeys to help you manage your overall health. Topics include women's health, healthy pregnancy, post-partum health, parenting wellness, and more.
- Let you know about Presbyterian Turquoise Care Pregnancy Passport (New Parent), a reward program for getting your pregnancy and postpartum care (see page 19). Visit your provider within 7-84 days after your baby is born.
- Help you choose a pediatrician for your baby and a PCP for you after your checkup following the birth of your baby.



Health Guidelines for Pregnant Members

Contact your provider as soon as you think you might be pregnant. This can help you have a heathy pregnancy and a healthy baby. Ideally, your first pregnancy visit should be before you are 10 weeks pregnant. You will need to see your provider throughout your pregnancy. Your provider will tell you how often you should visit after your first visit. You may be seen more or less frequently as determined by your individual medical and social needs. Some of your visits may be conducted virtually using telemedicine. You will work with your provider to develop your individualized pregnancy care. Your schedule may look similar to this:

Provider Visit Schedule During and After Pregnancy	
Before 28 weeks	Usually every 4-6 weeks
Weeks 28 to 36	Usually every 2-4 weeks
Week 36 to birth	Usually every 1-2 weeks
Week 38 to birth	Usually weekly
After delivery	Usually 1 to 12 weeks

Table 10. Provider Visit Schedule During and After Pregnancy

Postpartum: Have a visit with your prenatal provider about your health within seven to 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.

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, visit **www.phs.org/HealthWellness** and click on **Pregnancy Guidelines**.

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:

- Monitor your physical and emotional health
- Connect you to helpful resources if you have social risk factors
- 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 Health Care Authority (HCA). You should follow up with your Income Support Division (ISD) caseworker to make sure that the baby is enrolled with Presbyterian Turquoise Care.



- **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.

Pregnancy Termination (abortion)

Presbyterian Turquoise 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 Health Care Authority/Medical Assistance Division and are registered as New Mexico Medicaid providers.

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 they have 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.

Transportation Benefits

Presbyterian Turquoise 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.

Our 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 Turquoise Care member ID card with you at all times. You can also access your ID card online through myPRES MEMBERConnect.

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.**

If you are sick and feel like you need to see your PCP that same day, call your PCP. They will help you decide if you should come in that day. The PCP may send you to an urgent care center instead. See page 47 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 5 p.m. (☎↓). You may also call the transportation partner directly at **(505) 923-6300** or toll-free at **1-855-774-7737**.]

You can call to schedule a ride, to check a reservation or for discharge-related requests. A 48-hour advance notice (does not include weekends) is required to schedule a ride, except for 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 **Modivcare app** at no cost.

When to Call

You should call the Presbyterian Customer Service Center (☎↓) or the transportation partner 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.

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 Turquoise 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 will call your provider to verify your appointment prior to your scheduled visit.

Qualified Attendants

If you are an adult Presbyterian Turquoise 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.

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 Turquoise 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 (most cost-effective means)

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 Turquoise Care 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 partner 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 may be 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 Turquoise Care member ID card. Our transportation partner will call us, 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.

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 hours for rural areas). Our transportation partner's telephone lines are open Monday- Friday 8:00 a.m.-6:00 p.m. **(505) 923-6300** or toll-free at **1-855-774-7737**.

Missed Transportation Appointments

If you miss three 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 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 for 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 **1-855-774-7737**.

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.
- 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 partner keeps on file.
- Our transportation partner may also call Presbyterian Turquoise 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, 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 Turquoise Care to confirm the benefit is a covered appointment type. Presbyterian Turquoise Care will verify your treatment plan to see if transportation is covered.

Mileage Reimbursement



In limited cases, the Presbyterian Turquoise Care transportation partner may pre-approve friends, non-household relatives, or volunteers to give you a ride to your

appointment. We 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.
- Mileage reimbursement requests that are outside of the member's home community by 120 miles one way require a letter of medical necessity.
- 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 Turquoise Care may approve a trip to the pharmacy immediately following discharge from a medical provider or correctional facility.
- If pre-approved, reimbursement will be made after we confirm that you kept the appointment.
- To get approval, call the transportation partner at **(505) 923-6300** (☎↓). You will need to have the name and address of the office where you have your appointment.
- The transportation partner will call and verify that you have a valid appointment.
- **Mileage reimbursement for transportation is not always approved. Reimbursement will be approved only if a situation meets the requirements for this option.**
- **Mileage reimbursement is not covered if you have your own vehicle.**

Food and Drink

You may not eat in 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 Turquoise Care will pay for lodging (such as a hotel) for members who must travel more than four hours one-way for medical services. Unless you have an emergency, **Presbyterian Turquoise Care must approve your request for lodging reimbursement before the trip.**

Presbyterian Turquoise Care will pay for meals for members who must leave their home community for eight hours or more for medical services. If your medical travel is for five or

more days, speak to the Presbyterian Turquoise Care Travel Representative about your meal reimbursement options. Unless you have an emergency.

Presbyterian Turquoise 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). Presbyterian Turquoise Care will not cover transportation, meals, or lodging for attendants under 18 years of age. Unless you have an emergency.

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

The maximum amount Presbyterian Turquoise Care 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, alcohol products, tobacco products, tips to restaurant servers and other convenience items.

Out-of-State Transportation, Meals and Lodging

Presbyterian Turquoise 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 partner. The transportation partner 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 Turquoise 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 Turquoise 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 Turquoise Care.

- Children under 21 years of age are limited to one 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 routine eye exam in a 36-month period.
- You must choose an eye care provider in the Presbyterian Turquoise Care provider network. These eye care providers are listed in the Vision Care Practitioners section of your *Presbyterian Turquoise 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 Turquoise 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 Turquoise 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 Turquoise Care may not pay for a new set of eyeglasses.

- Coverage for children is limited to one 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 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 Turquoise 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 Turquoise Care.

- Coverage for children is limited to one 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 pair of contact lenses in a 24-month period instead of glasses (if you meet the Medicaid guidelines)

Eye Prosthesis (Artificial Eye)

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

Vision Coverage for ABP Members



Vision hardware (eyeglasses or contact lenses) and routine vison 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 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:

- Refraction or vision hardware (eyeglasses or contact lenses) is covered only following the removal of the lens from one or both eyes (aphakia)

  - One set of contact lenses or eyeglasses per surgery, within 90 days following surgery
- One 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 Health Care Authority reserves the right to add or remove benefits for new medical treatments.

Women's Health and Cancer Rights (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy.

Presbyterian Turquoise Care is here to support you in your recovery. Benefit coverage in connection with a mastectomy when you elect breast reconstruction, includes the following:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to make them even in size, shape and appearance; and
- Prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedema. This is a build-up of lymph fluid in the tissue under the skin.

If you have any questions about these benefits, please call the Presbyterian Customer Service Center (☎↓). We are here to help.

Value Added Services

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

1. **Pregnancy Passport New Parent Program:** Pregnancy Passport is a free program that offers rewards for attending prenatal and post-partum appointments. See page 19.
2. **Presbyterian Turquoise Care Well Baby Bonuses Program:** Well Baby Bonuses is a free program that offers rewards for taking your baby to their well-child appointments. See page 20.

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 and members who 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.
4. **Enhanced Care Coordination Specialized Services:** Additional services for members in care coordination only (requires prior authorization). These services include wellness 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 has five compartments with different alarms that vibrate when it's time to take your medicine.
8. **Traditional Medicine Value Added Service:** We know that Traditional customs are a vital part of health and wellness to Native American people. We seek to honor and support your culture with the Traditional Value Added Service. The Value Added Service can help with $300 once per calendar year (January 1 to December 31). This service is only available to Native American Turquoise Care members and is to be used for traditional medicine or ceremonial purposes only.
   Online application and printable application forms are available online on the Turquoise Care for Native American page of www.phs.org.
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.

CISC Value Added Services

In addition to the Presbyterian Turquoise Care value added services, CISC-specific value-added services are available based on the member's needs and situation. Your care coordinator will help you access these services.

Chapter 3 – Your Rights and Responsibilities

Member Rights and Responsibilities

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

Presbyterian Turquoise 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/member-rights** 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 Turquoise Care and its contracted providers or HCA 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, 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 85 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 Turquoise Care or the care that you had. You have the right to file a grievance with Presbyterian Turquoise Care and HCA without fear of retaliation (punishment).
- Choose a provider from the Presbyterian Turquoise Care network. A referral or prior authorization may be needed to see some providers.

- Get information about Presbyterian Turquoise 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 Turquoise Care or its network providers about contractual disputes between Presbyterian Turquoise Care and its providers.
- Seek family planning services from any provider. This includes providers outside of the Presbyterian Turquoise Care network. Presbyterian Turquoise 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 Turquoise 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 they are 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 authorization, or as permitted or required by law. Your legal guardian may also give authorization.
- Ask that the use or disclosure of your protected health information (PHI) be restricted (see page 80).
- Get confidential communications of your PHI from Presbyterian Turquoise Care.
- Get and inspect a copy of your PHI as allowed by law.
- Ask for an amendment to your PHI if, for example, you feel the information is incomplete or wrong.
- Get an accounting of PHI disclosures.
- Ask for a paper copy of the official Privacy Notice from Presbyterian Turquoise Care. This is your right even if you have already agreed to receive electronic privacy notices.
- File a grievance if you believe Presbyterian Turquoise Care is not following the Health Information Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information.
- Make recommendations about the Presbyterian Turquoise 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 Turquoise Care and its contracted providers or HCA 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. Work with your provider to set treatment goals you both agree on. 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.
- 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 Turquoise Care right away if you lose your member ID card, or if it is stolen.
- Know what could happen if you give Presbyterian Turquoise Care information that is wrong or incomplete.
- Tell the New Mexico Health Care Authority and Presbyterian Turquoise Care when your phone number, address, or family status changes.
- Tell your providers that you have Presbyterian Turquoise Care at the time of service. You may have to pay for services if you don't tell your provider that you have Presbyterian Turquoise Care coverage.
- Protect the privacy of your own care and of other patients' care.
- Ask about any arrangements Presbyterian Turquoise Care 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 Turquoise Care 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 access services
- Help you with referrals and resources (aid)
- Refer you to care coordination

To contact the Presbyterian Turquoise Care Ombudsman:



(505) 923-5780



(505) 923-8159



ombudsman@phs.org



Attention Ombudsman Presbyterian Turquoise 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 a specific grievance about your physical healthcare, behavioral healthcare, Long-term services and supports, or Presbyterian Turquoise 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, or by email. 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 or call:

Presbyterian Turquoise Care
Grievance Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489
In person:
9521 San Mateo Blvd NE
Albuquerque, NM 87113

(505) 923-5200 or toll-free **1-888-977-2333**; TTY **711**

gappeals@phs.org

We will send you a letter to let you know we got your grievance. The letter will be sent within five 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 HCA 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 business days of the extension request.

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 Turquoise Care. We keep 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 Turquoise 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 Turquoise 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 Turquoise Care decides not to pay for all or part of a service
- Presbyterian Turquoise Care does not give you good service or does not respond to your grievance
- Presbyterian Turquoise 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 or your authorized representative may file an appeal with Presbyterian Turquoise Care. An appeal is an official notice of your disagreement and a request for review of our decision or action.

- If you or your authorized representative decide to file an appeal, you or your authorized representative must do so within 60 calendar days of the date that you got notice of the decision.
- You or your authorized representative may file an appeal orally (on the phone or in person) or in writing.
- If you or your authorized representative 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 or your authorized representative can call, write to, or email Presbyterian Turquoise Care to file an appeal:



(505) 923-5200 or toll-free at **1-888-977-2333**; TTY **711**

Presbyterian Turquoise Care
Appeals Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489
In person:
9521 San Mateo Blvd NE
Albuquerque, NM 87113

gappeals@phs.org

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

After getting your appeal, we will send you a letter within five business days to let you know that we got your appeal. We will also send you a copy of the benefit provisions, guidelines, protocol or criteria we used to make a decision. The letter will state when we expect to resolve your appeal. We will resolve your appeal within 30 calendar days. The letter will include your Appeal Coordinator contact information if you have any questions during your appeal review. The Appeal Coordinator will respond to your questions as quickly as possible.

We can ask HCA 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 business days of the extension request.

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

- You will be able to show evidence to us
- You will be able to look at your medical records and files
- You will be able to schedule an informal conference to help clarify or settle an issue
- If you want, someone else involved in your healthcare can speak for you

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 HCA.

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 HCA allows up to 72 hours to resolve a quick appeal.



Continuation of Benefits

You may have the right to request that you continue getting the services in question while your appeal with Presbyterian Turquoise Care or your fair hearing with the HCA is in process. You have the right to receive continued benefits only under certain conditions:

- At the first review. You may request your benefits to continue any time prior to Presbyterian Turquoise Care's initial decision to deny the services, or within 10 calendar days from the date on your first denial letter, whichever is the later date. Services must be ordered by an authorized provider.
- If you have requested a Presbyterian Turquoise Care appeal and asked for benefits to continue and Presbyterian Turquoise Care denies your appeal after 30 days, you can file for a fair hearing at that time, but it will be too late to ask for your benefits to continue pending the outcome of the fair hearing.
- If the result of the appeal or the fair hearing is the same as Presbyterian Turquoise Care's first decision to terminate, modify, suspend, reduce or deny a service, you will have to pay for the services you received during this time. If the result of the Presbyterian Turquoise Care appeal or the fair hearing is in your favor, Presbyterian Turquoise Care will pay for the services you received during this time.
- You may also request to end your continued benefit at any time during the appeals process.
- If you or your authorized representative need help requesting continuation of benefits, please call the Presbyterian Customer Service Center (☎↓).

You or your authorized representative can call or write to Presbyterian Turquoise Care. Call **(505) 923-5200** or toll-free at **1-888-977-2333**. Ask to request continuation of benefits, or you can write to:

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

You may also send your continuation of benefits request in an email to **gappeals@phs.org**.

Fair Hearing Process

You may ask for a **fair hearing** through HCA after you finish the internal appeal process with Presbyterian Turquoise Care. An authorized representative or provider may also be able to request a fair hearing on your behalf. If you want a fair hearing, you must request one within 90 calendar days from the date of getting the final decision notice from Presbyterian Turquoise Care. To ask for a fair hearing, you can write, email, call, or fax:

New Mexico Health Care Authority
Office of Fair Hearings
P.O. Box 2348
Santa Fe, NM 87504-2348

HCA-FairHearings@hca.nm.gov

(505) 476-6213

(505) 476-6215

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 Office of Fair Hearings 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 Turquoise Care, filing an appeal, or requesting a fair hearing.

Fraud and Abuse

Fraud and abuse increase the cost of healthcare for everyone. Presbyterian Turquoise 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 Turquoise Care, do not give out any information. This includes your member number, date of birth, Social Security number, or name and address. Presbyterian Turquoise Care has a hotline for 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 Turquoise Care can continue to focus on improving the health of individuals, families, and communities.

Reporting Critical Incidents

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

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 receive Home and Community Based Services including Personal Care Services (PCS) and Self-Directed benefit services
- Members who receive behavioral health services
- Members who are Children in State Custody
- 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 Turquoise Care coordinator or you may call or email the Presbyterian Customer Service Center at:
<

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

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

Monday – Friday, 8 a.m. to 5 p.m.

info@phs.org

>
The Presbyterian Turquoise Care representative will file a report about the incident. The report will then be filed with HCA.

Protecting Your Privacy

Presbyterian Turquoise 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 Turquoise Care employees.

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

Your Privacy Rights

As a Presbyterian Turquoise 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 Turquoise Care
- Ask for an amendment or addition to incorrect or incomplete PHI
- Get an accounting of your PHI disclosures
- Get a paper copy of the official Privacy Notice from Presbyterian Turquoise 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 Turquoise 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 Turquoise Care
Attn.: Director, Presbyterian Customer Service Center
P.O. Box 27489
Albuquerque, NM 87125-7489

Presbyterian Turquoise 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 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 Turquoise 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 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 Turquoise Care treatment, payment, and healthcare operations
- 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 Turquoise 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 Turquoise Care still must disclose that information as required by law. Or Presbyterian Turquoise 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 Turquoise 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
- 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 Turquoise 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 Turquoise 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 Download Library at **www.phs.org/privacy-security**. 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 Turquoise Care follows strict confidentiality (privacy) policies. All PHI is kept in a physically secure location. Only Presbyterian Turquoise 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 Turquoise Care to ensure that PHI is handled properly
- Sign a confidentiality agreement

If a Presbyterian Turquoise Care employee violates these rules, they may be dismissed immediately.

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.** This includes 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 Turquoise Care 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.

Use of Measurement Data

Presbyterian Turquoise Care 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 Turquoise 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 them 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 **www.phs.org/HealthWellness**.

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.

Presbyterian Turquoise 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/member-rights**.

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 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 they want 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 Turquoise 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 Turquoise Care's compliance or noncompliance with Advance Directive requirements, please contact HCA.

Chapter 4 – Other Important Information

Turquoise Care Member Advisory Board Meetings

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

- Talk about current issues
- Make suggestions to fix service issues or concerns
- Provide input to member communications or Presbyterian Turquoise 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 Member Advisory Board members have to say. You can help Presbyterian Turquoise Care become even better. Our board meets four times a year centrally and two times a year statewide. 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**.

Native American Member Advisory Board Meetings

Presbyterian Native American Affairs hosts Native American Member Advisory Board (NA MAB) meetings to help us better serve Native American members and communities. These meetings are great for members to learn about services and benefits they can use as a Native American Turquoise Care member. These meetings rotate around Native American communities throughout the state, allowing for different members to attend each quarterly meeting. Attendees can give meaningful feedback, ask specific questions, and have direct communication with various health plan departments and Presbyterian Health Plan Native American Affairs.

If you would like to attend or would like more details, please call Presbyterian Customer Service or Presbyterian Native American Affairs.

Behavioral Health Advisory Committee

The Behavioral Health Advisory Committee (BHAC) meets quarterly. This ensures that its mental health and substance use disorder services are in line with current best practices and the evolving needs of our members. Our BHAC is made up of experts in psychiatry, psychology, social work, and recovery. Presbyterian Turquoise Care members, network providers, and state of New Mexico employees are vital to our board. Our meetings focus on current trends in behavioral health. This includes effective treatment modalities and strategies for better integrating behavioral health into overall health planning. BHAC membership includes children in state custody. This ensures their needs are directly represented in all matters related to their behavioral health usage. The committee shall include at least two positions reserved specifically for children currently or previously in state custody. Our board reviews and recommends updates to policies and procedures. It also receives feedback from our members and service providers. This allows us to raise quality of care. It also promotes wellness, recovery and resiliency.

How to Switch to Another Managed Care Organization (MCO)



If you are not satisfied with Presbyterian Turquoise Care and want to switch to a different MCO, members may choose a different MCO one time during the first three months of their enrollment. Note: CISC Members are automatically enrolled with PHP until they age out or no longer in custody or are adopted, with the exception of Native Americans. CISC Members transitioning out of state custody will receive information about the opportunity to switch MCO.

If you leave and then return to Presbyterian Turquoise Care, you will need to stay with Presbyterian Turquoise 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 HCA, 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. HCA will approve or deny the request. They will tell you and Presbyterian Turquoise Care about their decision. Send your written request to:

HCA 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 (☎↓).

If HCA approves your request to switch to a different MCO, Presbyterian Turquoise 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 Turquoise Care or switch to a different MCO.

If you lose Medicaid eligibility for two months or less at the same time as the 12-month lock-in period, you will automatically be re-enrolled in Presbyterian Turquoise 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 Turquoise Care

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

- Presbyterian Turquoise 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
- 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

Note: CISC members are unable to disenroll from Presbyterian Turquoise Care while they are in a CISC status since we are the only CISC MCO. This does not apply to Native American members who can disenroll at any time.



A written request for disenrollment must be sent to HCA for review, or you may call the New Mexico New Medicaid Call Center toll-free at **1-888-997-2583**. HCA 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 HCA must

approve or deny the request no later than August 1. If HCA does not respond in time, then the request is approved. Send your written request to:

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

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

If HCA denies your disenrollment request, then you may ask for a fair hearing. See page 77 for more information on fair hearings.

Chapter 5 – Health Information and Screenings

Preventive Services

Preventive services help you stay 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. Preventive healthcare guidelines are based on expert advice from providers for keeping children and adults healthy. The current version of our preventive healthcare guidelines is online at **www.phs.org/HealthWellness**.

Keeping Children Healthy

Presbyterian Turquoise Care values the health of all children. 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 Health checks (well-baby, well-child checkups)**. Tot-to-Teen Health checks 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.

At the Tot-To-Teen Health check, 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 primary care provider (PCP) to make an appointment.



Well-child visits are required for all CISC members within 30 days of entering state custody. Please work with your care coordinator to help with scheduling a visit with your PCP.

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://www.aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/well-child-visits-parent-and-patient-education/**
Immunization Schedules	**https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html**

Table 11.Online Health Information About Children

Schedule a visit with your PCP for you and your child within six months of enrolling in Presbyterian Turquoise 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!

Well-child visits are required for all Children In State Custody within 30 days of entering state custody. Please work with your care coordinator for help with scheduling a visit with your PCP.

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, and osteoporosis
- Counseling or referrals for unhealthy alcohol use, substance use, tobacco cessation, depression, healthy weight, and healthy activity

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

Online Health Information About Adults	
Presbyterian Adult Preventive	**www.phs.org/HealthWellness**
Immunization Schedules	**https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html**

Table 12. Online Health Information About Adults

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. Individual telephone Tobacco Cessation coaching with our PHP Health Coaches. They will review medications that can help you stop using tobacco and support you every step of the way to becoming tobacco free.
3. 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.
4. The following nicotine replacement therapies (covered at no charge when you have a prescription):

    - Bupropion
    - Chantix
    - Nicotrol inhaler
    - Nicotrol nasal spray
    - Nicotine gum
    - Nicotine lozenge
    - Nicotine patch

5. Unlimited access to the NeuroFlow app at no cost to you. Get it online or by mobile app at **https://neuroflow.app.link/PHP123**. With the NeuroFlow app, you will be able to:
    - Receive tailored Nicotine Cessation content and support.
    - Receive daily motivations and reminders to help you stay focused and fight the cravings.
    - Track and monitor your progress and health patterns.
    - Reach your goals and feel your best through daily tools and activities.

Appendix A – Covered Benefits

Presbyterian Turquoise Care provides the following services to members only when they are medically necessary (needed). This is not a complete list. Some services listed are not covered for all members.

Please read carefully since some benefits may have limits or may require your healthcare provider to get approval first (prior authorization). Long-term services and support services are provided in community-based settings to those who qualify and can never exceed the cost of care provided in a skilled nursing facility.

A number next to the covered service indicates limits or exclusions. Please see the numbered footnotes below the Covered Benefits table for details.

Covered Service	Covered for Standard Turquoise Care?	Covered for Turquoise Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Accredited Residential SUD Treatment Centers (Adult)	Yes	Not Covered	Yes
Accredited Residential Treatment Center services	Yes	Yes	Yes
Adult Psychosocial Rehabilitation services	Yes	Yes	No
Allergy testing and injection	Yes	Yes	No
Ambulatory surgical center services (Outpatient surgery)	Yes	Yes	Yes, surgery No, facility
Anesthesia services	Yes	Yes	No
Annual physical exam and consultation	Yes	Yes	No
Applied Behavior Analysis (ABA)	Yes	Yes	Yes
Assertive Community Treatment (ACT) services	Yes	Yes	No
Autism spectrum disorder	Yes	Yes	No
Bariatric surgery(1)	Yes	Yes(2)	Yes
Behavior management skills development services	Yes	Yes(3)	No
Behavioral health professional services: outpatient Behavioral Health and substance use services	Yes	Yes	No
Biomarker testing	Yes	Yes	Yes
Cancer Clinical Trials	Yes	Yes	Yes
Cardiovascular rehabilitation	Yes	Yes(4)	No

(1) No limitation on number of surgeries, as long as medical necessity is met.

(2) Limited to one (1) per lifetime. Criteria may be applied that considers previous attempts by the member to lose weight BMI and health status.

(3) Covered for members age 19 up to 21.

(4) Short-term therapy only for a two-month period from the initial date of treatment.

Covered Service	Covered for Standard Turquoise Care?	Covered for Turquoise Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Case management/Care coordination	Yes	Yes	No
Chemotherapy	Yes	Yes	No
Chiropractic	Yes(18)	No	No
Chronic Care Management services	Yes	Yes	No
Community health workers	Yes	Yes	No
Community Interveners for the Deaf and Blind	Yes	Not Covered	Yes
Comprehensive Community Support Services (CCSS)	Yes	Yes(3)	No
Crisis Services, including telephone, clinic, mobile, and stabilization centers	Yes	Not Covered	No
Crisis Triage Centers, including residential	Yes	Not Covered	No
Day Treatment services	Yes	Yes (3)	Yes
Dental services, including fluoride varnish	Yes	Yes (3)	Yes, for select services
Diabetes treatment, including diabetic shoes, medical supplies, equipment and education	Yes	Yes	Yes, for select services
Diagnostic imaging and Therapeutic radiology services	Yes	Yes	Yes, for select services
Dialysis services	Yes	Yes	No
Disease Management	Yes	Yes	No
Doula Services	Yes	Yes	No
Drug/alcohol dependency treatment services	Yes	Yes	Yes, for select services
Durable Medical Equipment (DME) and supplies	Yes	Yes (5)	Yes, for select services
Early and Periodic Screening Diagnostic and Treatment (EPSDT)	Yes	Yes(3)	Yes, for select services
Electroconvulsive therapy	Not Covered	Yes	Yes
Emergency services (including emergency room visits and psychiatric ER)	Yes	Yes	No
EPSDT personal care services	Yes	Yes(3)	Yes
EPSDT private duty nursing	Yes	Yes(3)	Yes
EPSDT rehabilitation services	Yes	Yes(3)	Yes
Experimental or Investigational Procedures, Technology or Non-Drug Therapies (6)	Not Covered	Not Covered	Yes

(3) Covered for members age 19 up to 21.(5) 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.

(6) Cancer clinical trial that meets approved criteria.

[18] Annual benefit limit of $2,000. Covered for members age 19 or older for members with a primary diagnosis of neck pain, back pain, musculoskeletal pain, or headaches for chiropractic services.

Covered Service	Covered for Standard Turquoise Care?	Covered for Turquoise Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Family planning	Yes	Yes[9]	No
Family support (Behavioral Health)	Yes	Not Covered	No
Federally Qualified Health Center (FQHC) services	Yes	Yes	No
Gender Affirming Care	Yes[19]	Yes	No
Genetic Evaluation and Testing	Yes	Yes[10]	Yes
Group Home	Yes	Not Covered	Yes
Habilitative and Rehabilitative services	Yes	Yes[4]	No
Hearing aids and related evaluations	Yes	Yes[11]	No
High-Fidelity Wraparound	Yes	Not Covered	No
Home health services	Yes	Yes[7]	Yes
Hospice services	Yes	Yes	No
Hospital inpatient (including detoxification services)	Yes	Yes	Yes
Hospital Outpatient	Yes	Yes	Yes, for select services
Human Donor Milk[20]	Yes[20]	Yes[20]	No
Immunizations	Yes	Yes[12]	No
Inpatient Hospitalization in Freestanding Psychiatric Hospitals	Yes	Yes[3]	Yes
Institutions for Mental Disease (IMD) for SUD only	Yes	Not Covered	Yes
Intensive Outpatient Program (IOP) services	Yes	Yes	No
Intravenous (IV) outpatient services	Yes	Yes	Yes, for Select Medications.
Laboratory Services	Yes	Yes	Yes, for select services
Lactation Care Provider Services	Yes	Yes	No
Maternity care, including delivery and inpatient maternity services non-hospital births and pre and postnatal care	Yes	Yes	Yes
Medically Tailored Meals or Groceries for Pregnant Members with diabetes	Yes	[TBD]	No
Medication Assisted Treatment (MAT) for opioid dependence	Yes	Yes	No

[3] Covered for members age 19 up to 21.

[4] Short-term therapy only for a two-month period from the initial date of treatment.

(7) 100 visits per year. A visit cannot exceed four (4) hours.
(9) Sterilization reversal is not covered. Infertility treatment is not covered.
(10) Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness. Does not include random genetic screening.
(11) Hearing aids and hearing aid testing by an audiologist or hearing aid dealer are not covered, except for recipients age 19 up to age 21. The ABP does not cover audiology services.
(12) Includes ACIP-recommended vaccines.
(19) Members 12 to 17 years of age are eligible for hormone therapy only. Members 18 and older are eligible for hormone therapy, procedural and surgical interventions.
(20) Covered for high-risk infants up to 12-months old.

Covered Service	Covered for Standard Turquoise Care?	Covered for Turquoise Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Midwife services	Yes	Yes	No
Multi-Systemic Therapy (MST) services	Yes	Not covered	No
Non-accredited residential treatment centers and group homes	Yes	Not Covered	Yes
Nursing facility services	Yes	Not Covered	Yes
Nutritional services	Yes	Yes	No
Occupational therapy/services	Yes	Yes(4)	No
Outpatient hospital-based psychiatric services and partial hospitalization	Yes	Yes	Yes, for select services
Outpatient and partial hospitalization in freestanding psychiatric hospital	Yes	Yes	Yes, for select services
Outpatient healthcare professional services	Yes	Yes	Yes, for select therapies
Peer Support services	Yes	Not Covered	No
Pharmacy services	Yes	Yes(13)	Yes, for select medications
Physical health services	Yes	Yes	No
Physical therapy	Yes	Yes(4)	No
Physician visits	Yes	Yes	No
Podiatry services	Yes	Yes(14)	No
Pregnancy termination procedures	Yes	Yes	No
Prenatal Genetic Screening	Yes	Yes	No
Preventive services	Yes	Yes	No
Prosthetics and orthotics	Yes	Yes(15)	Yes, for select services
Psychosocial rehabilitation services	Yes	Yes	No

Radiology facilities	Yes	Yes	Yes, for select services
Recovery services (Behavioral Health)	Yes	Not Covered	No
Rehabilitation Option Services	Yes	Yes[3]	Yes, for select services
Rehabilitation Services Providers	Yes	Yes[3]	No

[3] Covered for members age 19 up to 21.

[4] Short-term therapy only for a two-month period from the initial date of treatment.

[13] 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.

[14] Covered when medically necessary due to malformations, injury, acute trauma or diabetes.

[15] Foot orthotics, including shoes and arch supports, are covered only when an integral part of a leg brace, or are diabetic shoes.

Covered Service	Covered for Standard Turquoise Care?	Covered for Turquoise Expansion-Alternative Benefit Plan (ABP)?	Prior Authorization
Reproductive health services	Yes	Yes	No
Respite-Behavioral Health	Yes[8]	Not Covered	No
Rural Health Clinic (RHC) services	Yes	Yes	Yes, for select services
School-based services	Yes	Not Covered	No
Screening, Brief Intervention, Referral to Treatment (SBIRT) services	Yes	Not Covered	No
Smoking Cessation services	Yes	Yes	No
Speech and language therapy	Yes	Yes[4]	No
Supportive Housing	Yes	Not Covered	No
Swing Bed Hospital services	Yes	Yes[7]	Yes
Telemedicine services	Yes	Yes	No
Tot-to-Teen Healthchecks (Preventive Healthcare Guidelines)	Yes	Yes[3]	No
Transcranial Magnetic Stimulation (TMS) Services	Yes	Yes	No
Transitional Care Management services	Yes	Yes	No
Transplant services	Yes	Yes[16]	Yes
Transportation services (medical)	Yes	Yes	Yes
Treatment Foster Care I and II	Yes	Yes[3]	Yes
Vision Care services	Yes	Yes[17]	Yes, for select services

[3] Covered for members age 19 up to 21.

[4] Short-term therapy only for a two-month period from the initial date of treatment.

[7] 100 visits per year. A visit cannot exceed four (4) hours.

(8) 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.
(16) Two (2) per lifetime.
(17) Eyeglasses and contact lenses are only Covered following the removal of the lens from one or both eyes (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 20 following a periodicity schedule. Refraction for visual acuity and routine vision care are not covered, except for recipients age 19-20.

Agency Based and Self-Directed Covered Benefits

Covered Service	Covered for Agency Based Community Benefits?	Covered for Self-Directed Community Benefits?	Prior Authorization
Adult Day Health	Yes(1)(2)	Not Covered	Yes
Assisted Living	Yes(2)	Not Covered	Yes
Behavioral Support Consultation	Yes	Yes	Yes
Community Transition services	Yes(2)(3)	Not Covered	Yes
Customized Community Supports(4)(2)	Yes	Yes	Yes
Emergency Response services(2)	Yes	Yes	Yes
Employment Supports(2)	Yes	Yes	Yes
Environmental Modifications(5)(2)	Yes	Yes	Yes
Home Health Aide(2)	Yes	Yes	Yes
Nutritional Counseling(2)	Yes	Yes	Yes
Personal Care services (Consumer Directed and Consumer Delegated)(6)(2)	Yes	Yes	Yes
Private Duty Nursing for Adults(2)	Yes	Yes	Yes
Related Goods	Not Covered	Yes(7)(8)(2)	Yes
Respite(9)	Yes	Yes	Yes
Self-Directed Personal Care (formerly Homemaker)	Not Covered	Yes(10)(2)	Yes
Skilled Maintenance Therapy services(11)(2)	Yes	Yes	Yes
Specialized Therapies	Not Covered	Yes(2)(8)	Yes
Start-up Goods	Not Covered	Yes(8)	Yes
Transportation (non-medical)	Not Covered	Yes(12)	Yes

(1) Available to individuals age 18 and older. At least two (2) hours per day for one or more days per week.

(2) Only for those who qualify for Nursing Facility Level of Care.

(3) Limited to $4,000 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.

(4) 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.

(5) These services are limited to $6,000 every five (5) years.

(6) These services will not be provided 24 hours per day.

(7) Experimental or prohibited treatments and goods are excluded.

(8) $2,000 annual limit for those transitioning to SDCB for the first time after January 1, 2019.

(9) Respite services are limited to a maximum of 300 hours per Care Plan year.

(10) Members may not access assisted living services and Self-Directed Personal Care services at the same time. 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.

(11) 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.

(12) 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 commercial carrier pass are allowed.

Appendix B – Non-Covered Benefits

This section lists services that are not covered under Presbyterian Turquoise 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)
- 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
- 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
  - 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
- 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)
- 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
- Over-the-counter medical supplies such as Band-Aid bandages or heating pads
- Over-the-counter vitamins, vitamin drinks, or supplements
- 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
- Polycarbonate lenses other than for prescriptions for high acuity
- 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
- Tinted or photochromic lenses, oversize frames, and oversize lenses, except in cases of documented medical necessity
- 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
CISC	Children in State Custody
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
FQHC	Federally Qualified Health Center
HCA	Health Care Authority
HIV	Human immunodeficiency virus
HMO	Health Maintenance Organization
HRA	Health Risk Assessment
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
SSI	Social Security Income
STI	Sexually transmitted infections
UV	Ultraviolet
WDI	Working disabled individual

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
Children in State Custody (CISC) Members	Inside Albuquerque: (505) 923-8417 or Outside Albuquerque: 1-844-233-4887 (toll-free)
Emergency Services	911
Fraud and Abuse Hotline	(505) 923-5959 (in Albuquerque) 1-800-239-3147 (toll-free) (Outside Albuquerque)
Health Care Authority Office of Fair Hearings	(505) 476-6213 (in 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 Health Care Authority 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 Partner	(505) 923-6300 or 1-855-774-7737 (toll-free)

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/Medicaid** 1. On left menu, scroll down to Plan Documents 2. Choose Drug Formulary – By Drug Class
Income Support Division County Office Locator (New Mexico Health Care Authority)	**https://www.hsd.state.nm.us/lookingforassistance/field_offices_1/**
Member Rights & Responsibilities	**www.phs.org/member-rights**
Patient Rights	**www.phs.org/patient-rights**
Presbyterian Turquoise Care Website	**www.phs.org/Medicaid** 1. Select **Health Plans** tab from the top menu 2.Select Turquoise Care Medicaid Plans
Privacy and Security Policies and Guidelines	**www.phs.org/privacy-security**
Provider Directory	**www.phs.org/Medicaid** 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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Presbyterian Healthcare Services does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Presbyterian Healthcare Services:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by phone, mail, fax, or email at:

Mailing Address: Presbyterian Privacy Officer and Civil Rights Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489

Phone/TTY: 1-866-977-3021, **TTY 711**

Fax: (505) 923-5124

Email: info@phs.org

If you need help filing a grievance, the Presbyterian Privacy Officer and Civil Rights Coordinator is available to help you.

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

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

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

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

This notice is available at Presbyterian Healthcare Services website: **www.phs.org/nondiscrimination**.

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Notice of Availability

English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.
Spanish Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.
Navajo Diné	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
Vietnamese Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-592-7737 (Người khuyết tật: TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
German Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-592-7737 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Chinese Simplified 简体中文	注意：如果您使用简体中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以提供无障碍格式版信息。请拨打 1-855-592-7737 (TTY: 711) 或咨询您的服务提供者。
Chinese Traditional 繁體中文	注意：如果您使用繁體中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服務，以提供無障礙格式版資訊。請致電 1-855-592-7737 (TTY:711) 或諮詢您的服務提供者。
Japanese 日本語	注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-592-7737(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。
Filipino	ATTENTION: Kung marunong kang magsalita ng Filipino, makakagamit ka ng mga libreng serbisyo sa tulong sa wika. Ang mga angkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang libre. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Korean 한국어	주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-592-7737(TTY: 711)로 전화하거나 서비스 제공업체에 문의하세요.

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French Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-592-7737 (TTY : 711) ou parlez à votre fournisseur.
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Russian РУССКИЙ	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-592-7737 (TTY: 711) или обратитесь к своему поставщику услуг.
Urdu اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو، مفت لسانی اعانت کی خدمات آپ کے لیے دستیاب ہیں۔ مناسب ضمنی امداد اور خدمات بھی قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے بلا معاوضہ دستیاب ہیں۔ 1-855-592-7737 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Nepali नेपाली	ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Bengali বাংলা	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-592-7737 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।
Hindi हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायताएँ और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Arabic اللغة العربية	تنبيه: إذا كنت تتحدث العربية، فمتاح لك خدمات لغوية بالمجان. ومتاح بالمجان أيضًا مساعدات وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يسهل الحصول عليها. اتصل بالرقم 1-855-592-7737 (TTY: 711) (خدمة الهاتف النصي) أو تحدث إلى مزود الخدمة المعني بك.
Turkish Türkçe	DİKKATİNİZE: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerinden faydalanabilirsiniz. Ayrıca ücretsiz olarak, uygun yardımcı araçlarla ve hizmetlerle erişilebilir formatlarda bilgi de sağlanmaktadır. 1-855-592-7737 (TTY (İşitme ve Konuşma Engelli Destek Hattı): 711) numaralı telefondan bize ulaşabilir veya hizmet sağlayıcınız ile görüşebilirsiniz.

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