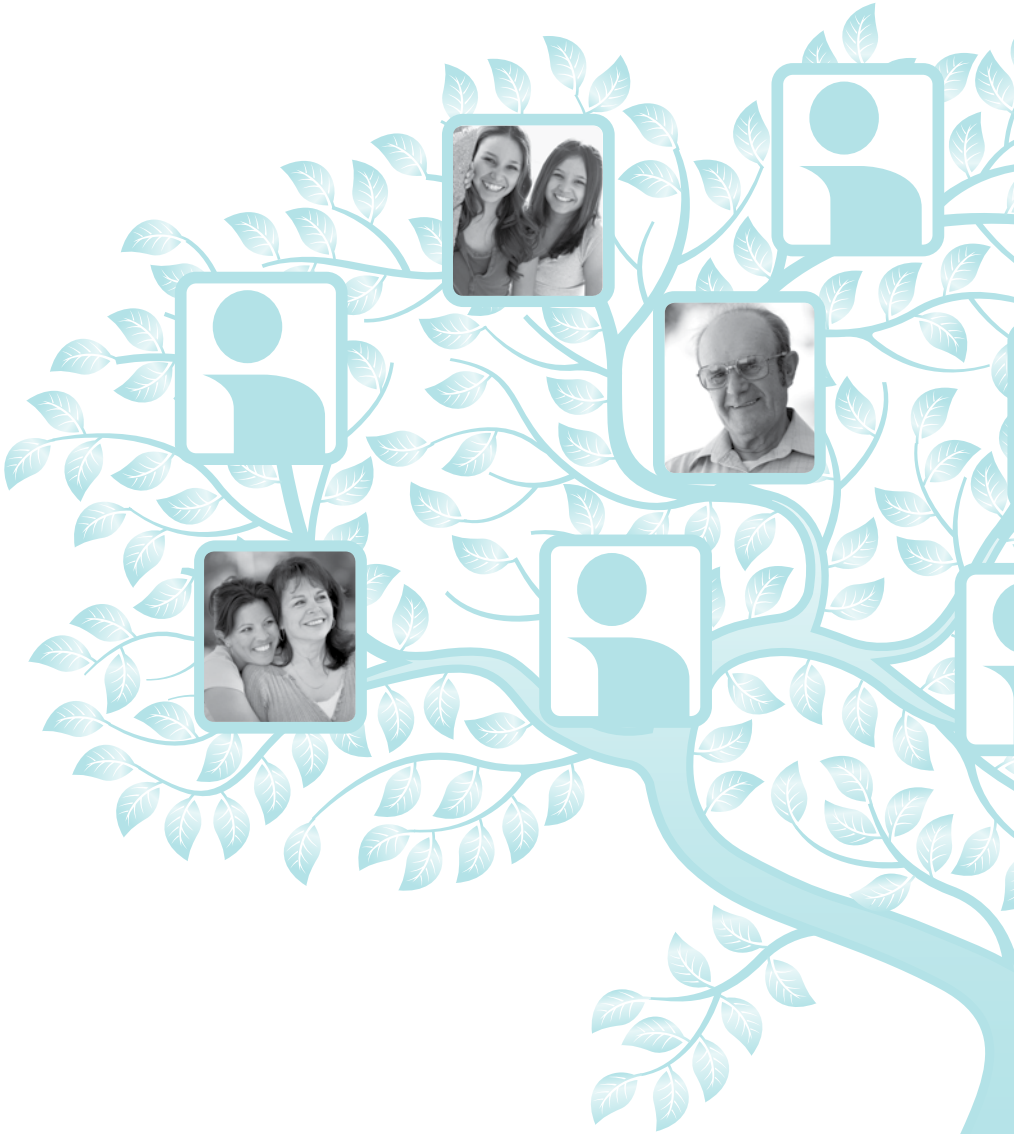


Salud! Member Handbook

Molina Healthcare of New Mexico



Your Extended Family.

In the front of this handbook is a Molina Healthcare Provider Directory on CD. If you cannot use this CD and want a paper directory, please write your name and address below. Mail this postcard to Molina Healthcare. We will mail a paper directory to you.

If you would like a copy of this Member Handbook in Spanish, please check the box below and list your name and address.

Name: _____

Address: _____

- Yes, please send me a Member Handbook in Spanish.**
- Yes, please send me a paper Provider Directory in English.**
- Yes, please send me a paper Provider Directory in Spanish.**

Thank you, Molina Healthcare

Molina Healthcare of New Mexico, Inc.

Attn: Member Services

P.O. Box 3887

Albuquerque, New Mexico 87190-9859

Important Telephone Numbers and Information

Member Services:	(505) 342-4681 in Albuquerque (800) 580-2811 toll free www.molinahealthcare.com
Integrated Transport Management (ITM) (transportation):	(888) 593-2052 toll free
OptumHealth New Mexico (behavioral health):	(866) 660-7185
March Vision Care (MVC):	(888) 493-4070 toll free TTY/TDD (877) 627-2456
Nurse Advice Line:	(888) 275-8750 toll free English (866) 648-3537 toll free Spanish
New Mexico Relay Services/TTY:	(800) 659-8331 toll free
Health Improvement Hotline:	(505) 342-4660 ext 182618 in Albuquerque (800) 377-9594 ext 182618 toll free
Anti-Fraud Hotline:	(505) 341-7469 in Albuquerque (800) 827-2973 toll free
Grievance and Appeals:	(505) 342-4663 in Albuquerque (800) 723-7762 toll free
Your Primary Care Practitioner (PCP):	
Your Durable Medical Equipment (DME) Provider:	

If you have a medical emergency dial 911 or go to the nearest emergency room.

More information can be found on our website at www.molinahealthcare.com

Para recibir esta información en español, llame por favor (505) 342-4681 o (800) 580-2811

Such services are funded in part under contract with the state of New Mexico.

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PREVENTIVE HEALTH GUIDELINES

Welcome!

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) is your Medicaid managed care organization (MCO). Molina Healthcare contracts with the New Mexico Human Services Department (HSD) as a managed care organization for people on Medicaid. A managed care organization contracts with practitioners/providers. They take care of your medical needs.

This Member Handbook and other Member information are on our website at www.molinahealthcare.com. This Member Handbook has helpful information about Molina Healthcare. The handbook tells you about the benefits and services you can get. It will explain how the Salud! Program works. If you have questions about the Salud! Program you can call Member Services. We can answer your questions.

Please read your Member Handbook. Your Member Handbook tells you how to use your benefits. It will help you know what your benefits are. Do not wait until you have an emergency. Call us if you have questions. Let us know if you need help understanding your Member Handbook. Keep your Member Handbook where you can find it.

Molina Healthcare wants to help you. Call the Member Services Department if you have questions. You can call us Monday - Friday (except on holidays). Our hours are 8:00 a.m. to 5:00 p.m.

- In Albuquerque: (505) 342-4681
- Toll free: (800) 580-2811
- Fax: (505) 342-0595

Molina Healthcare has Member Service Representatives who speak your language. We can help you with translation services for any language. We can help answer your questions. We can answer questions you have about your Member Handbook. We can answer questions about other Member materials you may get.

If you need Member materials, such as this Member Handbook, in another format or language, call Member Services. Tell us what you need. If you have special medical needs, please call Member Services. We will help you.

If you are deaf or hard of hearing and you use a TTY system, you can still call Member Services. Molina Healthcare uses the Relay New Mexico service (Relay

NM). First dial (800) 659-8331 toll free using the TTY system. A Relay NM operator will come on the line. Give the Relay NM operator Molina Healthcare's toll free telephone number. It is (800) 580-2811. This will connect you with Molina Healthcare's Member Services Department.

Behavioral health care services are offered through OptumHealth New Mexico (OptumHealth). If you have questions about your behavioral health needs, call OptumHealth. If you want to talk to someone about your behavioral health needs, call OptumHealth. You can reach OptumHealth toll free at (866) 660-7185.

Quality Care Services

Molina Healthcare wants to give you high quality care. We work with our practitioners/providers and Members to do this. We look at how we can make our services better. We make sure:

- You have access to health care services and doctors;
- You are happy with your health care and services;
- Doctors and hospitals are qualified to give you quality services;
- You stay healthy by giving you the tools and education you need;
- You get the help you need to get well quickly; and
- You get the tools, education and services to take care of your chronic conditions.

Molina Healthcare is accredited by the National Committee for Quality Assurance (NCQA). NCQA is a group that makes sure we continue to improve the health care and services you get.

Molina Healthcare is committed to taking care of you and your family. If you want to know more about Molina Healthcare's Quality Improvement programs, please call us or visit our website. You can call us in Albuquerque at (505) 342-4660, extension 182618. Or you can call us toll free at (800) 377-9594, extension 182618. You can visit our website at www.molinahealthcare.com.

Thank you for choosing Molina Healthcare. We are happy to help. We are glad you are a Molina Healthcare Member.

Para recibir esta información en español, llame por favor (505) 342-4681 o (800) 580-2811.

Introduction

MEMBER SERVICES

What can Member Services do for you?

Member Services can answer your questions. We are here to help you get answers.

You can call or write to Member Services at:

Molina Healthcare of New Mexico, Inc.

Attention: Member Services

P.O. Box 3887

Albuquerque, NM 87190-9859

In Albuquerque: (505) 342-4681 or toll free: (800) 580-2811

Translation and TTY Services

If you speak a language other than English, call Member Services. We can help you if you need help in another language. Member Services will help you with your translation needs.

Para recibir esta información en español, llame por favor (505) 342-4681 o (800) 580-2811.

If you are deaf or hard of hearing and you use a TTY system, you can still call Member Services. Molina Healthcare uses the Relay New Mexico service. To use this service, first dial toll free (800) 659-8331. Then dial toll free (800) 580-2811.

If you need your Member materials in another format, call Members Services. Tell us what you need.

If You Move

If you move, you must update your address. You must contact your local Income Support Division (ISD) office or HSD. They will help you change your records. Please call Member Services to update your address as well.

New Medical Equipment and Treatments

Molina Healthcare wants to make sure that our Members get the best care. On a regular basis we look at procedures and technology relating to healthcare. When we learn about something new, we take this information into consideration.

We try to make sure it is the best thing for our Members. A committee of practitioners reviews and tells us about new treatments. Molina Healthcare then decides if it is a service our Members can get. If you want to know how Molina Healthcare makes these decisions, call Member Services.

Handicapped Access

Molina Healthcare practitioners must have handicapped access for Members. If you have another special need, please call Member Services.

Filing a Claim

It is the practitioner's/provider's job to file a claim when you get services. They must do this when Molina Healthcare is the primary insurance. They must send the claim within ninety (90) days from the date you get the service. You must pay your co-payment if one applies. You do not have to pay for the services if you get a referral when needed. You do not have to pay for the services if your practitioner/provider gets a prior authorization when needed. You do not need to file a claim to Molina Healthcare. This is the practitioner's/ provider's job.

Coordination of Benefits

Please call Member Services to tell us if you:

- Have medical insurance through your workplace;
- Have been hurt at work or have a worker's injury claim;
- Are in a car accident;
- Have filed a medical malpractice lawsuit or personal injury claim; or
- Have other coverage or insurance.

MEMBER RIGHTS AND RESPONSIBILITIES

Member Rights (Patient Bill of Rights)

1. Members or their legal guardians have a right to get information about Molina Healthcare, its policies and procedures about products, services, contracted practitioners/providers, grievance procedures, benefits provided and Members' rights and responsibilities.
2. Members have a right to be treated with courtesy and kindness, and with respect and recognition of their dignity, need and right for privacy.

Introduction

3. Members or their legal guardians have a right to choose a PCP within the limits of the covered benefits and plan network, and the right to refuse care of specific practitioners or to notify the provider if changes need to be requested.
4. Members or their legal guardians have a right to get from the Member's practitioner(s), in terms that the Member or legal guardian(s) understands, an explanation of their complete medical condition, and recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives, regardless of the health care insurer's or Molina Healthcare's position on treatment options. If the Member is not able to understand the information, the explanation shall be provided to their next of kin, guardian, agent or surrogate, if available, and noted in the Member's medical record.
5. Members have a right to get health care services in a non-discriminatory fashion.
6. Members who do not speak English as their first language have the right to get translation services at no cost for communication with Molina Healthcare.
7. Members who have a disability have the right to get information in an alternative format in compliance with the Americans with Disabilities Act.
8. Members or their legal guardians have a right to participate with their health care practitioners/providers in decision making in all aspects of their health care, including the treatment plan development, acceptable treatments and the right to refuse treatment.
9. Members or their legal guardians shall have the right to informed consent.
10. Members or their legal guardians shall have the right to choose a surrogate decision-maker to be involved as appropriate and to help with care decisions.
11. Members or their legal guardians shall have the right to get a second opinion by another practitioner/provider in the Molina Healthcare network when Members need more information about recommended treatment or believe the practitioner/provider is not authorizing the care requested.
12. Members have a right to an open and honest discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
13. Members or their legal guardians have a right to voice complaints, grievances or appeals about Molina Healthcare, the handling of complaints, or the care provided and make use of Molina Healthcare's complaint process and the HSD's hearing process, at no cost, without fear of retaliation.
14. Members or their legal guardians have a right to file a complaint or appeal with Molina Healthcare or the HSD Administrative Hearings Bureau, for

Medicaid Members, and to get an answer to those complaints or appeals within a reasonable time.

15. Members or their legal guardians have a right to choose from among the available practitioners/providers within the limits of Molina Healthcare's network and its referral and prior authorization requirements.
16. Members or their legal guardians have a right to make their decisions known through advance directives about health care decisions (i.e., living wills, right to die directives, "do not resuscitate" orders, etc.) consistent with federal and state laws and regulations.
17. Members or their legal guardians have a right to the privacy of medical and financial records kept by Molina Healthcare and its practitioners/providers, in accordance with existing law.
18. Members or their legal guardians have a right to access the Member's medical records in accordance with the applicable federal and state laws and regulations.
19. Members have the opportunity to allow or deny the release of identifiable medical or other information by Molina Healthcare, except when such release is required by law.
20. Members have a right to ask for an amendment to their Protected Health Information (PHI) if the information is believed to be incomplete or wrong.
21. Members or their legal guardians have a right to get information about Molina Healthcare, its health care services, how to get those services and the network practitioners/providers.
22. Members or their legal guardians have a right to be given information about Molina Healthcare's policies and procedures regarding products, services, practitioners/providers, appeal procedures, allowing use of Member medical information, allowing Members access to their medical records, and protecting access to Member medical information and other information about Molina Healthcare and the benefits provided.
23. Members or their legal guardians have a right to know, upon request, of financial arrangements or provisions between Molina Healthcare and its practitioners/providers, which may limit referral or treatment options or limit the services offered to the Members.
24. Members or their legal guardians have a right to be free from harassment by Molina Healthcare or its network practitioners/providers concerning contractual disputes between Molina Healthcare and practitioners/providers.
25. Members or their legal guardians have a right to available and accessible services when medically necessary as determined by the PCP or treating

Introduction

practitioner/ provider in consultation with Molina Healthcare, twenty-four (24) hours per day, seven (7) days per week for urgent or emergency care services and for other health care services as defined by the contract or evidence of coverage.

26. Members have a right to adequate access to qualified health professionals near where the Member lives or works, within the service area of Molina Healthcare.
27. Members have a right to affordable health care, with limits on out-of-pocket expenses, including the right to get care from a non-participating practitioner/provider and an explanation of a Member's financial responsibility when services are given by a non-participating practitioner/provider, or given without required pre-authorization.
28. Members or their legal guardians have a right to prompt notification of termination or changes in benefits, services or provider network.
29. Members have a right to get care from a non-participating practitioner/provider and to be told of their financial responsibility if they get services from a non-participating practitioner/provider, or get services without required prior authorization.
30. Members have the right to continue an ongoing course of treatment for a period of at least thirty (30) days. This shall apply if the Member's practitioner/provider leaves the provider network, or if a new Member's practitioner/provider is not in the provider network.
31. Members have the right to make recommendations about the organization's Member rights and responsibilities policies.
32. Members have a right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion.
33. Members or their legal guardians shall have the right to select an MCO and exercise switch enrollment rights without threats or harassment.
34. Members have a right to detailed information about coverage, maximum benefits and exclusions of specific conditions, ailments or disorders, including restricted benefits and all requirements that an enrollee must follow for prior approval and utilization review.
35. Members or their legal guardians have all the rights afforded by law, rule, or regulation as a patient in a licensed health care facility, including the right to refuse medication and treatment after possible consequences of this decision have been explained in language the Member understands.
36. Members or their legal guardians have the right to a complete explanation of why care is denied, an opportunity to appeal the decision to Molina Healthcare's internal review, the right to a secondary appeal, and the right to ask for the superintendent's or HSD's help as applicable.

37. Members or their legal guardians have the right to get information, when they ask, that HSD determines is important during the Member's first contact with the MCO. This information can include a request for information about the MCO's structure, operation and/or practitioners or senior staff's incentive plans.

Member Responsibilities

1. Members or their legal guardians have a responsibility to give, to the extent possible, information that Molina Healthcare and its practitioners/providers need in order to care for him/her.
2. Members or their legal guardians have a responsibility to understand the Member's health problems and to help in developing treatment goals that everyone can agree to.
3. Members or their legal guardians have a responsibility to follow the plans and instructions for care that they have agreed on with their practitioner/provider or to notify providers if changes are requested.
4. Members or their legal guardians have a responsibility to keep, reschedule or cancel an appointment rather than to simply not show-up.
5. Members or their legal guardians have a responsibility to look at their Member Handbook or Evidence of Coverage and if there are questions call the Member Services Department for clarification of benefits, limitations and exclusions. The Member Services telephone number is located on the Member's Identification Card.
6. Members or their legal guardians have a responsibility to follow Molina Healthcare's policies, procedures and instructions for getting services and care.
7. Members or their legal guardians have a responsibility to show their Member Identification Card each time they go for medical care and to tell Molina Healthcare right away of any loss or theft of their identification card.
8. Members or their legal guardians have a responsibility to tell a participating practitioner/provider of their coverage with Molina Healthcare at the time of service. Members may have to pay for services if they do not tell the participating practitioner/provider of their coverage.
9. Members or their legal guardians have a responsibility to pay for all services they get before the effective date with Molina Healthcare and after the termination or cancellation of coverage with Molina Healthcare, if they did not have insurance. Members that are covered with Fee-for-Service Medicaid, another MCO or by another insurance company before the effective date or after termination or cancellation with Molina Healthcare should tell the practitioner/provider about their other coverage.

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10. Members or their legal guardians have a responsibility to tell their ISD Caseworker if there is a change in name, address, telephone number or changes in their family.
11. Members or their legal guardians have a responsibility to tell HSD and Molina Healthcare if they get other medical coverage.
12. Members or their legal guardians have a responsibility to pay for all required co-payments and/or coinsurance at the time services are rendered.

Your Rights about Your Medical Care (Advance Directives)

All adults have the right to make choices about their medical care in case of terminal illness or emergency. This means you can get medical care or choose not to get medical care. The choice you make for any limitations about the use of advance directives is a matter of conscience.

Your practitioner will have Advance Directive forms in his/her office. You can fill out the form. The form will tell your family, practitioners and those who need to know how you want to be cared for during an illness or medical emergency. The form will tell how you want to be cared for even when you can no longer speak for yourself. After you complete the form, it will be put in your medical file. You can end or change the advance directive at any time. You just need to communicate your wish to do so. If you want to know more about this, call Member Services. We will help you.

PRIMARY CARE PRACTITIONER (PCP)

Your Primary Care Practitioner (PCP) plans and directs all your medical care. Your PCP will help you get the care you need. Your PCP can help you get other services you may not be able to get in the PCP's office. You may be able to get some services at the local health department or from other practitioners. Your PCP can be different for each family Member. Do not get care without asking your PCP first. You might have to pay the bill if you do.

How to Pick Your PCP

A Molina Healthcare Provider Directory CD is included in your Member packet. You can use the Provider Directory to choose your PCP. The Provider Directory lists the PCPs you may choose from. The Provider Directory is also on the internet at www.molinahealthcare.com. If you prefer a paper directory, you can tear out and mail the postcard from the front of this handbook. You can also call Member Services to ask for a paper directory. We will be happy to mail one to you.

1. You can pick a PCP from the list. You can call Member Services for help. Member Services will check to make sure the PCP you want is taking new Members. You can pick a PCP from the following:
 - General/Family practitioner: a practitioner for people of all ages;
 - Pediatrician: a practitioner for infants, children and teenagers;
 - Internal Medicine: a practitioner for adults and sometimes teenagers; or
 - OB/GYN: a practitioner who treats women for pregnancy and female health issues.
2. You can fill out the PCP Selection Form in your Member packet. Send this form to Molina Healthcare. Use the postage paid envelope that is in your Member packet.
3. You can also pick a PCP online. Go to Molina Healthcare's website at www.molinahealthcare.com.

How to Change Your PCP

If you want to pick a different PCP:

1. Choose a new PCP from the Molina Healthcare Provider Directory. You can also visit www.molinahealthcare.com to view the Provider Directory.
2. Call Member Services. Ask to change your PCP. Ask Member Services to check to make sure the PCP you want is taking new Members.
3. Molina Healthcare will send you a new identification (ID) card after you pick your PCP. The card will have your new PCP's name, address and telephone number. You will receive your new ID card within fourteen (14) days of your request.
4. If you pick your new PCP by the 20th of the month, the change will start on the first (1st) of the following month.
5. If you pick your new PCP after the 20th of the month, the change will start the first (1st) day of the second (2nd) month following the request.
6. When you get your ID card, call your PCP for an appointment.

How to Make Appointments

To make an appointment with your PCP:

1. Call your PCP. The telephone number is listed on your Molina Healthcare ID card.
2. Tell the office what kind of problem you are having.
3. Tell them if you need a check-up.
4. Write down the date and time you are scheduled to see your PCP.

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5. Make sure you go to your visit. If you cannot go, call your PCP at least twenty-four (24) hours before the visit to cancel. You should then call to make a new appointment.
6. Your PCP may send you to an urgent care center or to the emergency room if they feel you need this kind of care.

Remember to call your PCP for advice before you get care anywhere else. Call 911 for medical emergencies. Call Member Services if you have questions. Let us know if you need help with appointments.

Member Identification (ID) Card

After you pick your PCP, Molina Healthcare will send you an identification (ID) card. The ID card will have your name and ID number on it. It will also have your PCP's name, address and telephone number. If the information on your card is wrong or if your card was lost or stolen, call Member Services. We will send you a new ID card.

All family members will have their own ID card. Only the person on the ID card can use it for services. If you think someone has used your ID card, please call Member Services or HSD.

Carry your ID card with you when you go to see your PCP. Carry your ID card with you when you get a prescription filled. This card has important information about Molina Healthcare. You should also carry your blue Medicaid card sent to you by HSD. After you get your ID card, call your PCP for an appointment.

Your PCP will:

- See you for routine checkups;
- See you when you are sick or injured;
- Tell you when you need to see a specialist; and
- Arrange for care at night, on the weekend or during a holiday.

If you need care before you get your ID card, please call Member Services.

Choosing a Specialist as a PCP

If you have a serious illness and are seeing a specialist, your specialist may be able to act as your PCP. The specialist must agree to meet the minimum requirements of Molina Healthcare's PCP care. Call Member Services to ask about this.

Members may be approved to have a specialist act as their PCP. These decisions are based on continuity of care. They must be approved by Molina Healthcare's Medical Director. The Member must get a written note from the specialist whom they want as a PCP. The specialist must agree to act as a PCP for that Member. The note must include the reason for using the specialist as a PCP. The specialist must send the note to Molina Healthcare's Utilization Management department at:

Molina Healthcare of New Mexico, Inc.

ATTN: Utilization Management

P.O.Box 3887

Albuquerque, NM 87190-9859

The specialist can fax the note toll free to (888) 802-5711.

The request will be denied if the specialist does not want to be your PCP. The request will be denied if the note does not show why the specialist must be your PCP. You and the specialist will be notified of the denial by telephone. This call will happen within twenty-four (24) hours of the denial decision. You and the specialist will also be notified in writing. You will get this notice within two (2) working days after the denial decision. You will also be told of your appeal rights. You will be told of your right to select a different PCP.

If Your PCP leaves the Network

If your PCP leaves the Molina Healthcare network, we will send you a letter telling you about this right away. We will pick a new PCP for you and we will send you a new ID card. You can keep this PCP. You can also call Member Services to pick a PCP of your choice from the Molina Healthcare network.

If the PCP is outside of the Molina Healthcare network, please call Member Services. They will tell you if you can still see that PCP. If you see a PCP outside the Molina Healthcare network, you may have to pay the bill.

How to Get Information about Providers

Call Member Services if you have any questions about your PCP. Call Member Services if you have questions about providers that are contracted with Molina Healthcare.

Benefits & Services

BASIC BENEFITS AND SERVICES

Some of the services that Salud! covers:

- PCP services (In-Plan);
- Well-Child health check-ups;
- Family planning;
- Home health services;
- Durable Medical Equipment (DME);
- Dental services;
- Emergency ambulance rides;
- Emergency services; and
- Some types of transportation.

Some of the services that Salud! does not cover, but are covered by Fee-For-Service (FFS) Medicaid:

- Long-term nursing facility care;
- Emergency services for non-eligible Members; and
- Adult Personal Care Option services.

Services you can get without a referral from your PCP

You may get vision, dental, family planning, OB/GYN and behavioral health services without seeing your PCP. You can get these services without getting a referral. You can get these services by calling:

- Routine Vision – Call March Vision Care (MVC) toll free at (888) 493-4070;
- Routine Dental – Call Molina Healthcare toll free at (800) 580-2811;
- OB/GYN – Women can self-refer for family planning services;
- Behavioral Health services – Call OptumHealth toll free at (866) 660-7185;
- Emergency Services – Dial 911 or go to the nearest emergency room. A prior authorization (approval) is not needed.

Family Planning Services

Members can get family planning services in or out-of-network. They can do this without asking their PCP. This includes adolescents. Female Members have the right to refer themselves to a Women's Health specialist for routine and preventive women's health services. The specialist may be in or out of the Molina Healthcare network.

Examples of services covered under family planning are:

- Tests to help with choice of birth control; and
- Follow-up care for problems with birth control.

For more information about family planning services, call Member Services.

Services for Native American Members

Native American Members can self-refer to Indian Health Services (IHS) or 638 Tribal Healthcare facilities. They can do this for any service. They do not need to ask their PCP for permission. Members that are registered as Native American Members with the Income Support Division (ISD) do not have co-payments for any services.

Native American Members can access a traditional medicine benefit once a year as part of their health care. For more information, call Member Services. To get a copy of the application, call Member Services.

Summary of Most Common Services and Co-payments

Summary of Benefits Salud!, CHIPRA (Children's Health Insurance Program Reauthorization Act) and WDI (Working Disabled Individuals)			
Service	Salud!	CHIPRA	WDI
Physician/Provider Visits	\$0	\$5	\$7
Pre/Post Natal Care	\$0	\$0	\$0
Preventive Services	\$0	\$0	\$0
Hospital Inpatient Medical/Surgical	\$0/per admission	\$25/per admission	\$30/per admission
Hospital Inpatient Maternity	\$0/per admission	\$25/per admission	\$30/per admission
Hospital Outpatient Medical/Surgical	\$0	\$5	\$7
Home Health	\$0	\$5	\$7

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Physical, Occupational and/or Speech Therapy	\$0	\$5	\$7
Diagnostic Services (excluding routine lab and x-ray)	\$0 included in office visit	\$0 included in office visit	\$0 included in office visit
Durable Medical Equipment (DME)/Supplies	\$0	\$0	\$0
Emergency Services	\$0	\$15/per visit, waived if admitted to a hospital within 24 hours	\$20/per visit, waived if admitted to a hospital within 24 hours
Urgent Care	\$0	\$5	\$7
Prescription Drugs: Generic/Brand	\$0/per prescription	\$2/per prescription	\$5/per prescription
Behavioral Health and Substance Abuse	Behavioral Health and Substance Abuse services are offered by OptumHealth New Mexico. Call them toll free at (866) 660-7185.		
Transportation	Transportation services are offered by Integrated Transport Management (ITM). Please call ITM toll free at (888) 593-2052.		
Vision	Routine vision services are offered by March Vision Care (MVC). Please call MVC toll free at (888) 493-4070.		
Dental	Routine dental services are offered by DentaQuest. Please call Molina Healthcare Member Services toll free at (800) 580-2811.		

Co-payments do not apply to Native American children or Native American Working Disabled Individuals.

All benefits are subject to plan limitations and plan prior authorization requirements.

Standard Covered Services

Some services may need a prior authorization (approval). Call Member Services to find out which services need a prior authorization. Do this before you get the service.

- Primary Care Practitioner (PCP) services: office visits, home visits, routine

- care, physical exam, office procedures and shots;
- Routine and diagnostic X-rays and clinical laboratory tests, routine electrocardiograms (EKGs) and electroencephalograms (EEGs);
- Inpatient and outpatient surgery;
- Inpatient professional care services - including pathologists, radiologists and anesthesiologists;
- Inpatient hospital services - These services need prior authorization. They also need your PCP's referral. These services include:
 - 1 Semi-private room and board accommodations, including general duty nursing care;
 - 2 Private room and board accommodations when medically necessary;
 - 3 In-hospital therapeutic and support care, services, supplies, and appliances, including care in specialized intensive and coronary care units;
 - 4 Use of all hospital facilities, including operating, delivery, recovery, and treatment rooms and equipment;
 - 5 Laboratory tests, x-rays, electrocardiograms (EKGs), electroencephalograms (EEGs), and other diagnostic tests done in combination with a Member's admission to a hospital;
 - 6 Anesthetics, oxygen, medications, and other biologicals;
 - 7 Dressings, casts, and special equipment when given by the hospital for use in the hospital;
 - 8 Inpatient meals and special diets;
 - 9 Inpatient radiation therapy and/or inhalation therapy;
 - 10 Rehabilitative services – physical, occupational, and speech therapy;
 - 11 Administration of whole blood, blood plasma, and components; and
 - 12 Discharge planning and coordination of services.
- Maternity Care;
- Outpatient hospital services that can reasonably be given on an outpatient basis;
- Surgeries, including use of operating, delivery, recovery and treatment rooms, equipment and supplies including anesthesia, dressings and medications;
- MRI, CT Scans, and Positron Emission Tomography (PET) tests;
- Radiation therapy and chemotherapy;
- Holter monitors and cardiac event monitors;
- Rehabilitative services – including heart and short-term, physical, occupational, and speech therapies;

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- Emergency and post stabilization care - including twenty-four (24) hour emergency medical care and emergency room service;
- Same day care or urgent care and urgently needed health services;
- Women's health services;
- Mammography and cytological screening;
- Services related to the diagnosis, treatment and appropriate management of osteoporosis;
- Prenatal and post partum care;
- Non-hospital births;
- Preventive health services including physical exams and periodic tests;
- Family planning services (including birth control pills, supplies and devices, surgical procedures to cause sterility or prevent pregnancy);
- Dialysis services;
- Inpatient physical rehabilitation services;
- Home health services;
- Ambulance service (emergencies only);
- Limited oral surgery;
- Limited reconstructive surgery;
- Prescription Drugs;
- Diabetes treatment services; equipment, supplies and appliances to treat diabetes. Benefits include:
 - 1 Blood glucose monitors, including those for the legally blind;
 - 2 Test strips for blood glucose monitors;
 - 3 Visual reading urine and ketone strips;
 - 4 Lancets and lancet devices;
 - 5 Insulin (limit two [2] vials per co-payment);
 - 6 Injection aids, including those adaptable to meet the needs of the legally blind;
 - 7 Syringes;
 - 8 Prescriptive oral agents for controlling blood sugar levels; and
 - 9 Medically necessary podiatric appliances to help prevent foot complications related to diabetes. This includes therapeutic molded or depth inlay shoes, functional orthotic appliances, custom molded inserts, replacement inserts, preventive devices and shoe modifications for prevention and treatment; and Glucagon emergency kits.
- Durable Medical Equipment (DME) (wheelchairs, walkers, oxygen, etc.) (See Limitations);
- Prosthetics and Orthotics (See Limitations);

- Organ Transplants; and
- Health Education.

How to Get a Second Opinion

A second opinion is when you ask to see another Molina Healthcare practitioner/provider about your medical condition. You can get a second opinion from another practitioner/provider. If a qualified practitioner/provider is not available in the network, you have the right to get a second opinion. You can get a second opinion from a qualified practitioner/provider outside of the network. If you think you need a second opinion, call Member Services.

How to Get Hospice Care

Hospice is a service to care for a patient with a terminal illness. The patient usually has a life expectancy of six (6) months or less. Licensed hospice programs in the state of New Mexico give support and comfort to the patient and the family during the final months of life. Hospice services offer palliative care, which gives relief from pain and other symptoms, rather than curative treatment. The goal of hospice is to make sure that a patient's remaining time is as pain-free and peaceful as possible.

Hospice care improves the quality of life for the patient. It gives a personalized plan of care that focuses on the patient's comfort and dignity. Hospice staff respects the wishes of the patient. They encourage communication among family members and the medical team.

Members who have a terminal illness can get hospice care. If you have questions about hospice care, call Member Services.

BEHAVIORAL HEALTH SERVICES

Behavioral health care services are provided through OptumHealth New Mexico (OptumHealth). If you have questions about your behavioral health needs, call OptumHealth. If you need to talk to someone, call OptumHealth. You can reach OptumHealth toll free at (866) 660-7185. If you need help with your OptumHealth referral, call Member Services.

Call Member Services if you have questions about covered or non-covered services. We will answer your questions. A detailed listing of covered services,

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limitations and non-covered services (exclusions) is included in this Member Handbook. Salud! covers all medically necessary services that are offered. Medically necessary means that a service is needed to prevent, diagnose or treat a medical condition.

ADDITIONAL BENEFITS AND SERVICES

How to Get Dental Care

Taking care of your teeth can help keep you healthy. Molina Healthcare works with DentaQuest. They will take care of your dental needs. If you are pregnant, dental care is very important to your health and your baby's health. Good dental care may help prevent premature birth.

You may have dental coverage for the following care when it is medically necessary:

- Preventive dental care, such as cleanings and x-rays. These services help to keep your teeth healthy;
- Restorative care, such as fillings, root canals and crowns. These services help to fix dental problems you may have;
- Prosthetics such as bridges and dentures. These services help to replace lost teeth;
- Periodontia is a service to take care of your gums; and
- Orthodontia (braces). Braces are covered when teeth are so crooked that they cause medical problems. They are not covered for cosmetic purposes. (A Member must reach a score of thirty (30) points on the Handicapping Labio-Lingual Deviations (HDL) scoring tool to qualify for braces.)

How to Get Vision Care

Regular eye exams are important. These exams allow your March Vision Care (MVC) doctor to find and treat eye problems before they start. This can happen even before you notice any problems. Follow these simple steps when you are ready to use your MVC benefit:

- 1 Find a MVC doctor
 - Call a MVC representative toll free at (888) 493-4070. Or TTY/TDD (for the hearing impaired) toll free at (877) 627-2456;

- Find a MVC doctor by using your MVC provider directory; or
 - Visit the MVC website at www.marchvisioncare.com.
- 2 Call a MVC doctor
- Make an appointment;
 - Tell the doctor you are a MVC Member;
 - Give your identification number to the doctor (this number is on your Member identification card); and
 - Your MVC doctor will check with MVC to see if you can get services. If you cannot get services, your MVC doctor will let you know.
- 3 After your Eye Exam
- Your MVC doctor will discuss your eyewear and/or treatment options with you.

If you have diabetes, you should have an annual dilated eye exam. This is not the same as an eye exam for glasses.

MEDICAID BIRTHING OPTIONS PROGRAM

If you are pregnant and eligible for Medicaid, you have a choice of who will provide care for you. You can also choose where your baby will be born.

Women in New Mexico have choices about where to give birth:

- A birth center;
- A hospital; or
- Your own home.

Many health care practitioners/providers offer pregnancy-related services.

Many times they work together to provide care for you and your baby:

- Certified Nurse-Midwives*;
- Family Practice Physicians;
- Licensed Midwives*;
- Nurse Practitioners;
- Obstetricians; and
- Physician Assistants.

Services for pregnant women may include:

- Prenatal care;
- Case Management;
- Childbirth education;
- Doula services (where available);
- Birthing services for Labor and Delivery;
- Postpartum care;

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- Breastfeeding counseling;
- Reproductive Health; and
- Family planning.

If you would like to select out-of-hospital services provided by a midwife*, please send the following information by mail:

- Your name;
- Your address;
- Your telephone number;
- Name of midwife; and
- Telephone number for the midwife you have chosen.

Mail this information to the following address:

Pregnancy-Related Services Benefits Bureau HSD-MAD
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Or call the Medical Assistance Division toll free at (888) 997-2583.

For more information about the services that are provided by midwives*, please contact:

New Mexico Midwives Association*

Toll free at (888) 332-4784 or in Albuquerque at (505) 924-2169.

<http://www.newmexicomidwifery.org>

American College of Nurse-Midwives New Mexico Chapter

<http://nmmidwives.org/practices.php>

Maternal Health Program Department of Health

In Albuquerque at (505) 476-8908.

**These services are only covered if they are provided by healthcare providers who have an approved Provider Agreement with the Human Services Department/ Medical Assistance Division.*

TRANSPORTATION

Does Salud! pay for Transportation?

Members who can transport themselves must do so. If you have been taking yourself to your practitioner/provider visits, you must continue to do so. Transportation based on medical necessity is a covered benefit in the Salud! Program. It is for Members who have no other means of transportation.

The provider for transportation is Integrated Transport Management (ITM). You can contact ITM to let them know if there are special needs with your case.

Transportation can only be used to go to medical or behavioral health visits. The service is only good to see the practitioner/provider that has been approved by Molina Healthcare. The Salud! Program does not cover transportation to the store or to see a friend.

ITM will call Molina Healthcare and check to see that your medical visit has been approved. This must be done before they can approve transportation. For non-emergency transportation, you must give ITM at least two (2) working days notice.

What are ITM's Hours of Operation?

ITM has regular business hours Monday - Friday from 7:00 a.m. to 5:00 p.m. and Saturday from 8:00 a.m. to 1:00 p.m.

ITM is open twenty-four (24) hours a day, seven (7) days a week for urgent calls.

What is ITM's Telephone Number?

The toll free number is (888) 593-2052.

How do I Get Routine Transportation?

ITM must be notified two (2) working days before your visit. It takes time to arrange for transportation. ITM needs to know:

- Your address and telephone number;
- Your ID number;
- Where you are going;

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- Who you are seeing;
- The practitioner/provider address and telephone number; and
- The day and time of your visit.

After ITM has this information, they will call the practitioner/provider. ITM will confirm the visit. ITM will then set-up the transportation. ITM will call you back with the time of pick-up.

Will Molina Healthcare pay me to use my own car for transportation?

Yes, Molina Healthcare can pay for this. But only if certain things are done first:

- ITM must approve the visit before you go;
- You must keep receipts for gas;
- Your visit must match the day you are asking Molina Healthcare to pay you back; and
- ITM must confirm you went to the visit before Molina Healthcare can pay for the trip.

What if I have been using my car and the day of my appointment the car breaks down?

Call ITM and tell them what the problem is. Just like with routine transportation, ITM needs this information:

- Your address and telephone number;
- Your ID number;
- Where you are going;
- Who you are seeing;
- The practitioner/provider address and telephone number; and
- The day and time of your visit.

ITM will set up the transportation once they have this information. ITM will call you back with the time of pick-up.

Does Salud! pay for housing and food?

The transportation benefit may also pay for housing and food. This is if you go out of town for a medical or behavioral health visit. This is only if the trip is longer than four (4) hours one-way by ground transportation. ITM will tell you if you can do this.

You must keep your receipts for housing and food. There are limits to the amount of housing and food that Salud! will pay for. Copies of these receipts must go to ITM. ITM can directly pay for food and housing in advance. ITM can tell you how much they are allowed to pay for. ITM is happy to help you with questions about housing.

What if I need transportation outside of the State of New Mexico?

ITM does not contract for transportation or housing outside of the state. If the Molina Healthcare Medical Director has approved the need to go out of state, a care coordinator/complex medical case manager will make the arrangements.

What if I have a need for urgent or same-day transportation?

ITM will ask you a series of questions. This is to decide how urgent the transportation need is. They are trying to figure out if you need an ambulance or a cab. ITM is open twenty-four (24) hours a day, seven (7) days a week for urgent calls. Below are examples of questions they may ask:

- Do you have a fever?
- Are you on oxygen?
- Do you use a wheelchair or walker? or
- Are you coughing?

An example would be a child who has a high fever. He/she needs to go to the hospital, but he/she does not need an ambulance. This is an example of an urgent call.

What if the transportation is a true emergency?

While ITM is talking to you and if the case sounds like a true emergency, ITM will tell you to hang up the telephone and call 911. ITM will take care of paying for the ambulance later. Do not call ITM first if you think a problem is a true emergency. Please call 911.

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What if my underage child needs to go to a medical appointment and I cannot go?

ITM will need you to sign a waiver saying that it is okay for them to transport the child. It is very important that you make every effort to go with your child. This will help you to understand your child's problem. Many practitioners/providers will not treat a child without a parent there. If you do not sign a waiver, or go with your child, there is a chance the driver will not transport your child.

What if I have a problem with transportation?

Sometimes problems happen with transportation. We want to know if there is a problem. Please call Member Services with any concerns.

We are always trying to improve our service to you. We cannot make services better if we do not know about a problem. Please call Member Services if ITM cannot help you with your questions or problems.

SERVICES REQUIRING PRIOR AUTHORIZATION (Approval)

A Prior authorization is a review of the service that has been asked for. The service will need to be looked at by the Medical Director. The Medical Director will decide if the test, equipment or procedure meets the criteria for "medically necessary" care or treatment. Within one (1) to five (5) days, both the patient and the PCP will be told if an authorization or a denial is given. If a denial is given, the patient and/or provider can appeal the decision.

The following is a list of tests and procedures that will need a prior authorization:

Heart station procedures:

- Dobutamine ECHO

Radiology/imaging procedures:

- MRIs;
- PET Scanning;
- Interventional Radiology;
- CT Scans.

Elective inpatient admission

Neuropsych testing;

Physical, Occupational and Speech therapies (after initial consultation and

treatment visit);
Inpatient rehabilitation services;
Home health services;
Durable Medical Equipment;
Oral and reconstructive surgery;
Inpatient behavioral health and detoxification;
Pain Management services; and
Sleep Studies.

Service Limitations

Covered services are subject to the following conditions and limitations:

1. Medically Necessary services are clinical and rehabilitative, physical, mental or behavioral health services that are:
 - A. Necessary to prevent, diagnose or treat medical conditions;
 - B. Necessary to allow the Member to reach, maintain or recover;
 - C. Given in the amount, duration, scope and setting that is clinically appropriate to the specific physical, mental and behavioral health care needs of the Member;
 - D. Given within professionally accepted standards of practice and national guidelines; and
 - E. Needed to meet the physical, mental and behavioral health needs of the Member and are not primarily for the convenience of the Member, the provider or the payer.
2. Choice of Provider. For the purpose of coverage under this policy, Molina Healthcare has the right to decide which practitioner/provider can be used to provide the covered services.
3. Contact Lenses or Eyeglasses. Following Cataract Surgery One (1) complete set of contact lenses or eyeglasses is covered following surgery for the removal of cataracts from one or both eyes. Coverage is limited to either one (1) set of contact lenses or eyeglasses per Member per surgery. The maximum amount of coverage for materials (contact lenses or eyeglasses) is limited to \$300 per surgery. Coverage for contact lenses or eyeglasses is limited to ninety (90) calendar days following surgery for the removal of cataracts. Contact lenses or eyeglasses obtained after the ninety (90) calendar day period are not covered.

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4. **Dental Services.** In cases of accidental injury to sound natural teeth, the jawbones, or surrounding tissues, treatment for injury is covered when initial treatment for the injury is sought within seventy-two (72) hours of the injury. Teeth with crowns or restorations are not considered to be sound natural teeth. The injury must be properly noted during the initial treatment. Services must be completed within twelve (12) months of the date of injury.
5. **Home Health Services.** If home health services can be provided in more than one medically appropriate setting, the MCO may choose the setting for providing the care.
6. **Major Disasters.** In the event of any major disaster, epidemic, or other circumstance beyond its control, Molina Healthcare will provide or attempt to arrange covered services with participating practitioners/providers as practical using its best judgment and within the limitations of facilities, supplies, pharmacies, and personnel available. Such events include:
 - Complete or partial disruption of facilities;
 - War;
 - Riot;
 - Civil uprising;
 - Disability of participating providers; or
 - Act of terrorism.
7. **Maternity Transportation.** Coverage for transportation is given when medically necessary to protect the life of the infant or mother. This includes air transport if needed, for medically high-risk pregnant women with an impending delivery of an infant, to the nearest available care center.
8. **Mastectomy and Lymph Node Dissection .**Length of inpatient stay: not less than forty-eight (48) hours inpatient stay following a mastectomy and not less than twenty-four (24) hours of inpatient care following a lymph node dissection when deemed medically appropriate by physician and patient.
9. **Orthotic Appliances and Prosthetic Devices .**Repair or replacement of orthotic appliances and prosthetic devices due to normal wear.
10. **Physical, Speech and Occupational Therapy.** Physical, occupational and speech therapy services which are reasonable and necessary for the treatment of the Member's specific condition.
11. **Post Mastectomy Supplies.** Bras required in combination with reconstructive surgery are limited to two (2) per Member per benefit year.
12. **Prescription Drugs.** Prescription drugs are limited to generic drugs and name brand prescription drugs. They are listed on the drug formulary. For each co-payment amount, quantities are limited to a thirty (30) calendar day supply or one hundred (100) tablets, whichever is less, per prescription or refill. All other units will be given in a thirty (30) calendar day supply.

13. Transplants. The following transplants are covered as long as the indications are not considered experimental or investigational:

- Heart;
- Lung;
- Heart/Lung;
- Liver;
- Kidney;
- Bone marrow; and
- Cornea.

Molina Healthcare has the right to require that transplants be performed at contracted Centers of Excellence if one is available.

Services Not Covered (Exclusions)

Molina Healthcare does not cover services or supplies that are not specifically listed as a covered service. If a service is not a covered service, then all services performed in conjunction with the non-covered service are not covered as well. The list of exclusions below is not a complete listing, but is meant to be of help to Members. If a service is not listed as a covered service, then it is not covered regardless of medical necessity. Other services that are not covered are:

1. Services not coordinated through a Member's PCP or lacking a prior Authorization (approval). Health services and supplies are not covered if they are not provided by or under the direction of:
 - A. The Member's PCP or a practitioner/provider to whom the Member has been referred by his PCP;
 - B. A non-participating practitioner/provider to whom the Member has been referred by his PCP, and a prior authorization is in place for those services; or
 - C. A service or supply that requires a prior authorization if a prior authorization is not obtained.
2. Services not medically necessary, not standard medical practice or experimental. The following services are not covered:
 - A. A treatment, procedure, facility, equipment, drug, drug use, device or supply that is not medically necessary. Molina Healthcare only pays for medically necessary services given by approved providers to eligible Members. Molina Healthcare does not cover experimental or investigational medical, surgical, or other health care procedures or treatments, including the use

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of drugs, biological products, or other products or devices, except routine patient costs associated with certain Phase I, II, III, and IV cancer clinical trials.

- B. Drugs and devices that are not Federal Drug Administration (FDA) approved for the proposed use, or which have been voluntarily removed from the market.
 - C. Medical, surgical, and/or behavioral health procedures, pharmacological regimes, and/or related health services, if they are experimental, under investigation, or generally not standard medical practice.
3. Acupuncture and Chiropractic Services. These services are not covered.
 4. Assistant Surgeon Services. Payment for assistant surgeon services when Molina Healthcare does not approve an assistant surgeon is not covered.
 5. Cosmetic Services. Cosmetic services are not covered, including but not limited to:
 - Surgery, services, or procedures to change family characteristics or conditions due to aging;
 - Dermabrasion;
 - Scar reconstruction or revision;
 - Acne surgery (including excision of scarring and cryotherapy); tattoo removal;
 - Orthognathic jaw surgery; services performed in connection with the enlargement, reduction, implantation, or change in appearance of a portion of the body; surgical excision or reformation of sagging skin on any part of the body including, but not limited to eyelids, face, neck, abdomen, arms, legs or buttocks; microphlebectomy;
 - Sclerotherapy; liposuction; rhinoplasty; otoplasty;
 - Services related to a cosmetic service, or needed as a result of a non-covered cosmetic service; surgery needed as a result of a non-covered procedure (such as a non-covered organ or tissue transplant or a sex change operation); or
 - Breast augmentation, reduction mammoplasty, or nipple reconstruction except as related to reconstructive surgery.
 6. Court Ordered Care .Court mandated evaluations and treatment that would not comply with the terms and conditions of the Salud! contract are not covered.
 7. Coverage Out of the Service Area. Coverage while away from the service area, except for emergency health services and urgently needed health services, is not included, unless otherwise covered.

8. Bariatric (weight loss) Surgery. Bariatric surgery and related expenses.
9. Custodial Care. Custodial or home (domestic) care, including services and supplies that can be performed by non-licensed medical personnel to help a Member meet the normal activities of daily living, are not covered for adults over twenty-one (21) years of age. Personal Care Services are available to Individuals with Special Healthcare Needs who are twenty-one (21) years of age or younger. Examples of custodial care that are not covered are:
 - A. Bathing;
 - B. Feeding;
 - C. Preparing meals; and
 - D. Performing housekeeping tasks.

Call Member Services for questions about covered and non-covered services. Molina Healthcare will also tell you if your benefits have changed.

EMERGENCY/URGENT SERVICES

Emergency Care

An emergency is when you need care right away. You need emergency care because you have an injury or sudden illness. A prior authorization is not required for emergency services.

Here are some examples of emergencies:

- Broken bones;
- Bleeding that does not stop;
- Heart attacks;
- Major burns; or
- Drug overdoses.

What to do if you have an emergency

Call 911 if you have a serious health problem or accident. You can also go the nearest emergency room (ER). Tell the ER person who your PCP is. Call your PCP as soon as you can to let him/her know about your emergency.

Follow-up care is not an emergency. You should call your PCP's office to set up follow-up care if you need it. You can also call Member Services for help setting follow-up care.

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Do not go to the emergency room for care you can get in your PCP's office. Call the Molina Healthcare 24-Hour Nurse Advice line if you have questions about using the emergency room.

The Molina Healthcare 24-Hour Nurse Advice line is available twenty-four (24) hours a day, seven (7) days a week. You can use it if you are sick, injured or not feeling well. Qualified nurses will speak with you. They will help direct you to the right care.

If you are not able to reach your PCP or speak with the practitioner on-call, you can contact Molina Healthcare's 24-Hour Nurse Advice Line. Call toll free (888) 275-8750 for an English-speaking representative. Or call toll free (866) 648-3537 for a Spanish-speaking representative.

Here are some examples of when you should not use the emergency room:

- Sore throats;
- Cold or flu;
- Back pain; or
- Tension headaches.

Do not wait until after office hours to get care for you or your family.

Getting Emergency Care While Traveling

Go to the nearest emergency room if you are very sick. Go if you are badly injured and need treatment right away.

Call your PCP within forty-eight (48) hours after getting emergency care. Tell him/her what kind of care you got.

Member Services or Molina Healthcare's 24-Hour Nurse Advice Line can help you with medical care information. We can do this when you are traveling.

How to Get Services when you are outside the State of New Mexico

Emergency services are the only services that will be paid when you are outside of New Mexico. A prior authorization (approval) is not needed before you get emergency care. If you have an emergency, go to the nearest emergency room. Tell them you are covered by Molina Healthcare. Show them your Molina Healthcare ID card.

After Emergency care, call your PCP within forty-eight (48) hours. Tell him/her what kind of care you got.

If you are sick but it is not an emergency, call the Molina Healthcare 24-Hour Nurse Advice Line. Call toll free (888) 275-8750 for an English-speaking representative. Or you can call toll free (866) 648-3537 for a Spanish-speaking representative.

Urgent Care

Urgent care is when you must get treatment within eighteen (18) to twenty-four (24) hours. Check with your PCP first before you get urgent care. Your PCP should see you if the urgent need is during regular office hours. If they cannot see you, they will send you to an Urgent Care office or to the emergency room (ER). Call Member Services if there are problems getting in to see your PCP. We will try to help you be seen.

How to Get Services After Hours

Call your PCP if you think you need urgent medical care. If you cannot reach your PCP or the practitioner/provider on-call, call the Molina Healthcare 24-Hour Nurse Advice Line. Call toll free (888) 275-8750 for an English-speaking representative. Or you can call toll free (866) 648-3537 for a Spanish-speaking representative.

Contact with your PCP

If you get emergent or urgent care, you should tell your PCP within forty-eight (48) hours. Your PCP may need to see you for follow-up care.

Your PCP will need to get copies of the records from the emergency room or urgent care visit. Sometimes hospitals do not send these records right away or the records may get lost. This will make it very hard for the PCP to be able to help you or your family member. Remember that practitioners/providers and nurses need this information to help you. You might have to help get the records.

Information to take to the Emergency Room

It is important to take information about yourself to the Emergency Room. You should have information about:

- Medications you are taking (including over the counter medication);

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- Allergies;
- Diagnoses;
- PCP or specialist names and telephone numbers;
- Medical equipment provider (if you have one);
- Pharmacy; and
- Home care provider (if you have one).

What to do if you have an Emergency need for Durable Medical Equipment (DME)

Some DME, like oxygen or a ventilator, is very important. It can be serious if the machine breaks or the oxygen tank runs out. Call your DME provider for help if you have an emergency with your DME. Keep their telephone number where you can find it. You can put the telephone number on the equipment. You can put the telephone number on your refrigerator. This will help you find the number in an emergency.

Call 911 if you are in immediate danger. You can get emergency DME from your DME provider. You do not have to contact Molina Healthcare. Your DME provider will get approval later.

Reorder supplies you use on a regular basis. Order them from your DME provider. Supplies can be ordered during regular business hours. Molina Healthcare can give a prior approval for some DME supply refills. These referrals may last as long as one (1) year. Call your DME provider if your DME is not working as it should. Call them during regular business hours for help.

Call Member Services if you cannot get the help you need from your DME provider. We have someone on call twenty-four (24) hours a day, seven (7) days a week, for urgent or emergency needs. We will help you get the DME supplies and equipment that cannot wait until the next day.

NURSE ADVICE LINE

Molina Healthcare's 24-Hour Nurse Advice Line

Nurses can help you by telephone. You can reach them twenty-four (24) hours a day, seven (7) days a week. You can reach them on holidays. They can help you with health questions. They can tell you what medical care you may need. If you

cannot reach your PCP or talk with the practitioner/provider on-call, you can call Molina Healthcare's 24-Hour Nurse Advice Line. Call them toll free at (888) 275-8750 for an English-speaking representative. Or you can call toll free (866) 648-3537 for a Spanish-speaking representative.

PHARMACY SERVICES

Filling Prescriptions

There may be times when your practitioner or provider prescribes a medication for you. The prescriptions for your medications can be filled at most retail pharmacies.

Molina Healthcare has a list of drugs that can be prescribed for you by your practitioner/provider. This list is given to PCPs and specialists. Your PCP can tell you if the drug you need is on the list. If the drug is not on the list (Formulary), your PCP has to get approval. Your PCP must submit an authorization form to Molina Healthcare. The authorization form (also called a prior authorization) should explain why you need a drug that is not on the list.

You can access our website to view a list of drugs that are on our approved list. The website is www.molinahealthcare.com. At the website, select 'Member' and the State of 'New Mexico'. Select the tab labeled 'Drug Formulary'. On this page, you can select either 'Brand Name' or 'Over-the-Counter Formularies.' You can look at the website to find a Pharmacy provider by selecting 'Find a Pharmacy.' If you have questions, please call Member Services.

Call Molina Healthcare if you have questions about the drug list or prior authorizations. The toll free number is (800) 580-2811. After business hours or on holidays, call the toll free Nurse Advice Line for questions about the drug list or for pharmacy information. To talk to a nurse in English call toll free (888) 275-8750. To talk to a nurse in Spanish call toll free (866) 648-3537. Your Provider Directory also has pharmacy location information.

Medication Refills

The pharmacy can give you a refill on your medication. You can get a refill if your doctor has ordered one. The pharmacy cannot refill your medication

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more than five (5) days before the refill date. They cannot refill it before three-fourths (3/4) of your medication has been used.

Questions about Medication

The pharmacist can answer questions you have about your medication. Make sure you know how to take your medication. Tell the pharmacist if you have allergies to medication or foods. Tell your PCP and pharmacist about other medications, vitamins or herbal remedies you are taking.

If you are having problems with your medication, talk to your practitioner/provider right away. Your practitioner/provider needs to know if you are having problems.

Exceptions to Denied Medications

Molina Healthcare uses a special list of drugs. It is called a Drug Formulary. Your doctor can ask Molina Healthcare to cover a drug that is not on this list. This is called an “exception”.

Your doctor can ask for a prior authorization. They ask Molina Healthcare for the prior authorization. If your doctor’s request for an exception is not approved, you have a right to appeal that decision. You have a right to get another review. You will get a denial letter from Molina Healthcare. Your doctor will get a denial letter from Molina Healthcare. The letter will tell you how to ask for an appeal.

INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS (ISHCN)

How do I know if My Child or I are Individuals with Special Health Care Needs?

The State of New Mexico says Individuals with Special Health Care Needs (ISHCN):

- Have or are at more risk for an ongoing physical, developmental, or behavioral/emotional condition;
- Need health and related services that are different from the services needed by most individuals; or
- Need help getting through the health care system.

This is the list Molina Healthcare uses to identify Individuals with Special Health Care Needs. It helps us decide who needs Care Coordination/Complex Medical

Case Management (CC/CMCM) services.

- Children or adults who are eligible for Social Security Insurance as disabled under Title XVI;
- Children who are in the Department of Health (DOH) Title V children's Medical Service Program;
- Children or adults taking part in the Home and Community Based Waivers;
- Children who get foster care or adoption assistance support through Title IV-E;
- Other children in foster care or out-of-home replacement;
- Children or adults who are mentioned in the Individuals with Disabilities Education Act; or
- Other individuals whose clinical reviews show that they have special health care needs.

You can ask for CC/CMCM services. Call Member Services.

ISHCN Information Packet

The packet will tell you:

- How to get CC/CMCM;
- Places in the community to get help;
- Logs to keep track of practitioner/provider visits;
- Logs to keep track of medicines you are taking;
- How to set up transportation; and
- How to get durable medical equipment (DME) in an emergency.

You can get the packet from Molina Healthcare. To ask for a packet, call Member Services. Ask for an ISHCN Coordinator.

ISHCN Educational Programs

Molina Healthcare has many educational programs for the caregivers of ISHCN. Ask for an ISHCN Coordinator. They can give you information about the program.

Choosing a Specialist as a PCP (ISHCN)

An Individual with Special Health Care Needs can have a specialist act as their PCP. The Member must get a written note from the specialist they want as a PCP. The specialist must agree to act as a PCP for that Member. The specialist

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must send a note to Molina Healthcare's Utilization Management Department. The note must include the reason for using the specialist as a PCP.

Send the written note to:

Molina Healthcare of New Mexico, Inc.
ATTN: Utilization Management
P.O. Box 3887
Albuquerque, NM 87190-9859

The specialist can fax the note toll free to (888) 802-5711. If you need a specialist as a PCP, the specialist must agree to meet the minimum requirements of Molina Healthcare's PCP care.

When Molina Healthcare gets the note from the specialist, it is sent to the Medical Director for review. The Medical Director reviews the note for medical need.

The specialist must write that they are willing to act as your PCP. The note must show there is a medical need for the specialist to act as your PCP. The request will be denied if the specialist does not want to be your PCP. The request will be denied if the note does not show why the specialist must act as a PCP. You and the specialist will be told of the denial by telephone. The call will happen within twenty-four (24) hours of the denial decision. You and the specialist will also be told in writing. You will get this notice within two (2) working days after the denial decision. You will also be told of your appeal rights. You will be told of your right to select a different PCP.

Behavioral Health Services for Individuals with Special Health Care Needs (ISHCN)

Behavioral health services are provided through OptumHealth New Mexico (OptumHealth). If you have questions, you can call OptumHealth. You can talk to OptumHealth about your behavioral health needs. Call OptumHealth toll free at (866) 660-7185.

How to Arrange for Transportation for Individuals with Special Health Care Needs (ISHCN)

Members who can transport themselves should do so. If you have been taking yourself or your dependent to the practitioner/provider, you must continue to do so. Medically necessary transportation is a covered benefit in the Salud! Program. It is for Members who have no other means of transportation. This is talked

about more in the transportation section of the Member Handbook. Molina Healthcare provides transportation for behavioral health.

What to do if an Individual with Special Health Care Needs has an emergency

An emergency is when you feel you or your dependent's life or limb is immediately threatened. Call 911 if this is the case. The Salud! Program pays for true emergencies. You can get this service without an approval from Molina Healthcare. It is important to get treatment first and take care of paperwork later.

UTILIZATION MANAGEMENT INFORMATION AND SERVICES

What is Utilization Management (UM)?

We want to make sure you are getting the right kind of medical care. Our UM staff work hard to make sure you do.

There are times when the care you need requires prior approval from Molina Healthcare. This is when our UM staff looks at your medical needs. This is to make sure the kind of medical care being asked for is the best care for you. Only a Medical Director can decide if your medical care will not be approved. This is based on medical necessity. Our practitioners/providers and nurses do not get any money or compensation for denying services or payment for care.

After you get medical care, Molina Healthcare looks at your records. This is to make sure you got the medical care you needed. This UM review helps us make sure that you got the right care. If you have questions, call Member Services between 8:00 a.m. and 5:00 p.m., Monday – Friday (except holidays).

What are Prior Authorizations (Approvals) and Specialist Referrals?

Some services and prescriptions need a Prior Approval. Molina Healthcare gives a Prior Approval to you and your provider for certain services. For example:

- You will need a Prior Approval from Molina Healthcare for all services performed by an out of plan provider; and
- You will need a Prior Approval from Molina Healthcare for all non-medically necessary services.

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Your PCP or specialist will decide if you need this type of service. Your PCP or specialist will ask Molina Healthcare for the approval. Molina Healthcare must approve the services before you get them. If you get services that Molina Healthcare does not approve, you may have to pay the bill.

A referral is from your PCP to a Molina Healthcare specialist. This does not need to be approved by Molina Healthcare.

If you have questions about services that need a Prior Approval or referral, call Member Services. Call us in Albuquerque at (505) 342-4681 or toll free at (800) 580-2811.

How to Get PCP, Specialist or Hospital Services

You should make an appointment with your PCP when you pick one. It is important to meet your PCP. Make an appointment even if you are not sick. This will help your PCP get to know you.

The PCP will check your medical history. The PCP does this to help keep you healthy. The visit is part of your preventive benefit. You need to see your PCP if you think you need hospital care that is not an emergency.

Your PCP must refer you if you need to see a specialist. Your PCP will give you a referral form. You must take the referral form with you when you go to see the specialist.

You must make sure the specialist is part of the Molina Healthcare network. You can do this by calling Member Services. Do not get care without asking your PCP first. You may have to pay the bill if you do.

Care Coordination/Complex Medical Case Management

Care Coordination/Complex Medical Case Management is a benefit offered to Members with chronic or complex problems or special needs. The CC/CMCM Program have nurses and other trained staff. They are trained in different areas. They are there to help you with your care and to get you the care you may need. They can help with social issues. They know of agencies that may help you if a service is not covered.

If you have special health care needs, you may be able to get CC/CMCM. Call Member Services for more information. You do not have to go through your PCP to get these services.

CC/CMCM works closely with you and your PCP. During their first call to you, an initial review is done. This review helps them find out what your needs are. This review helps the CC/CMCM and the PCP and/or specialist start a plan of care for you. The plan of care is made with your input. The CC/CMCM will put the plan of care into action. They will make changes if needed.

What is Care Coordination?

Care Coordination is a service offered to all Members of Molina Healthcare. It may be helpful to Individuals with Special Health Care Needs. A Care Coordinator is a licensed nurse or social worker or other paraprofessional. They can help you in locating services. They can help you get through the health care system. They can help you get the services you need to ensure your good health.

Some of the services offered by Care Coordination are:

- Medical care;
- Emotional care;
- Social work;
- Nutrition programs;
- Food banks;
- Education agencies;
- Medical equipment;
- Medications;
- Tests or procedures;
- Transition of care from one health plan to another; and
- Support groups.

Nurses and social workers oversee Care Coordinators.

Who needs Care Coordination?

If you are having a hard time getting the care you need, you can ask for Care Coordination. A Care Coordinator can help you get services from other agencies. A Care Coordinator can help you if:

- Your child has a developmental delay. The delay is not medical in nature. The delay is educational in nature. This type of delay is not covered under the Salud! Program. But there are government agencies that help care for this type of problem. The Care Coordinator can help you get into these programs;

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- Your teenage child has a behavior problem. Your teenager has been in trouble with the school. This is because of his/her behavior. Your child also has diabetes. He/she does not care for it. The Care Coordinator can help you get psychology services for your teenager. The Care Coordinator can help your child get diabetic training;
- You are an adult who is disabled and is having a hard time getting in to the practitioner/provider for a visit; or
- You are a new member with the health plan and information from your previous health plan is needed to coordinate your care.

These are just a few examples of how a Care Coordinator can help you.

Goals of Care Coordinators

Care Coordinators are here to support you. They respect your dignity as a human being. The goal of Care Coordination is to help our Members. Our goal is to promote these values:

- Support you in your right to make your own choices;
- Provide services that are sensitive to your cultural needs;
- Not impose personal values on you;
- Support you in becoming more independent;
- Allow you the support systems and relationships to be included in planning;
- Provide services during your transition from another health plan;
- Give you Care Coordination that helps with your needs and supports building personal strengths; and
- Give you help at all times.

How do I get Care Coordination?

To get Care Coordination, call the Care Coordination Intake Specialist. Call them toll free at (800) 377-9594 extension 181120. You can also call in Albuquerque at (505) 342-4660 extension 181120. The Intake Specialist will ask you some questions. It will help them know if Care Coordination is a service that will be helpful to you.

When do I call my Care Coordinator?

Our normal hours of operation are Monday - Friday from 8:00 a.m. to 5:00 p.m. If you think you need emergency treatment, please get help first. Tell your Care Coordinator after you get care.

The Woman's Health & Cancer Rights Act

Molina Healthcare has benefits for mastectomy-related medical conditions. This is part of the Women's Health and Cancer Rights Act of 1998. Call Member Services if you have questions.

HEALTH IMPROVEMENT SERVICES

Staying Healthy

We want to help you stay healthy. We have many health education programs for you. They cover topics such as:

- Asthma;
- Parenting;
- Helmet safety;
- Diabetes;
- Cardiovascular disease;
- Nutrition;
- Pregnancy and car seat safety;
- Quitting smoking; and
- Weight management.

Call the Health Improvement Hotline for a list of classes and services you can get. In Albuquerque, call (505) 342-4660, extension 182618. Or call toll free (800) 377-9594, extension 182618.

Preventive Health Guidelines/Well-Child Health Check

The well child health check, or EPSDT Program, stands for Early and Periodic Screening, Diagnostic and Treatment. It is a special program for Salud! Members. It is available from birth through twenty-one (21) years of age. The program gives your child regular well-child check-ups, immunizations and medical care to keep them healthy.

Please see the Preventive Health Guideline charts. They are included at the end of this handbook. They tell you when you should see your practitioner/provider for preventive care. They let you know the tests and care you should get during each visit. Visits can be for a child, adolescent, adult or pregnant woman.

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Rewards for Healthy Choices

Did you know that you can get a gift card for taking care of your health? Gift cards are given to Molina Healthcare Members when they get certain preventive health check-ups and screenings completed. To download the reward coupons, go to our website at www.molinahealthcare.com. Or you can call the Health Improvement Hotline in Albuquerque at (505) 342-4660, extension 182618 or toll free at (800) 377-9594, extension 182618. Your PCP can fax or mail the coupons to:

Molina Healthcare of New Mexico, Inc.

Attn: Health Improvement

P.O. Box 3887

Albuquerque, NM 87190-9859

Fax: (505) 798-7315

Health Screen	Reward	Reward Description
Cervical Cancer Screening	Gift Card	Annual PAP test
Breast Cancer Screening	Gift Card	Annual Mammogram
Annual Dental Visit	Gift Card	For completing an annual dental exam in the current year for Salud! Members between 1-21 years of age.
1 st Year of Shots	Toddler Car Seat	For completing all required shots by child's first birthday.
Well Child Check-ups Newborn – 1 Year Old	Gift Card	For completing all well child check-ups at 1, 2, 4, 6, 9 and 12 months.
Well Child Check-ups 1-2 Years Old	Gift Card	For completing all well child check-ups at 15, 18 and 24 months.
Well Child Check-up 3-10 Years Old	Gift Card	For completing a well child check-up annually within this age group.
Child & Adolescent Check-up 11-20 Years Old	Gift Card	For completing a well child check-up annually within this age group.
Prenatal Visits	Gift Card	For completing all 8 prenatal visits during pregnancy.
Postpartum Check-up	Gift Card	For completing a postpartum check-up 21-56 days after delivery.
Asthma Management	Gift Card	Complete an Asthma Action Plan.
Diabetes Screenings	Gift Card	Complete all required diabetic screenings.

Disease Management Services

Molina Healthcare has Disease Management services for you. We can help you if you have diabetes, asthma or heart disease. We can help you if you are pregnant. Molina Healthcare wants you to know all you can to help you stay healthy. These programs can help you better manage your condition. You may be enrolled in a program automatically based on claims by your provider/practitioner. You can also enroll yourself. Or your provider/practitioner can send a referral. It is your choice to be in these programs. If you don't want to be in any of the programs let us know.

Call us to learn more about these programs. You can call us toll free at (800) 377-9594, extension 182618. In Albuquerque, you can call us at (505) 342-4660, extension 182618.

breathe with ease[™] Asthma Program

Molina Healthcare has classes and educational materials to help you if you have asthma. We also have peak flow meters and other services to help you if you have asthma.

Children ages five (5) to eleven (11) who are enrolled in the *breathe with ease*[™] Asthma Program and who complete the Asthma Action Plan can qualify for an incentive. Enroll your child today for this education program.

You can start taking control of your asthma. Learn about:

- What triggers your asthma;
- What you can do about your asthma triggers;
- What to do for asthma attacks;
- How to use your medicines; and
- How to make an asthma action plan with your practitioner/provider.

Healthy Living with Diabetes[™]

Molina Healthcare has classes and educational materials to help you if you have diabetes. We also have other services if you have diabetes. Diabetes is a common but serious disease. It makes it hard for your body to use food as energy.

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If you have diabetes, it is important for you to learn:

- What diabetes is;
- How it changes the way your body turns food into energy;
- How to control your diabetes with blood sugar monitoring;
- How to control your diabetes by eating the right foods and exercising;
- How to take medicines if your PCP orders them;
- How to take care of your body and prepare for special situations;
- How to cope with your emotions; and
- Where to turn when you need support.

Heart Healthy Living Cardiovascular Disease Program

Molina Healthcare's cardiovascular disease (CVD) program helps adults eighteen (18) years and older with support and education. This includes education, case management and resources to help manage heart disease.

Healthy Living with COPD (Adult Chronic Obstructive Pulmonary Disease)

Molina Healthcare has a program for adults age thirty-five (35) years or older to help manage COPD, including education, case management and support. Care managers work with Members and their PCP to develop action plans, manage medications and reduce triggers for healthy control.

motherhood matters™ Pregnancy Program

Molina Healthcare has a program for pregnant Members. The program is called the *motherhood matters* Pregnancy Program. We care about the health of our pregnant Members and their new babies. You get support and care when you are in our *motherhood matters* Pregnancy Program. You will be given extra education, guidance and resources. Pregnant Members who enroll can qualify for a free infant car seat. Call before your 35th week of pregnancy to register.

Positive Parenting Program

Molina Healthcare offers parents of small children useful tools to help improve their parenting skills. Tools are provided to help set limits, deal with anger and discipline issues, praise children and communicate with teens.

Helmet Safety Program

Molina Healthcare offers a helmet safety education program for children to help them learn more about being safe and staying healthy as they ride their bike, scooter, skateboard or roller blades. Members will receive a free bike helmet.

Quit For Life® Tobacco Cessation Program

Are you a Molina Healthcare Member who is ready to quit smoking? We can help you. The *Quit For Life®* Program from *Free and Clear* can help you quit tobacco and stay healthy. A quit coach will help you make good decisions about medications. They will help you develop new skills to help you get ready to quit smoking. They will teach you how to act differently in situations that involve tobacco so you can stay quit. Call *Quit For Life®* toll free at (866) QUIT-4-LIFE or toll free at (866) 784-8454. You can also log on to www.freeclear.com/quit-for-life.

Healthy Weight Programs

Molina Healthcare has online weight management resources to help Members stay healthy.

- **SparkPeople.com** offers free online health, nutrition and fitness resources.
- **Babyfit.com** is for pregnant mothers to help stay healthy during pregnancy and after delivery. This includes breastfeeding information and parenting tips.
- **SparkTeens.com** is for teens thirteen (13) to seventeen (17) years old and offers healthy weight tools including nutrition and exercise tips.

COVERAGE AND ELIGIBILITY

HSD decides eligibility for enrollment in Salud!. All Medicaid clients must enroll in Salud! except for the following:

- Clients eligible for both Medicaid and Medicare (dual eligibles);
- Institutionalized clients who are expected to reside in a nursing facility for long-term care or permanent placement;
- Clients living in an intermediate care facility for the mentally retarded;
- Clients who are enrolled in Coordination of Long Term Services (CoLTS) Program;
- Clients participating in the Health Insurance Premium Payment (HIPP) program;
- Children and adolescents in out-of-state foster care or adoption placements;
- Native Americans may choose to enroll in Salud! or be covered through Medicaid Fee-for-Service;
- Clients eligible for Family Planning Services Only;
- Clients approved for the Disabled and Elderly Home and Community

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Based Waiver;

- Clients approved for adult Personal Care Options (PCO) services; and
- Adults ages nineteen (19) – sixty-four (64) approved for State Coverage Insurance.

Switching to another Managed Care Organization (MCO)

Your enrollment with Molina Healthcare runs for a twelve (12) month cycle. During the first ninety (90) days of enrollment with Molina Healthcare, you have the right to switch to a different Managed Care Organization (MCO). If you choose to switch, you will have another ninety (90) days to decide if you want to switch to another plan. If you switch plans and return to Molina Healthcare then you will stay enrolled with Molina Healthcare until the end of the twelve (12) month cycle.

If you ask to switch to another MCO, you can do this at renewal or recertification of your eligibility with the ISD office. At any other time you can switch to another MCO “for cause” as defined by the Human Services Department (HSD). You must ask for this switch in writing. Make your request to HSD. Some reasons for switching from Molina Healthcare include:

- Maintaining continuity of care;
- Allowing family members to all belong to the same MCO;
- Correcting a clerical error that caused you to be enrolled with the wrong MCO;
- Traveling an unreasonable distance for primary health care;
- Problems getting the services you need in the Molina Healthcare network;
or
- Experiencing poor quality of care by Molina Healthcare providers.

You must call or send a written request to HSD to switch from Molina Healthcare. HSD will review the request and give you a written response no later than the first (1st) day of the second (2nd) month following the month in which you asked for the change. If HSD does not respond in time, then the request is approved. For help with the dis-enrollment process you can call Member Services. If your request is approved, Molina Healthcare will work with you to transfer your care to the new MCO.

Send your written request to:

HSD Client Services Bureau
P.O. Box 2348
Santa Fe, NM 87504-2348
Or call: (888) 997-2583 toll free

Your request must have the following information:

- The name of the MCO you want to switch to;
- Your name, social security number and identification number;
- Your full mailing address and telephone number;
- The reason for the change – if it involves a doctor, you need to give the doctor's name and telephone number; and
- Your signature.

HSD will send a letter to you if the MCO switch is denied. The letter will tell you about your right to appeal the decision or to ask for a Fair Hearing.

Disenrollment from Salud!

Most Medicaid eligible clients must enroll in the Salud! Program. You can ask to be switched from enrollment in the Salud! Program to the Medicaid Fee-for-Service (FFS) Program if:

- You move out of the Salud! service area;
- Salud! will not cover a healthcare service for moral or religious reasons;
- You need a combination of healthcare services that Salud! cannot provide;
- You are getting poor quality of care;
- You are having problems getting covered services; or
- You are having problems getting a provider that understands your health needs.

You must send a written request to HSD telling the reasons you want to switch. You can call toll free (888) 997-2583 to ask for information about switching. You must ask for the change in writing. HSD will review the request and give you a written response no later than the first day of the second month following the month in which you asked for the change. If HSD does not respond in time, then the request is approved. If the switch is approved,

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you will get your physical and behavioral health care through the Medicaid FFS Program. You will remain enrolled with Molina Healthcare until a final decision is made.

Send your written request to:

HSD Client Services Bureau
P.O. Box 2348
Santa Fe, NM 87504-2348

HSD will send a letter to you if the MCO switch is denied. The letter will tell you about your right to appeal the decision or to ask for a Fair Hearing.

Renewing Your Coverage

Every twelve (12) months you will need to renew your eligibility. If you have questions, you can call Member Services. You can also call your local Income Support Division (ISD) office.

Losing Your Coverage

You will no longer be covered by Molina Healthcare if you:

- Lose your Medicaid eligibility;
- Give false information on your enrollment form; or
- Move out of the state.

If you lose your Medicaid benefits while you are getting care, Molina Healthcare can tell you about other services in your area. We can also tell you about other programs in your area. These programs may help you to keep getting care. If you lose your coverage, you should call your local ISD office. They can look at your case. Remember to visit your local ISD office when you need to recertify for benefits.

Other Insurance Coverage

Call Member Services to tell us if you have:

- Medical insurance through your workplace;
- Been hurt at work;
- A worker's injury claim;

- A car accident;
- Filed a medical malpractice lawsuit;
- A personal injury claim; or
- Other coverage or insurance.

This information is important to have. It will help us make sure we manage your services right.

Out-of-Pocket Costs

Working Disabled Individual (WDI) - The total amount of co-payments you will have to pay each year is limited.

- If your earned and unearned income is below one-hundred (100%) percent of the Federal Poverty Level, the highest amount of co-payments you will have to pay is \$600; or
- If your earned and unearned income is between one-hundred (100%) and two-hundred fifty (250%) percent of the Federal Poverty Level, the highest amount of co-payments you will have to pay is \$1500.

You will need to keep the receipts for the co-payments you have paid. Once you have paid the highest amount listed above, you must tell the Medical Assistance Division. You will need to continue to make co-payments until they tell you when you can stop making co-payments. You will not have to make co-payments for the rest of that calendar year.

Children's Health Insurance Program Reauthorization Act (CHIPRA) - The total amount of copayments you will have to pay each year is limited.

If your family income is between one-hundred eighty-five (185%) and two-hundred (200%) percent of the Federal Poverty Level, the highest amount of co-payments you will pay is three (3%) percent of your family income;

- If your family income is between two-hundred one (201%) and two-hundred fifteen (215%) percent of the Federal Poverty Level, the highest amount of copayments you will pay is four (4%) percent of your family income; or
- If your family income is between two-hundred sixteen (216%) and two-hundred thirty-five (235%) percent of the Federal Poverty Level,

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the highest amount of co-payments you will pay is five (5%) percent of your family income.

You will need to keep the receipts for the co-payments you have paid. Once you have paid the highest amount listed above, you must tell the Medical Assistance Division. You will need to continue to make co-payments until they tell you when you can stop making co-payments. You will not have to make co-payments for the rest of that calendar year.

CONSUMER ADVISORY BOARD

Molina Healthcare has a Consumer Advisory Board (CAB). It is made up of Members and their families. It also has providers and advocacy groups. They help us understand some of the issues that face our Members. One of the things the CAB does is find ways to make sure all Members get the health care they need.

The Molina Healthcare CAB works hard to improve Member and provider satisfaction. This includes the satisfaction of advocacy groups. The CAB Members give ideas to Molina Healthcare. Ideas can be about things like customer service, quality improvement, Member education and outreach materials or other aspects of the plan's daily operations. Molina Healthcare looks at these ideas. We put the ideas in place when it is the right thing to do.

Molina Healthcare has CAB meetings every three (3) months. These meetings are held all over the state. These meetings allow for a wide range of Member involvement. This allows Members to tell us about their opinions and suggestions.

Molina Healthcare wants Members to take part in the CAB meetings. Call Member Services if you want to join. You can also call Member Services if you have ideas for the CAB to consider.

ON-LINE SERVICES

ePortal Services

Molina Healthcare has an on-line service you can use. It is called an ePortal. All Members can use it. There is no charge.

Molina Healthcare's web-based ePortal is a secure site. It has real-time information. You can use it twenty-four (24) hours a day, seven (7) days a week.

ePortal Registration

To use the ePortal you will need a Molina Healthcare identification (ID) number. If you do not have an ID number, you can call Member Services. In Albuquerque call us at (505) 342-4681 or toll free at (800) 580-2811. We will help you. To register, follow all the steps on the Molina Healthcare website at www.molinahealthcare.com. It is simple and easy to do.

- Go to www.molinahealthcare.com;
- Click on "Member";
- Click on "New Mexico";
- Click on "Member Self Services";
- Click on "Login";
- Under Select Usage click on "Member Online Services";
- Click on "New Member Registration";
- Complete the personal information (Note: Fields with an "*" must be completed);
- Enter the "User ID". This is your Member ID number. If you do not know this number, call Member Services;
- Create a "User ID" and "Password". The password you create will be sent to your e-mail address. This is the e-mail address you gave while you were registering;
- Click on "Register"; and
- Congratulations! You can now use all of the services on ePortal. You are responsible for keeping your User ID and Password confidential. After you register, you can do the following functions on ePortal:
 - Change your PCP;
 - Ask for an address or telephone number change;
 - Ask for an ID card or print a temporary ID card; and/or
 - Ask questions about your plan.

Other types of services you can use:

- Provider Directory: Look for contracted providers by name, specialty, or zip code;
- Pharmacy: Find a contracted pharmacy in the area where you live;

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- **Transportation:** Find information on how to ask for transportation services if you do not own a vehicle; and
- **Drug Formulary:** Look at the drug formulary list to see if the drug your doctor prescribed is covered.

If you have questions about this service, call Member Services.

PRIVACY AND PROTECTED HEALTH INFORMATION (PHI)

Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina Healthcare uses and shares your information to provide you with health benefits. Molina Healthcare wants to let you know how we may share or use your information. **“PHI”** means *“protected health information.”* PHI is your health information that includes your name, Member number or other things that can be used to identify you, and is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share your PHI?

- To provide your health care;
- To pay for your health care;
- To review the quality of the care you get;
- To tell you about your choices for care;
- To run our health plan; and
- To use or share PHI for other purposes as required or permitted by law.

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI;
- To get a copy of your PHI;
- To amend your PHI;
- To ask us to not use or share your PHI in certain ways; and
- To ask for a list of certain people or places we have given your PHI.

How does Molina Healthcare protect your PHI?

Molina Healthcare has many ways to protect PHI across our health plan. This includes PHI in written word, spoken word or PHI in a computer. Below are some ways Molina Healthcare protects PHI.

Molina Healthcare:

- Has policies and rules to protect PHI;
- Limits who may see PHI. Only Molina Healthcare staff with a need to know may use and share PHI;
- Staff is trained on how to protect and secure PHI;
- Staff must agree in writing to follow the rules and policies that protect and secure PHI; and
- Secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare and file a complaint; or
- File a complaint with the U.S. Department of Health and Human Services.

We will not hold anything against you. Your action will not change your health benefits in any way.

The above is only a summary. Our *Notice of Privacy Practices* has more details about how we use and share our Members' PHI. Our *Notice of Privacy Practices* is included in your New Member packet and is on our web site. You can call Member Services and ask for a copy of our *Notice of Privacy Practices*.

COMPLAINTS, APPEALS AND GRIEVANCES

When you may have to pay for other charges

There may be times when Molina Healthcare will not pay a bill from a practitioner/provider. This may be because the service is not covered. Or maybe the practitioner/provider is not contracted with Molina Healthcare.

If Molina Healthcare does not pay the bill, the practitioner/provider will send the bill to you. They will send the bill to you if you:

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- Did not show your Molina Healthcare ID card when you got the service;
- Saw a practitioner/provider who is not contracted with Molina Healthcare and the practitioner/provider did not get an approval; or
- Agreed in writing to pay for the service before the service was provided, this includes going to the Emergency Room for something that is not an emergency.

If you think the practitioner/provider sent the bill to you by mistake, you have ninety (90) calendar days to file an appeal. You can file your appeal with the Molina Healthcare Appeals Department. You can call or write to file an appeal.

Molina Healthcare of New Mexico, Inc.

Attn: Appeals Department

P.O.Box 3887

Albuquerque, NM 87190-9859

Albuquerque: (505) 342-4681 or Toll free: (800) 580-2811

To learn more about how to file a complaint or appeal, please see these sections of your Member Handbook:

- How Complaints and Appeals work;
- How to File a Complaint, Appeal, or Expedited Appeal; or
- How to Request an Administrative Hearing.

How Complaints and Appeals Work

You have a right to file a complaint or appeal. You can do this using the Molina Healthcare complaint/appeal process.

A complaint, also called a grievance, is an oral or written statement you can make saying you are unhappy about a part of Molina Healthcare or its operations.

An appeal is an oral or written request. This request asks for a review or reconsideration of a Molina Healthcare action. This can be related to limiting or denying approval for a service you asked for. This can be related to not paying for a service.

An expedited appeal is for certain situations. These are situations that can harm your health. If we decide the normal review time might harm your life or health, an expedited review will take place. This happens within seventy-two (72) hours of receiving the request.

How to File a Complaint, Appeal or Expedited Appeal

You can call or fax or write to file a complaint or appeal.

You can call the complaint and appeal telephone numbers. You can call them twenty-four (24) hours a day, seven (7) days a week.

In Albuquerque: (505) 342-4663

Toll free: (800) 723-7762

Fax: (505) 342-0583 Attn: Appeals Department

Molina Healthcare of New Mexico, Inc.

Attn: Appeals Department

P.O. Box 3887

Albuquerque, NM 87190-9859

Who Can File a Complaint or Appeal?

You can file a complaint or appeal. Or a complaint or appeal can be filed by:

- A legal guardian if you are incapacitated;
- Someone of your choice if you approve in writing; or
- Your practitioner/provider if you approve in writing.

You can speak for yourself in a complaint, appeal or Fair Hearing. You have the right to have another person speak for you. You have the right to have legal counsel. You must pay for the cost of being represented. Molina Healthcare will let you, your representative, or your estate representative be parties to an appeal.

Filing a complaint or appeal will not change the way you are treated. Asking for a Fair Hearing will not change the way Molina Healthcare treats you. It will not change how Molina Healthcare's network practitioners/providers or the Human Services Department (HSD) treats you.

Benefits & Services

Everything about your complaint or appeal is private. We do not give out your information about a complaint. We cannot do this without your approval in writing unless we are required by law. The filing limit for asking for a complaint or appeal is ninety (90) calendar days. This is from the date of the occurrence.

Molina Healthcare wants to give you the best care possible. Call Member Services if you are having problems. We want to fix the problem. Member Services can help if you need help in another language. We will help you with the translation service.

The Appeals Department can help you through the complaint or appeal process. Let us know if you need help making a written request. We try to fix issues as fast as we can. If the issue cannot be taken care of on the same day we get it; a formal grievance or appeal process will take place. There will be a careful investigation. The filing limit to ask for a grievance or appeal is ninety (90) calendar days. This is from the date of occurrence.

Molina Healthcare will give you written notice that the complaint or appeal was received. When we get the complaint or appeal, the notice will be sent within five (5) working days after we get the request. The notice will have the timeframe we expect to resolve the complaint or appeal. It will have information on the complaint and appeal process. You and/or your representative can look at the case file before and during the complaint/appeal process. This includes medical records and other documents used during the complaint/appeal process that are not private or privileged information.

A health care professional with suitable clinical experience will take part in the review of medically related complaints and/or appeals. Formal complaints and/or appeals are normally resolved within thirty (30) calendar days. We will ask for more time if it is needed. An extension of up to fourteen (14) calendar days can be given if you ask for it. An extension can be given by the Human Services Department (HSD) to Molina Healthcare. We will tell you if there is a delay.

A written decision will be made for all formal complaint and appeal requests. The written response for a **complaint** will have the:

- Reason for the complaint;
- Information used in the investigation;

- Findings and conclusions based on the investigation; and
- Outcome of the complaint.

The written response for an **appeal** will have the:

- Reason for the appeal;
- Result of the appeal resolution; and
- Date the appeal was completed.

If the appeal results in a continued denial, the written notice will have the:

- Reason for the action being taken by Molina Healthcare;
- Specific references and citations supporting the decision as taken from the Medical Assistance Division (MAD) and/or Molina Healthcare policies and procedures;
- Next level of appeal review available to you through Molina Healthcare or HSD (for appeal issues) if you are not happy with the decision. This information will have Molina Healthcare's internal hearing process as it applies;
- Information on your right to ask for an Administrative Fair Hearing of an appeal denial within ninety (90) calendar days of the decision. You are not responsible for the cost of an Administrative Fair Hearing through HSD;
- Right to ask for benefits while the hearing is pending. We will let you know how to ask for this; and
- Information that you may have to pay for the cost of continuing benefits. This is if the hearing decision upholds Molina Healthcare's denial.

You can ask for an internal hearing if you are not happy with Molina Healthcare's appeal decision. You can ask for a final internal review. You must do this within ninety (90) calendar days from the date you are told about the appeal denial. We will send you a letter scheduling the internal hearing. Review by an internal hearing committee does not apply for most complaints, such as when you complain that the practitioner/provider was "rude." Follow-up and possible corrective actions may be taken; however, there is no denial decision to appeal in this situation.

You and/or your representative are given a reasonable chance to present evidence, and allegations of fact or law. You can do this in person or in writing throughout the appeal process.

Benefits & Services

Call Member Services if you have questions. You can ask for a detailed copy of the complaint and appeal process. You can get complaint and appeal information from our web site. Visit www.molinahealthcare.com

How to Request an HSD Administrative Hearing (Fair Hearing)

You have a right to ask for an Administrative Hearing. You can do this when Molina Healthcare makes a decision to modify, change or terminate your benefits. You can do this when Molina Healthcare makes a decision to suspend, reduce, deny payment for service, or deny your benefits. You do not have to pay for the cost of an Administrative Hearing. You and/or your spokesperson will work with Molina Healthcare in the Hearing.

You have a right to ask for an Administrative Hearing to appeal a Molina Healthcare decision. You ask for the appeal to the HSD Hearings Bureau. You have to do this within ninety (90) calendar days of the final Molina Healthcare decision. You can contact HSD by writing or calling:

New Mexico Human Services Department

Fair Hearings Bureau

P.O. Box 2348

Santa Fe, NM 87504-2348

In Santa Fe: (505) 476-6213 Toll free:(800) 432-6217, then press #6

If you ask for an Administrative Hearing directly to Molina Healthcare, we will send it to HSD. Molina Healthcare cannot ask for an Administrative Hearing for you. Your practitioner/provider cannot ask for an Administrative Hearing for you. You must give your approval in writing.

Under some circumstances, we will not stop your services until after a ruling from the hearing. Your request for an Administrative Hearing must be received by HSD within thirteen (13) calendar days from Molina Healthcare's final decision.

This does not require Molina Healthcare to start any treatment or services. This does not require Molina Healthcare to increase the level of any current treatment or services. You may have to pay the cost of treatment or services you get while the Administrative Hearing is pending. You will have to pay the cost of services you get if the denial is upheld at the hearing.

If the request for an Administrative Hearing is not received within thirteen (13) calendar days, Molina Healthcare may stop providing treatment or services related to the appeal.

ANTI-FRAUD PROGRAM

Health care fraud, waste and abuse are major problems. They can make taxes go up. They can cause quality of care issues. Molina Healthcare works with state and federal agencies to detect, prevent and put a stop to these kinds of crimes.

State and federal laws require Molina Healthcare to report fraud, waste and abuse. Cases are sent to the government and/or law enforcement for investigation.

Why is it important to have an Anti-Fraud Program?

Health care fraud, waste and abuse is against the law. The Anti-Fraud Program looks at these issues. They can harm the Salud! Program. They can impact our ability to care for you. The role of the Anti-Fraud program is to:

- Detect;
- Prevent;
- Investigate; and
- Report.

What is Fraud?

Fraud is an unfair or unlawful act. Fraud is done on purpose to get something of worth.

What is Waste?

Health care spending that is not necessary for appropriate quality of care. Quality waste includes overuse, underuse, and ineffective use. Inefficiency waste includes doing more than what is needed, delays, and processes that are not needed.

What is Abuse?

Abuse happens when things are not done in line with good financial, business or medical practices. This can result in unnecessary costs and can result

Benefits & Services

in payment for services that are not medically necessary. It can result in services that fail to meet professionally recognized standards for health care.

Who commits Fraud, Waste and Abuse?

Anyone can commit fraud, waste or abuse. This can include providers and Members.

Provider Fraud, Waste and Abuse examples

- Altering claims, electronic forms, and/or medical records in order to get a higher payment;
- Asking for, offering, or getting a kickback, bribe or rebate;
- Balance billing happens when a provider bills a Member for all charges not paid for by the health plan;
- Billing a procedure that does not match the diagnosis or problem;
- Billing for services that did not happen;
- Billing for services using a provider's name that did not provide care;
- Billing the wrong place of service in order to get payment or get a higher payment;
- False coding in order to get payment or get a higher payment;
- Charging Members for drug samples;
- Having Members come in for office visits more often than is needed;
- Not billing coding modifiers the right way in order to get payment or get a higher payment;
- Questionable prescription practices;
- Questionable transportation services;
- Unbundling services in order to get more payment. This involves splitting a procedure into parts and charging for each part rather than using a single code;
- Underutilization means failing to provide services that are medically necessary;
- Upcoding happens when a provider does not bill the right code for the service and uses a code for a like services that costs more; and
- Waiving co-payments.

Member Fraud, Waste and Abuse examples

- Abusing transportation benefits (e.g. using ambulance services for non-emergencies);
- Doctor shopping in order to get services that are not needed;
- Drug seeking behavior;

- Drug trafficking;
- Forgery;
- Giving false information;
- Identity theft;
- Not paying co-payments;
- Not giving information to Molina Healthcare about other insurance coverage;
- Theft; and
- Using someone else's medical card.

Reporting Fraud, Waste and Abuse

Anyone with information about possible fraud, waste and abuse can make a referral. Referrals are sent to the Anti-Fraud Program. You can make a referral without giving your name. Information reported to the Anti-Fraud Program will remain confidential to the extent possible as allowed by law.

Molina Healthcare does not allow or tolerate retaliation against those, who in good faith, report potential fraud, waste and abuse to the Anti-Fraud Program.

You can report suspicious activity. You can do this in writing or by telephone.

Molina Healthcare of New Mexico, Inc.

ATTN: Anti-Fraud Program Manager

P.O. Box 3887

Albuquerque, NM 87190-9859

mhnm.compliance@molinahealthcare.com

Toll free Compliance & Anti-Fraud Hotline: (800) 827-2973

In Albuquerque: (505) 341-7469 Toll free fax: (866) 472-4580

Give us as much information as you can when making a referral. The Anti-Fraud Program needs to know:

- Who is the suspect?
- What is the suspect's name?
- When did the possible fraud, waste and abuse happen?
- Where did the possible fraud, waste and abuse happen?
- Why do you think the possible fraud, waste and abuse happened?
- How did the possible fraud, waste and abuse happen?

Benefits & Services

The more details you can give the Anti-Fraud Program, the better. This improves the chances the issues will be successfully reviewed and resolved.

You can also report fraud, waste and abuse to:

Medical Assistance Division

Quality Assurance Bureau

P.O. Box 2348

Santa Fe, NM 87504-2348

NMMedicaidFraud@state.nm.us

Toll free: (888) 997-2583 In Santa Fe: (505) 827-3100

Medicaid Fraud Control unit

111 Lomas NW, Suite 300

Albuquerque, NM 87102

Toll free: (800) 678-1508

In Albuquerque: (505) 222-9000

New Mexico Human Services Department

Office of Inspector General

Toll free: (800) 228-4802

In Albuquerque: (505) 827-8141

HSDOIGFraud@state.nm.us

Definitions & Guidelines

Abuse: Abuse happens when things are not done in line with good financial, business or medical practices. This can result in unnecessary costs and can result in payment for services that are not medically necessary. It can result in services that fail to meet professionally recognized standards for health.

Advance Directive: Adult Members can make choices about their medical care. An advance directive form tells how the Member wants to be cared for while sick or in an emergency.

Appeal: An oral or written request for review or reconsideration of a Molina Healthcare action. This request can be for limiting or denying approval for a requested service. The request can be for not paying for a service.

Benefit Period: The period of time you have health insurance.

Benefits (also referred to as Services): The health care and other services you can get as a Member of Molina Healthcare. This is defined by the State of New Mexico.

Client: A person that is Medicaid eligible but not yet enrolled in Salud!.

Complaint (also known as a Grievance): An oral or written statement about any aspect of Molina Healthcare or its operations. Complaints can be voiced or filed by a:

1. Member.
2. Legal guardian for an incapacitated Member.
3. Member's authorized representative as selected in writing.
4. Practitioner/provider acting on behalf of the Member with the Member's written consent.

Co-Payment: The Member's share of costs for covered services. The amount is normally paid to the attending provider at the time care is given. There are specific co-payment amounts that apply to covered services. These are listed in the Member Handbook.

Covered Services (Benefits): The benefits offered in the Salud! Program. The benefits are offered by the State of New Mexico Human Services Department.

Durable Medical Equipment (DME) and Medical Supplies: Equipment that is:

1. Primarily and commonly used to serve a medical purpose.
2. Designed for repeated use.

This equipment is needed to give mechanical substitution or help to the Member. It will help prevent further worsening of the Member's medical condition. It is not ordinarily useful to a person without illness or injury. DME includes items such as wheelchairs, hospital beds, oxygen and oxygen supplies.

Emergency Health Services: An emergency condition is a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to body function or serious dysfunction of any bodily organ or part.

Family Planning: Health education that helps you make the right choices about birth control.

Fraud: Fraud is an unfair or unlawful act. Fraud is done on purpose to get something of worth.

Grievance (also known as a Complaint): See Complaint

HIPAA: Refers to the "Health Insurance Portability and Accountability Act." A set of rules that helps keep patient health information secure and private.

Home Health Care: Medical services and care that are given in the home.

Hospice: Care for a Member who might not live more than six (6) months.

Hospital: An eligible, licensed and approved acute care facility.

Human Services Department (HSD): The official department in New Mexico in charge of overseeing the Medicaid Program. HSD may also indicate the department's designee (Molina Healthcare).

Definitions & Guidelines

Identification Card (ID): A card issued to a Member. The card is issued when approval is given by HSD. The card has important information about your Salud! coverage.

Immunizations: These help protect you from disease and illness.

Managed Care Organization: A company that gives or arranges basic health care services to Members.

Medicaid Birthing Options Program: A program for pregnant women who are eligible for Medicaid. This program is provided by the New Mexico Human Services Department.

Medical Director: The physician employed by Molina Healthcare to serve as the Medical Director of the Plan.

Medically Necessary: (a) Medically necessary services are clinical and rehabilitative physical or behavioral health services that:

- (i) are essential to prevent, diagnose or treat medical conditions or are essential to enable the individual to attain, maintain or regain functional capacity;
- (ii) are delivered in the amount, duration, scope and setting that is clinically appropriate to the specific physical, mental and behavioral health care needs of the individual;
- (iii) are provided within professionally accepted standards of practice and national guidelines; and
- (iv) are required to meet the physical and behavioral health needs of the individual and are not primarily for the convenience of the individual, the provider or the payer.

Member: A person enrolled in the Salud! Program (Molina Healthcare).

Member Responsibilities: Your duties as a Member.

Member Rights: Your rights as a Member.

Molina Healthcare: Molina Healthcare of New Mexico, Inc. A corporation organized under the laws of the State of New Mexico.

Network Provider: A practitioner/provider that works with Molina Healthcare. They give medical care to Members.

Non-Participating Provider: A practitioner/provider who does not have a contract with Molina Healthcare. If you get services from a Non-Participating Provider without Molina Healthcare's authorization, you will have to pay the bill.

Non-Covered Services (Benefits): Services that are not covered. This is decided by the State of New Mexico. Molina Healthcare will not pay for services that are not covered. If you get a non-covered service without Molina Healthcare's authorization, you will have to pay the bill.

Out-of-Pocket: The amount a Member may have to pay a practitioner/provider for a service. This amount is separate from the payment Molina Healthcare may pay.

Practitioner: A licensed clinician contracted with Molina Healthcare.

Preventive Care: Health services to help avoid illness, disease and serious injury. These services can include immunizations, screening or other health maintenance programs.

Primary Care Practitioner (PCP): The practitioner you have picked from the list that was sent to you.

Prior Approval (Authorization): The process to get an approval before a Member can get certain covered services.

Protected Health Information (PHI): PHI is your health information. It includes your name, Member number or other things that can be used to identify you. PHI is used or shared by Molina Healthcare.

Referral: When your PCP sends you to see another practitioner/provider for care.

Second Opinion: When you or your PCP ask another practitioner's/provider's opinion about your illness, injury or condition.

Definitions & Guidelines

Urgent Care Services: Medical health services needed to treat an unforeseen illness or injury. The illness or injury is less serious than an emergency but needs prompt treatment to prevent serious decline of the Member's health.

Waste: Health care spending that is not necessary for appropriate quality of care. Quality waste includes overuse, underuse, and ineffective use. Inefficiency waste includes doing more than what is needed, delays, and processes that are not needed.

Well-Child Check-ups: Well-Child Health Checks are good for babies, children and teens to prevent illness. Care your child's PCP gives at the visit can help keep them from getting sick.



PO Box 3887
Albuquerque, NM 87190-9859